KNOWLEDGE AND ATTITUDE TOWARDS GENITAL HERPES AMONG YOUNG ADULTS IN OLUKU COMMUNITY

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Abstract
This study investigated the genital herpes knowledge among young adults in Oluku community in Edo State, and the relationship of such information on their attitude and practice toward treatment and prevention. This study adopted the descriptive cross-sectional study. The researcher employed snow balling sampling technique. For the four categories of youth stated, a 25% quota was targeted. A sample size of 120 was used to cater for attrition and non-response rate. The data was collected using questionnaire and the items were closed ended. It was observed that majority of the participants had high knowledge of genital herpes. For the participants attitudes toward genital herpes, majority of the participants strongly agreed that STIs such as genital herpes kills and should be seriously avoided, sticking to one's partner would help prevent herpes, any individual can be infected with STIs except adequate preventive measures are implemented, having multiple sex partner will help increase the spread of STIs. Based on these findings, the researchers recommend introducing courses in secondary schools to educate students about sexually transmitted diseases, their impact, and how to make healthy decisions to prevent them."

Key Words: *Genital herpes, Knowledge, Attitude, Sexually transmitted infection (STI), Virus.*

Introduction

Herpes is a common virus that causes sores on your genitals and/or mouth. Herpes can be annoying and painful, but it usually doesn't lead to serious health problems. Human herpes viruses come in eight different varieties. Herpes simplex virus (HSV) has two physiologically different subtypes among the alpha herpesviruses. In the industrialized world, HSV is the most common cause of genital ulcer disease (GUD), but it also accounts for a large fraction of GUD cases in poor nations (Serwadda et al. 2003). The infection is contagious and can last a lifetime. It migrates from nerve terminals to the local sensory or autonomic ganglia, where it develops a latent condition, after initial infection through direct contact with mucosal surfaces or abraded skin (Yeung-Vue et al 2002). Latency is a frequent trait of the herpesvirus family in order to elude the human immune response. Immunodeficiency, trauma, fever, menstruation, ultraviolet radiation, and sexual intercourse are all examples of local or systemic triggers that might reactivate the virus (Kirchner et al 2000). Infectious virions move down sensory axons after reactivation to replicate in epithelial cells of the skin or mucosa at or near the initial infection site. Its morbidity, psychological impact, likelihood

of recurrence, and rare but catastrophic newborn harm that can result from maternal transfer of HSV, genital herpes is a public health concern.

The clinical signs of genital herpes are varied, and non-traditional symptoms might lead to infection misdiagnosis. Herpetic whitlow, erythema multiforme, eczema herpeticum, and gingivostomatitis are among them. Due to the wide range of genital herpes clinical symptoms, clinical diagnosis of HSV -2 infection is inadequate, and laboratory tests are required for accurate diagnosis and successful clinical care of individuals with genital herpes (Reynolds& Quinn, 2005). Genital lesions, discomfort, itching, dysuria, vaginal or urethral discharge, and systemic symptoms are all common signs of primary genital HSV -2 infection. Because the virus might be mistaken for other genital illnesses, four out of every five patients with genital HSV-2 infection go undiagnosed (Corey, 2004). About 60 percent of HSV-2 infections are unidentified, 20% are asymptomatic, and the remaining 20% are symptomatic recognized infections. Only 22% of women who were HSV-2 antibody positive experienced symptoms in a study of 779 female STn clinic visitors, 372 of whom were HSV-2 seropositive.

In a cross-sectional investigation of STD clinic visitors without a history of genital herpes in the United States, 26% were HSV-2 seropositive, women, those of African descent, and those aged 30 and up have higher rates (Whittington et al, 2001). Increasing the number of sexual partners and failing to exercise safe sexual practices are two factors that may contribute to the rise in HSV-2 infection rates. It has also been advocated that the incidence of past HSV-1 infection among teenagers be reduced. HSV-2 prevalence rates of 91 percent in Cotonou, 84 percent in Yaounde, 94 percent in Kisumu, and 87 percent in Ndola were reported in a multi-center research including sex workers in four African cities (Morison et al, 2001). HSV-2 seroprevalence is 59 percent among commercial sex workers (CSWs) in Lagos, Nigeria. In Dar-es-Salaam, Tanzania, HSV-2 seroprevalence was found to be 43 percent among STD clinic visitors, with 63 percent of women and 36 percent of males being HSV-2 antibody positive.

Young individuals are more likely to engage in unprotected sex, have several sexual partners, and participate in transactional sex than older ones. Due to the lining of their cervical canal, female teens and young women are particularly vulnerable to certain STIs. Individuals may also have difficulties acquiring the required information, services, and materials to avoid contracting certain STIs. They may also have difficulty locating STI prevention services because they are unsure where to search or are wanting to avoid the stigma connected with them (Culbreth et al, 2019). Knowledge of genital herpes and their sequelae is critical for effective prevention and treatment, but it is unfortunately lacking among young people in underdeveloped countries (Amu and Adegun, 2015). Because of the taboo surrounding addressing sexual topics in Nigeria, studies on genital herpes education and prevention are rare, which is why this study is necessary.

The findings of this study will not only add to the body of knowledge, but will also assist various relevant stakeholders specially the government to pinpoint the gap in knowledge and develop proper actions to close it.

Research Questions

The following research questions were answered:

1. What is the level of genital herpes knowledge among young adults?
2. What are the young adults' attitudes about genital herpes treatment?
3. Is there any association between their knowledge of genital herpes and their attitude about genital herpes?

Hypothesis

Ho1: There is no significant relationship between knowledge of and attitudetoward genital herpes among adolescents

Methodology

This study adopted the descriptive cross-sectional study, toanalyze the association between the respondents on genital herpes attitude and their knowledge, and testing of hypothesis. Study Participants: Young persons aged 15 to 24 account for nearly half of all STI cases (CDC, 2017). As a result, the purpose for studying, the chose age category in one of the Nigeria most populous state. In this study adolescents are those individuals in the age range of ages 10- 19, whereas young adults are those in the age bracket of 18 and 24, and young people are those between the ages of 10 and 24. However, the main participants of this research were those between ages 18 to 24. They have been seen to be with the highest prevalence of STIs.

As the research group in the study involves every individual in the population and there are no actual database or record for the group, the sampling procedure was non-probability. Data were collected virtually rather than in person. The researcher employed convenient sampling based on quotas. For the four categories of youth stated, a 25% quota was targeted — this is not a proportional sampling. That is it does not showcase the precise quota of the four groups of individuals in the real population. Recruiting took place on various internet and social media platforms where study groups were located. To recruit the correct responses, certain inclusion criteria were established.

A sample size of 120 was used to cater for attrition and non-response rate. The sample size was selected using snow balling technique due to the sensitivity of the research and unwillingness of the youth to respond to the questionnaire adequately. The surveys that are duly filled were uploaded to a main database, which was accessible only to the researcher. The data was downloaded in MS Excel format when the requested sample size was reached. After that, it was exported to SPSS version 20, in which a final check of consistency was performed as a pre-analysis. The rating and evaluation statistics was used to determine their degree of attitude and knowledge. The data wasanalyzed using SPSS. Statistical analysis, both descriptive (frequency and percentage) and inferential (pearson correlation) were used.

Result

Research question one: What is the level of genital herpes knowledge among young individuals?

Table 1(a): Descriptive statistics on genital herpes knowledge among young individuals

S/N	Knowledge items	Frequency N (%)
1	Have you heard of genital herpes?	
	Yes	109(90.8)
	No	11(9.2)
2	Can you be looking at a person to see if he or she is affected by genital herpes?	
	Correct	100(83.3)
	Incorrect	20(16.7)
3	Are people likely to get genital herpes by deep kissing, putting their tongue in their partner's mouth, if their partner has genital herpes?	
	Correct	58(48.3)
	Incorrect	62(51.7)
4	Does showering, or washing one's genitals/private parts, after sex keeps a person from getting genital herpes?	
	Correct	112(93.4)
	Incorrect	8(6.7)
5	Genital Herpes is caused by the same virus as HIV?	
	Correct	13(10.8)
	Incorrect	107(89.2)
6	Having anal sex increases a person's risk of getting genital herpes?	
	Correct	74(61.7)
	Incorrect	46(38.3)
7	There is a cure for genital herpes?	
	Correct	28(23.3)
	Incorrect	92(76.7)
8	Genital herpes occurs most often on or near your sex organs?	
	Correct	91(75.8)
	Incorrect	29(24.2)

9	Human Papillomavirus (HPV) causes Genital Herpes?	
	Correct	37(30.8)
	Incorrect	83(69.2)
10	People with genital herpes develop painful blisters on their genitals?	84(70.0)
	Correct	36(30.0)
	Incorrect	

The table 1(a) shows the descriptive statistics on genital herpes knowledge among young individuals in Oluku community in Edo State. It can be deduced that majority of the respondent stated that they have heard of genital herpes (90.8%). Also, majority of the participants in the study correctly answered the following questions, can you be looking at a person to see if he or she is affected by genital herpes (83.3%), does showering, or washing one's genitals/private parts, after sex keeps a person from getting genital herpes (93.3%), having anal sex increases a person's risk of getting genital herpes (61.7%), genital herpes occurs most often on or near your sex organs (75.8%), people with genital herpes develop painful blisters on their genitals (70.0%). But they majority of the participants wrongly answered the questions on are people likely to get genital herpes by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV (51.7%), genital Herpes is caused by the same virus as genital herpes (89.2%), there is a cure for genital herpes (76.7%) and human Papillomavirus (HPV) causes Genital Herpes (69.2%).

Research question two: What are the young people in Oluku community in Edo State attitude about genital herpes and HIV/AIDs treatment?

Table 2: Descriptive statistics on attitude towards STIs (genital herpes and HIV/AIDs) among young individuals in Oluku community in Edo State

S/N	Attitude towards STIs	Strongly agree N (%)	Agree N (%)	Undecided N (%)	Disagree N (%)	Strongly disagree N (%)
1	STIs such as genital herpes kills and should be seriously avoided	72(60.0)	37(30.8)	1(0.8)	10(8.3)	0(0.0)
2	Sticking to one's partner would help prevent herpes	71(59.2)	41(34.2)	2(1.7)	6(5.0)	0(0.0)
3	Any individual can be infected with STIs exceptadequate preventive measures are implemented	72(60.0)	46(38.3)	2(1.7)	0(0.0)	0(0.0)

4	Having multiple sex partner will help increase the spread of STIs	92(76.7)	25(20.8)	2(1.7)	1(0.8)	0(0.0)
5	I get scared anytime I hear anything about genital herpes	34(24.8)	57(47.5)	1(0.8)	18(15.0%)	10(8.3)

The table two is a summary of descriptive statistics on attitude towards STIs (genital herpes) among young individuals in Oluku community in Edo State. It can be seen that majority of the participants strongly agreed that STIs such as genital herpes kills and should be seriously avoided (60.0%), sticking to one's partner would help prevent herpes (59.2%), any individual can be infected with STIs except adequate preventive measures are implemented (60.0%), having multiple sex partner will help increase the spread of STIs (76.7%). Meanwhile, 47.5% of the participants agreed that they get scared anytime they hear anything about genital herpes. It can be deduced that majority of the participants have concern towards the genital herpes.

Hypothesis one: Among adolescents in Oluku community in Edo State, south-south Nigeria, there is no significant relationship between knowledge of genital herpes and attitudes toward genital herpes

Table 3: Pearson correlation on relationship between knowledge of genital herpes and attitudes toward genital herpes

Variables	Mean	Standard deviation	Pearson correlation (r)	Sig.
Knowledge	5.88	1.75		
Attitude	17.18	2.10	0.40	0.00

The table 3 above shows the Pearson correlation (r) on relationship between knowledge of genital herpes and attitudes toward genital herpes. It can be deduced that the r-value is 0.40 and level of significant is 0.00. The level of significant is less than 0.05, hence the null hypothesis is rejected. This shows that there is a significant positive relationship between knowledge of genital herpes risk and attitudes toward genital herpes.

Discussion of the findings

This study was undertaken to investigate genital herpes knowledge and attitude among individuals aged 18 to 24 years in Oluku community in Edo State. The study revealed that majority of the participants in the study correctly answered the following questions, can you be looking at a person to see if he or she is affected by genital herpes, does showering, or washing one's genitals/private parts, after sex keeps a person from getting genital herpes, having anal sex increases a person's risk of getting genital herpes, genital herpes occurs most often on or near your sex organs, people with genital herpes develop painful blisters on their genitals. Thus majority of the participants has high knowledge of genital herpes.

The is contrary to the research by Nwankwo and Unachukwu (2008) when they stated that only a few people were aware that AIDS is spread by blood-to-blood contact, such as exchanging razor blades. Some sources claimed that AIDS may be spread through intercourse and injections, while others said that illnesses can be spread by mosquito bites and toilets.

For the participants attitudes toward genital herpes, majority of the participants strongly agreed that STIs such as genital herpes kills and should be seriously avoided, sticking to one's partner would help prevent herpes and, any individual can be infected with STIs except adequate preventive measures are implemented, having multiple sex partner will help increase the spread of STIs. Meanwhile, they agreed that they get scared anytime I hear anything about. It can be deduced that majority of the participants have concern towards the genital herpes and HIV. This correspond to the study by Elemana (2001) who remarked in his little contribution that the stigma linked to STDs, by general society has caused individuals, particularly students, to develop a negative attitude about the condition. For example, if pupils learn that a classmate has HIV/AIDS, they are likely to shun him or her completely, notwithstanding the obvious fact the disease cannot be transferred through being close to the sufferer. Also Karlinger (2001) feels that students' views on STDs/HIV/AIDS have shifted dramatically in recent years, with each student being more cautious about how he or she utilizes things, particularly piercings. As a result, kids these days are more cautious about who they pick as a female or guy friend, the saloon where they have their hair cut, and with whom they exchange their stuff.

In the hypotheses tested, it was discovered that null hypotheses were rejected. This shows that there is a significant positive relationship between knowledge of genital herpes risk and attitudes toward genital herpes.

Conclusion

In the study, it can be concluded that majority of the participants have high knowledge of genital herpes. For the participants attitudes toward genital herpes, majority of the participants strongly agreed that STIs such as genital herpes kills and should be seriously avoided, sticking to one's partner would help prevent herpes, any individual can be infected with STIs except adequate preventive measures are implemented, having multiple sex partner will help increase the spread of STIs. Based on the findings of the study, the researchers recommend the following:

1. Further research can be done to determine if females or males are more knowledgeable about STDs to determine if there is a group we need to focus on, to provide more education.
2. Embarking on research on how to encourage a change from unhealthy to healthy decision making is another area that should be researched. Healthy decision-making impacts many parts of an adolescent life. Youths need to know how to make healthy decisions about sex, drugs, school, religion and many other areas. Topics that play a part in healthy decision making which need to be addressed include peer pressure and self-esteem.

3. Abstinence education is another approach which could be used to teach about sexuality. This approach focuses on teaching students to wait to have sex. The problem presented with this approach is because a large majority of students are already sexually active this is not helping to reduce the rates of STDs or pregnancies.

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