

Sexually Transmitted Diseases Campaign on Radio and Treatment-Seeking Behaviour of Illiterate Women in the Rural Areas of Oyo State

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1.0 ABSTRACT

Public education and enlightenment campaigns are viable methods of educating and enlightening women in the rural areas about treatment-seeking behaviour with regard to sexually transmitted diseases. Health awareness campaigns about sexually transmitted diseases (STDs) are urban-centric and rural areas appear to be neglected in the equilibrium of STD health-related awareness campaigns and treatment-seeking behaviour of illiterate women in the rural areas of Oyo State. This study investigated the influence of sexually transmitted diseases campaigns on radio and treatment-seeking behaviour of illiterate women in the rural areas of Oyo State. Survey method was adopted for this study. Survey method was used when a large number of samples are involved in the study. We made use of survey method to access the opinions and beliefs of the samples about sexually transmitted diseases and treatment-seeking behaviour of the victims of STDs through the use of questionnaire. Findings showed that Community health campaign is the source of information about sexually transmitted diseases and that Radio sexually transmitted diseases campaigns are dominant in the urban centres. The perception of severity of sexually transmitted diseases is the factor that pushes women to seek treatment for STDs. Therefore, it is recommended that efforts should not be spared to empower community health campaigners by their respective local government administrations. Community health campaigners must always emphasise early treatment of sexually transmitted diseases before it is too late.

Key Words: Sexually Transmitted Diseases, Campaigns, Radio, Treatment-Seeking Behaviour, Illiterate Women

1.1 INTRODUCTION

One in two sexually active individual in the developing nations gets sexually transmitted diseases before age 25 and the earlier they realise of getting infected, the better for the treatment (Anderson and Samplin-Salgado, 2014). To build a better, stronger, healthier societies all over the world, effective and coordinated communication strategies is very crucial, especially for those who are vulnerable and poor, occupying the territories of developing nations, where mass media dread to tread (Anyonje, Onyango and Nkangi, 2022). The most common sources of information with regard to health information are radio, television, family and friends (Williams, 2014). Radio is an important link in the public health system of developing nations. Although, radio can reach a wider underserved geographical space with healthcare-related messages, but with little effectiveness, indigenous channels can reach fewer people, but with more effectiveness (Naveena, 2015). Health awareness campaigns about sexually transmitted diseases are urban-centric and rural areas appear to be neglected in the equilibrium of STD health-related awareness campaigns and treatment-seeking behaviour of illiterate women in the rural areas of Oyo State. Radio medium, of all other media of mass communication, has been very useful in health promotion and education campaigns in developing nations of the world (Apalla et al., 2018). Studies have shown that women who expose to awareness campaigns on radio and discuss the issues of sexually transmitted diseases with their husbands tend to embrace STD treatment-seeking behaviour more than those who are not exposed to radio campaigns on STD and treatment-seeking behaviour (Kilugwe and Ruheza, 2018).

Visit to illiterate women by healthcare providers, low-income level and level of education are some of factors associated with women's exposure to radio campaigns on treatment-seeking behaviour about STD in Nigeria (Gashu et al., 2021). Access to media is higher in urban areas than in the rural areas of Nigeria (Onyeonoro et al., 2013). This is because most media houses are established in urban centres of Nigeria. There are still much misconceptions about contracting and treatment of sexually transmitted diseases in most rural areas of Oyo State (Ogena et al., 2023). Due to illiteracy level in the rural areas of Oyo State, the use of posters, religious leaders,

traditional newscasters, house-to-house campaigns, community health campaigns, traditional leaders, and health education officers are identified as more effective than radio on the campaigns about treatment-seeking behaviour of illiterate women in the rural areas about sexually transmitted diseases (Njomo et al., 2017). Itinerant information vans and other indigenous channels of communication have been found to be more effective in reaching the far-flung and remote rural areas that radio dread to tread in Nigeria (James et al., 2020).

Sexual intercourse, joint use of sharp objects and blood transfusion are most identified sources of contracting transmitted diseases (Rumisha et al., 2005). Public education and enlightenment campaigns are viable methods of educating and enlightening women in the rural areas about treatment-seeking behaviour with regard to sexually transmitted diseases (Denison et al., 2023). Health campaigns on radio can influence health behavioural change in people, but existing research findings varies depending on the type of behaviour being targeted (Young et al., 2018). The influence of radio, as an important component of health communication system, has been widely discussed and its many strengths and weaknesses have been explained in many studies (Basten, 2010). However, health campaigns on radio have not been identified to focus much attention on the reportage of treatment-seeking behaviour of illiterate women about sexually transmitted diseases in the rural areas of Nigeria.

Dissemination of right health messages is crucial to any health education campaigns either in the rural areas or urban centres (Heggen et al., 2009). Chaudhuri et al., (2021) conducted a study on community health workers home talks and found that despite wide and popular coverage of sexually transmitted diseases in mass media, small group home talks are found to be more preferred by the people living in the rural areas of Uganda. Radio campaigns about treatment-seeking behaviour of illiterate women in rural areas have been inadequately enhanced the knowledge of sexually transmitted diseases (Umunnah et al., 2023). Reproductive health indices are very poor in Nigeria with illiterate women most affected in the rural areas. Haggen et al., (2009) conducted a study on media habits and health promotion programmes and found that small portion of the people in the rural areas own radio sets, and only 6% of the rural population in Sudan have access to television in the rural areas. 89% of the people in the rural areas are more interested in radio programmes developed in vernaculars or local languages. Poor literacy, as Haggen et al., (2009) note, posed a serious barrier to reading newspapers and magazines in the rural areas. Information from the heads of households, traditional rulers and elders of communities was perceived to be more credible among people in the rural areas (Haggen et al., 2009).

Health burden is still very high in the rural areas, requiring creative communication strategies to battle numerous diseases and enlightening the people about the effects of actions or inactions (Anyonje et al., 2022). Campaigns by radio medium on sexually transmitted diseases and education and enlightenment campaigns about treatment-seeking behaviour of illiterate women in the rural areas of Oyo State are all efforts to ensure healthy society for sustainable development in Nigeria. Le et al., (2009) conducted a study on preferences for perinatal health communication of women in rural Tibet and found that family members, mothers, community health workers are more effective sources of information about health-related issues in the rural areas. Health literacy is influenced by socio-economic and employment status and level of income and education of the people. People living below poverty line usually have poor health literacy compared to those who are gainfully engaged (Shoghli et al., 2023). Access to health-related information enables the illiterate women in the rural areas make appropriate decisions regarding treatment plans of sexually transmitted diseases. Studies have shown that there is a difference between exposure to radio campaigns on sexually transmitted diseases and the treatment-seeking behaviour of the listeners (Ajaero et al., 2016).

Kishore et al., (2006) conducted a study on awareness of HIV/AIDS and STD among rural adolescents and found that 62% of rural dwellers have not heard about sexually transmitted diseases in the past, and knowledge about means of transmission and prevention of the infections is very poor among the rural dwellers. Poster and other visuals are major sources of health-related information about sexually transmitted diseases (Kishore et al., 2006). Moyo et al., (2023) conducted a study on behaviour patterns that may predispose to HIV infection or further transmission and found that 48% of women in the rural areas of Harare who engaged in casual sexual intercourse never made of condoms or other adopted any other protective measures during sexual intimacy. Rakwar et al., (1999) conducted a study on knowledge and attitudes among STD clinic attendees and found that most attendees thought that they were at risk of contracting sexually transmitted diseases from their regular partners and knowledge of sexual habits of their spouses is very poor (Rakwar et al., 1999). N.J.A et al., (2002) conducted a study on knowledge, awareness and perception of Sexually transmitted diseases in Onitsha Nigeria and found that the most common source of information about STD is school, followed by television and radio. They mentioned that abstinence and mutual fidelity are the main preventive measures against sexually transmitted diseases. Nahar et al., (2014) conducted a study on knowledge on mode of transmission and prevention of HIV/AIDS and found that majority of the respondents got information about HIV/AIDS through Non-Governmental Organisation workers and that HIV/AIDS could be transmitted through unsafe sexual intercourse.

Although, there is a commendable involvement of health professionals in health education and enlightenment campaigns about sexually transmitted diseases and treatment-seeking behaviour of victims of STD, their involvement in prevention activities of the sexually transmitted diseases has been extremely poor (Figueiredo and Ayres, 2002). Health campaigns on radio have not been identified to focus much attention on the reportage of treatment-seeking behaviour of illiterate women about sexually transmitted diseases in the rural areas of Nigeria. Consequently, this study is designed to examine the sexually transmitted diseases campaigns on radio and treatment-seeking behaviour of illiterate women in the rural areas of Oyo State.

Sexually transmitted diseases are growing health concerns globally (Wassef et al., 1989). Young people and illiterate women are at the epicentre of sexually transmitted diseases. While the former are sexually active, the latter are unschooled about safe sexual intimacy. Dissemination of right health messages is crucial to any health education campaigns either in the rural areas or urban centres (Fongkaew et al., 2011).

This study was guided by health belief model. The HBM is relevant to this study because it explains susceptibility, severity, and the barriers associated with sexually transmitted disease and treatment-seeking behaviour of illiterate women in the rural areas of Oyo State. Health belief model has been used to explain most health-related studies as a result of its adaptability and versatility. HBM construct comprises perceived susceptibility, that is the likelihood of contracting a disease, perceived severity which means the perceptions of the consequences of the disease, the perceived benefits of adopting the action and the effectiveness of the recommended action to reduce the risk and severity, perceived barrier, that is impediment in taking recommended actions, and self-efficacy which means self-confidence to publicly take actions about recommended health behaviour (Vasli et al., 2024).

The objectives of the study were to: understand the sources of information about sexually transmitted diseases among illiterate women in the rural areas of Oyo State; to know the effectiveness of radio in the dissemination of information about sexually transmitted diseases among illiterate women in the rural areas of Oyo State, and to ascertain factors that stimulate illiterate women in the rural areas of Oyo State to seek treatment for the contracted sexually transmitted diseases. Many stakeholders are to benefit from the findings of this study. First, health workers on obstetrics and gynaecology will benefit immensely from the findings of the study. Women groups and associations would also benefit from the findings of the study. Nurses and other health workers on gynaecological issues would also find the outcomes of this study useful.

1.3 METHODS

Survey method was adopted for this study. Survey method was used when a large number of samples are involved to access the opinions, views, thoughts, perceptions and beliefs of the samples through the use of questionnaire. Langbecker et al., (2017) stated that survey method is an approach for assessing participants, respondents and subjects' attitudes, perceptions, beliefs and outcomes of sexually transmitted diseases and treatment-seeking behaviour of victims of sexually transmitted diseases. We used a multi-stage sampling procedure to divide Oyo State into component parts from which samples were taken. Chen et al., (2022) maintained that multi-stage sampling is used in household surveys due to the fact that a sampling frame of elements may not be present or for financial consideration when data collection procedure involves face-to-face interviews.

Purposive sampling enables the researchers to select samples or respondents from homogenous group or class of clusters that have similar characteristics or qualities. Purposive sampling is the selection of participants, subjects or respondents on the basis of qualities or characteristics they possess. In purposive sample, researchers decide what needs to be known and set out to meet people who have expertise and experience on the subject-matter of investigation (Etikan, 2016). In Oyo state, there are three senatorial districts, Oyo North, Senatorial Districts, Oyo South Senatorial District and Oyo Central Senatorial District. Each of the senatorial districts is further divided into local government areas. Three major local government areas exist in Nigeria. These are: rural-rural, urban rural and urban-urban local government areas. Thus, Oriire Local Government Area was selected from the Oyo North Senatorial District, Ibarapa Central Local Government was selected from the Oyo South Senatorial District, while Afijio Local Government Area was selected from the Oyo Central Senatorial District. The three Local Government Areas are rural-rural local government areas. Furthermore, areas and wards assumed to have a larger number of illiterate women who experience sexually transmitted diseases were purposively selected for further investigation.

Adopting simple random sampling, researchers further select areas and wards assumed to have a larger percentage of illiterate women. Simple random sampling is a method in which every member of the population has an equal chance of selection through an unbiased selection procedure (Mcleod, 2023). It is practically not impossible to select all the samples and respondents selected for this study. Thus, convenience sampling is further employed to select the sample for the study. Convenience sample is convenient. Convenience sample often selects participants that are available around a location or close the place where research is conducted (Stratton, 2021). In convenience sampling, participants, subjects and respondents that are more available or close to the researchers are included in a study (Wu Suen et al., 2014). Convenient sample enables the researchers to select samples or respondents on the basis of availability, proximity, closeness, and willingness of the samples or respondents to participate in the study. Using convenience sample, respondents were selected were given questionnaires in the market places, canteens, motor parks and beer parlours in each of the selected areas and wards. Researchers employed research assistants who helped interpret the questionnaire to the respondents in Yoruba Language. 400 respondents were selected for the study. The selection of the subjects and respondents depend on the population of the wards and areas selected for the study. In Iseyin Local Government Area, 150 respondents were selected in Oke-Agbe area of Iseyin; in Afijio Local Government Area, 150 respondents were selected in Iware Area of Local Government Area of Afijio, and in Ibarapa Central Local Government Area, 100 respondents were selected in Idere Area of Ibarapa Central Local Government Area. However, 395 questionnaires were returned and found useful for statistical analysis. No samples or respondents were forced or were under duress to participate in the study. The researchers maintain high ethical standards and confidentiality. No identities of the participants were disclosed or mentioned in the study and the privacy of individual participants were respected in the study.

1.4 RESULTS

Table 1: Sources of information about STD

S/NO	Options	Frequency	Percentage
1.	Radio	58	14.7
2.	Schools	137	38.2
3.	Community health campaigns	151	38.4
4.	Religious leaders	132	33.4
	Total	305	100

Source: Field Survey, 2024

Table 1 shows that 58 respondents representing 14.7% maintained that radio is the source of information about sexually transmitted disease, 54 respondents representing 13.7% stated school is the source of information about sexually transmitted diseases, 151 respondents representing 38.2% maintained that community health campaign is the source of information about sexually transmitted diseases, while 132 respondents representing 33.4% averred that religious leader is the source of information about sexually transmitted diseases.

Table 2: Effectiveness of Radio in the Dissemination of Information about STD

S/NO	Options	Frequency	Percentage
1.	Radio STD messages are elitist in nature	138	34.9
2.	Radio STD Campaigns are dominant in the urban centres	162	41
3.	Radio STD Campaigns are not informative	40	10.1
4.	Radio STD Messages are not meant for the uneducated	55	13.9
	Total	395	100

Source: Field Survey, 2024

Table 2 shows that 138 respondents representing 34.9% averred that radio sexually transmitted disease are elitist in nature, 162 respondents representing 41% maintained that radio sexually transmitted diseases campaigns are dominant in the urban centres, 40 respondents representing 10.1% affirmed that radio sexually transmitted disease campaigns are not informative, while 55 respondents representing 13.9% affirmed that radio sexually transmitted disease messages are not meant for the uneducated.

Table 3: Factors for STD Treatment Seeking Behaviour among Illiterate Women

S/NO	Options	Frequency	Percentage
1.	Perception of the Severity of STD	148	37.5
2.	Perceived Susceptibility to STD	134	33.9
3.	Perceived Benefits of new health Innovations	59	14.5
4.	Barriers to the adoption of the new Health Innovations	54	13.7
	Total	395	100

Source: Field Survey, 2024

Table 3 shows that 148 respondents representing 37.5% affirmed that perception of severity of sexually transmitted diseases is the factor that pushes women to seek treatment for STD, 134 respondents representing 33.9% posited that perceived susceptibility to sexually transmitted diseases is a factor that pushes women to seek treatment for STD, 59 respondents representing 14.5% maintained that perceived benefits of new health innovations are a factor that pushes women to seek treatment for STD, while 54 respondents representing 13.7% stated that barrier to the adoption of the new health innovation is a factor that pushes women to seek treatment for STD

1.5 DISCUSSIONS

Community health campaign is the source of information about sexually transmitted diseases. The findings agree with Njome et al., (2017) who found that due to illiteracy level in the rural areas of Oyo State, the use of posters, religious leaders, traditional newscasters, house-to-house campaigns, community health campaigns, traditional leaders, and health education officers are identified as more effective than radio on the campaigns about treatment-seeking behaviour of illiterate women in the rural areas about sexually transmitted diseases (Njome et al., 2017).

Radio sexually transmitted diseases campaigns are dominant in the urban centres. This aligns with findings of Onyeonoro et al., (2013) who found that access to radio is higher in urban areas than in the rural areas of Nigeria. The findings agree with findings of Kishore et al., (2006) who found that 62% of rural dwellers have not heard about sexually transmitted diseases in the past, and knowledge about means of transmission and prevention of the infections is very poor among the rural dwellers. Poster and other visuals are major sources of health-related information about sexually transmitted diseases

Perception of severity of sexually transmitted diseases is the factor that pushes women to seek treatment for STD. the findings agree with Vasil et al., (2021) who maintained that perception of severity of diseases instil fear in the minds of the victims of the sexually transmitted diseases to embrace treatment-seeking behaviour.

1.6 CONCLUSIONS AND RECOMMENDATIONS

Community health campaigns, village health teams, religious leaders, local leaders and use of community sensitization meetings and community leaders have been effective on the campaigns against sexually transmitted diseases, and influence the treatment-seeking behaviour of women in the rural areas of Oyo State. Therefore, efforts should not be spared to empower community health campaigners by their respective local government administrations.

Radio health campaigns have not been identified to focus much attention on the reportage of treatment-seeking behaviour of illiterate women about sexually transmitted diseases in the rural areas of Nigeria. Consequently, this study is designed to examine the sexually transmitted diseases campaigns on radio and treatment-seeking behaviour of illiterate women in the rural areas of Oyo. This calls for the establishment of community radio in the rural areas of Oyo State. A community radio is owned, managed and operated by the host community.

The perception of severity of sexually transmitted diseases forced women in the rural areas to embrace treatment-seeking behaviour. The low treatment-seeking behaviour of women in the rural areas about sexually transmitted diseases is exacerbated by information approaches used in reaching women populations suffering from various STDs in the rural areas of Oyo State. Therefore, community health campaigners must always emphasise early treatment of sexually transmitted diseases before it is too late.

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