

**ACCESS AND UTILISATION OF HEALTH INFORMATION FOR
PREVENTION OF SEXUALLY TRANSMITTED DISEASES AMONG
TRUCK DRIVERS IN MARABAR JOS AND TAFE STATIONS IN
KADUNA STATE, NIGERIA**

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DECEMBER, 2021

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BY

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE
STUDIES, AHMADU BELLO UNIVERSITY, IN PARTIAL FULFILLMENTS OF
THE REQUIREMENTS FOR THE AWARD OF MASTER DEGREE IN LIBRARY
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DECEMBER, 2021

DECLARATION

I declare that this dissertation titled “Access and utilisation of Health Information for Prevention of Sexually Transmitted Diseases among Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria” has been written by me in the Department of Library and Information Science, Ahmadu Bello University, Zaria. The information derived from the literature has been duly acknowledged in the text and list of references provided. No part of the dissertation was previously presented for the award of any degree or diploma at this or any other institution to the best of my knowledge.

ABUBAKAR Sirajo Danzangi

P17EDLS8007

Date

CERTIFICATION

This dissertation titled “Access and utilisation of Health Information for Prevention of Sexually Transmitted Diseases among Truck Drivers in Marabar Jos and Tafa Stations in kaduna State, Nigeria” by ABUBAKAR Sirajo Danzangi meets the requirement governing the award of the degree of Master in Library and Information Science (MLS) of Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This Dissertation is dedicated to my parents, Malam Abubakar Danzangi and Malama Mariya Abubakar Danzangi.

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My profound gratitude goes to Almighty Allah who created me and gave me all necessary courage and opportunities to start and finish this programme successfully. I like to use this medium to thank my parents, my wife and other family members for their courage and prayers throughout my stay in school. I would also like to express my immense appreciation and gratitude to my able Supervisors, Professor Tijjani Abubakar and Dr Mohammed Habibu, who took their time, despite their schedules to go through this work for all possible corrections and observations, without their tireless contributions, this work would not have been completed. Their dedication and patience are really commendable. I wish to register my profound gratitude too to the Head of Department, Dr. Mohammed Habibu for his endurance, kindness and contribution throughout my stay in the Department as a student. My profound gratitude goes to our abled Professor, Professor Zakari Mohammed who contributed greatly in one way or the other to make this work diligent. To departmental postgraduate coordinator, Dr. (Mrs) M. F. Mohammed and members of her team, may Allah reward you abundantly. To all my lecturers that have taught me or contributed in this work in one way or the other, I say thank and God bless you all.

ABSTRACT

The study examined the Sexual Health Information Access for Prevention of Sexually Transmitted Diseases among Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria. Five (5) research objectives were formulated in line with five (5) research questions on: Types of Sexual Health Information the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria receive for prevention of Sexually Transmitted Diseases, Sources of Sexual Health Information the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria use for prevention of Sexually Transmitted Diseases, and medium through which the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria access Sexual Health Information for prevention of Sexually Transmitted Diseases. The research methodology adopted for the study was quantitative research methodology using a survey research design, the total population of the study comprised 75000 long-journey truck drivers plying Nigerian roads from which a sample of 382 truck drivers were drawn. Simple random sampling technique was used. The instrument used for data collection was questionnaire. The study found out that truck drivers receive Information on effective condom use, Information on the dangers of STDs, Information on mode of transmission and Information on causes of STDs. Radio, Television, Friends, Internet, Handsets, Newspapers, Billboards, and Mobilizations were the sources they use. Watching Television, discussion with Friends, browsing the Internet and Handsets were the medium through which they access information. Only few access the information by reading Newspapers, Billboards, and attending Mobilizations campaigns on health-related issues. It was concluded that if Sexual Health Information is made available, accessible and disseminated to truck drivers, it will help in reducing the menace of sexually transmitted diseases in our societies. It was recommended that more sexual Sexual Health Information should be made available for truck drivers to use. More Sexual Health Information sources should be provided and made accessible for truckers to use. Truckers should also be taught on how internet and handsets should be accessed effectively.

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LIST OF ABBREVIATIONS

AIDS: Acquired Immune Deficiency Syndrome

CDC: Center for Disease Control

CSWs: Commercial Sex Workers

FCSWs: Female Commercial Sex Workers

FMOH: Federal Ministry of Health

FSCWs: Female Sex Workers

HIV: Human Immunodeficiency Virus

LDTDs: Long Distance Truck Drivers

NACA: National Agency for the Control of Aids

RTIs: Reproductive Tract Infections

STIs: Sexually Transmitted Infections

STDs: Sexually Transmitted Diseases

WHO: World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Information “is light”. It is an important thing in our society. When people get informed about how something exists, people get knowledge. This kind of knowledge will protect them from making mistakes. Information is everywhere. It is needed in every human endeavor. People need information on so many things. Some need information on how to cook, eat, dress, walk, etc. Life is a hard task and we need help while making decisions on a regular basis. You may be interested in different topics to read about. However, in the most common case, people are interested in topics from health & fitness so as to keep themselves physically and medically fit (Health Information Technology, 2019). Without proper knowledge no one can make the right decisions in their life and no one can live a successful and satisfying life.

Sexual Health Information is very important to our lives. People seek for information on their health status more than anything. That is why people used say “Health is wealth”. Health information is defined as the data related to a person’s medical history, including symptoms, diagnoses, procedures, and outcomes. Health information records include patient histories, lab results, x-rays, clinical information, and notes (American Health Information Management Association, 2019). Health information facilitates and improves health care quality and patient outcomes by reducing medication and medical errors, reduces unnecessary tests and services and improve the efficiency of care by ensuring everyone involved in a patient’s care has access to the same information, reduces administrative costs by making many administrative tasks simpler and more efficient, increases patient involvement in their own health care and reduce the amount of time patients spend filling out paperwork and briefing providers on their medical histories and

finally coordinates with and support public health officials to improve the health of our communities (HealthIT, 2019). Patients are increasingly expressing their need for more information about their health. Different healthcare professionals provide a range of information to their patients during delivery of care. A patient's health information can be viewed individually, to see how a patient's health has changed; it can also be viewed as a part of a larger data set to understand how a population's health has changed, and how medical interventions can change health outcomes. Health information is a broad concept that covers almost every aspect of health. It encompasses areas like sexual health information, clinical information, dental information, surgery information, orthopedic medical information, medical records, public health information, consumer health information, veterinary health information, and pharmaceutical health information among many.

Health literacy is increasingly important in information ecosystem, both nationally and globally. Across the world, whether people live in "information rich" or "information poor" societies, the role of our profession is a vital one. In the developed world, the ubiquitous nature of health information creates a wealth of accessible content and simultaneously has created confusion as to what information is reliable, how health information can be utilized, and whether or not information is produced in a meaningful manner (Ottosen, Mani, & Fratta, 2019). In order to mitigate the health information crisis, we need to collaborate and respond to the challenges raised by the complexity of health information. Librarians and other information professionals can and must play an important role in improving health literacy in their communities.

Truck drivers are group of individuals that are always on the move from one place another. This makes them to stay far away from their friends and families. Truck drivers need information in all aspects of life such as information on road direction, information on road usage, information

on where to carry loads and most importantly sexual health information. In a normal circumstance, a truck driver performs a very hectic work that makes him to be sexually active. Due to the nature of their work, a truck driver can spend weeks or even months without seeing his family. Some of these drivers may like to satisfy their sexual desire by mingling with Commercial Sex Workers (CSWs) at strategic local rest areas. It is therefore good for truck drivers to be adequately informed about sexual health information for prevention of myriad sexually transmitted diseases.

Sexual health information is very important. It plays a very significant role in making sure that people get informed about their sexual health. Sexual health, far from being merely the absence of disease or dysfunction, is a vital and essential part of being human. Sexual health can be defined a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity (World Health Organization, 2019).

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Sexual health information is information on all aspects of sexual health, including reproductive health, relationships and sexuality, contraception, and fertility. Sexual health on the other hand has to do with areas such as sexually transmitted diseases, HIV/AIDs prevention and testing, cervical screening, alcohol and drugs among others.

Truck drivers are human beings like other individuals in the society. They need information on sexual health despite the fact that they remain far away from their families. Several research findings indicated that truck drivers are the main vectors of sexually transmitted diseases globally (Huda, Sikder, Rahman, & Mohiuddin, 2016) as cited in (KMCC Uganda, 2014; Morris,

Prajapati, & Sanjel, 2014; Abbasi, Rafique, Aziz, Hussain, 2013; McCree et al., 2010; Ferguson, 2007). If sexual health information is appropriately utilized, the menace of sexually transmitted diseases will drastically reduce globally. Therefore, truck drivers need sexual health information for health-promoting behaviors in order to quickly and easily identify sexual problems through regular medical check-ups, and screening. They also need sexual health information for freedom from all forms of sexual violence and coercion such as rape, sexual abuses and sexual harassment. Truck drivers require sexual information for freedom from unnecessary body mutilations such as female genital mutilations. Truck drivers need sexual health information to reduce the sexual consequences of both physical and mental disabilities. Most importantly, sexual health information will help truck drivers to be free from contracting or transmitting sexually transmitted diseases including HIV/AIDs.

Health Information Access

Health information highlights the provision of information about health services and providers, thus making patients aware of the health services available. Health information is very important to our lives. People seek for information on their health status more than anything as people used say “Health is wealth”.

Health information is defined as data related to a person’s medical history, including symptoms, diagnoses, procedures, and outcomes. Health information records include patient histories, lab results, x-rays, clinical information, and notes (American Health Information Management Association, 2019). Health information plays an important role as it improves health care quality and patient outcomes by reducing medication and medical errors, reduces unnecessary tests and services and improve the efficiency of care by ensuring everyone involved in a patient’s care has

access to the same information, reduces administrative costs by making many administrative tasks simpler and more efficient, increases patient involvement in their own health care and reduce the amount of time patients spend filling out paperwork and briefing providers on their medical histories and finally coordinates with and support public health officials to improve the health of our communities (HealthIT, 2019).

Health literacy is increasingly important in today's complex information ecosystem, both nationally and globally. Across the world, whether people live in "information rich" or "information poor" societies, the role of our profession is a vital one. In the developed world, the ubiquitous nature of health information creates a wealth of accessible content and simultaneously has created confusion as to what information is reliable, how health information can be utilized, and whether or not information is produced in a meaningful manner (Ottosen, Mani, and Fratta, , 2019). In the developing world, content may be non-existent, culturally inappropriate or inaccessible in terms of language and other barriers. In order to mitigate the health information crisis we are now facing, we need to collaborate and respond to the challenges raised by the complexity of health information. Librarians and other information professionals can and must play an important role in improving health literacy in their communities.

Sexual health on the other hand is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (World Health Organization, 2019). Sexual health has to do with any measure taken to reduce the prevalence of sexual problems, sexually transmitted diseases rates, as well as reduce the high rate of unwanted pregnancy. Sexual health information is all about information on keeping yourself safer and healthy so you can enjoy positive sex and relation. It

is all about information sexually transmitted diseases, HIV/AIDs prevention and control, cervical screening, alcohol and drugs among others.

Sexual health is fundamental to the physical and emotional health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, encompasses the rights of all persons to have the knowledge and opportunity to pursue a safe and threat-free sexual life (World Health Organization, 2010). In order to achieve sexual and well-being of both men and women, they need access to comprehensive good-quality information about sex and sexuality; knowledge about the risks they face and their vulnerability to the adverse consequences of sexual activity; their access to sexual health care; an environment that affirms and promotes sexual health. Sexual health concerns are wide-ranging, encompassing sexual and gender identity, sexual expression, relationships, and pleasure. They also include negative consequences or conditions such as: infections with human immunodeficiency virus (HIV), sexually transmitted infections (STIs) and reproductive tract infections (RTIs) and their adverse outcomes (such as cancer and infertility).

Sexually Transmitted Diseases (STDs) Among Truck Drivers

Many of the truck drivers engage in a long distance journey from one location to another in order to carry both commodity goods and fuel. Due to the distance, and the nature of the road network, the journey usually takes the truckers far away from their families and immediate environments for days and sometimes weeks, thereby exposing them to the temptation of satisfying their sexual urge with commercial Female Sex Workers in and around the truck terminals. Truck drivers are a group of people recognized to be sexually active. Their long driving hours and exhausting

working environment causes lethargy and mental fatigue which incline them towards sexual engagement. This behavior and attitude put them at high risk of acquiring Sexually Transmitted Diseases (STDs). In a recent study conducted in India, 30% of drivers and 50% of helpers reported unsafe sexual practices with sex workers exposing them to Sexually Transmitted Diseases (STDs) (Rizwan, I., Ammar, J., AbdurRehman, I., & Areba I. D. 2017).

Furthermore, Chaudry (2005), said that in many situations, the truckers, looking for alternative outlets for satisfying their sexual urge and to reduce the loneliness caused by the absence from their families, have been known to visit Female Sex Workers (FSW) quite frequently. In a study conducted in Pakistan showed that unsafe sex with the Female Sex Workers (FSW) and fellow crew members was common. Also, long distance truck drivers in Pakistan had serious gaps in their knowledge about HIV/AIDS, especially its mode of transmission and they had a negative attitude towards persons with AIDS. In a more recent work by Pandey, Benara and Roy (2008), it was found that the level of perception of HIV, consistent use of condom for casual sex, HIV testing were all low among long distance truck drivers. Also Glory, Onoja, and Komolape (2010) as cited in Jackson, Rakwar and Richardson (1997) found significant declines in self-reported high-risk sexual behavior during a one-year follow-up study among truckers. Apart from that, Glory, Onoja, and Komolape (2010) as cited in Mupemba (1999) in a survey conducted among truckers in Zimbabwe to encourage the use of condom, especially among Female Sex Workers and to emphasize the dangers of unprotected sex and large numbers of sexual partners. It was found that many truckers believed that it was not manly to restrict one's sexual activities to a single woman while others claimed that they succumbed to the advances of Female Sex Workers (FSW) when drunk, lonely, infatuated or otherwise vulnerable. In the same vein, a research conducted in Bangladesh, analysis of survey data among truckers revealed that having more than

one sexual partner in the last month, never using a condom with sex workers and ever injected narcotics were significant predictors of Sexually Transmitted Diseases (STDs) among truckers (Alam et al. 2007).

1.2 Statement of the Problem

For any community to exist and function effectively, access to health information is necessary. Health information is essential in the prevention of sexually transmitted diseases. Sexually Transmitted Diseases have been proven to be characterized as hidden epidemics of tremendous health and economic consequences that can lead to pains, organs' damages, and serious disabilities such as blindness, deafness, infertility, insanity, paralysis and even death (Eng & Butler, 1997; Center for Disease Control (CDC), 2000). Truck drivers on the other hand, are considered as one of the major vectors of these diseases due to the nature of their occupation (Huda, N. Sikder, A. Rahman, M. and Mohiuddin, M. 2016) cited in (Morris, & Ferguson, 2007; McCree et al., 2010; Abbasi, Rafique, Aziz & Hussain, 2013; KMCC Uganda, 2014; Prajapati, & Sanjel, 2014). They transport goods from a far location to another. The nature of their occupation precludes them from staying with their families. Therefore, this gives them chance to mingle with Female Commercial Sex Workers (FCSWs) at different local rest areas along their major roads.

Knowledge of sexually transmitted diseases was found very high among truck drivers plying Nigerian roads as a result of the myriad campaigns done by both governmental and nongovernmental organizations (Kende, 2015). Despite the level of knowledge of these diseases among truck drivers plying Nigerian roads, it was found that the population of the truck drivers is a potential HIV high risk group in Nigeria as (2.4%) of their population were tested positive in

some selected stations in South-west Nigeria (Glory, Onoja, and Komolape 2010). Also a preliminary survey was conducted at Dan Magaji and Dakatsalle casual rest areas in 2019 by the researcher, and it was found that truck drivers pack and rest in those areas for many days associating with Female Commercial Sex Workers (FCSWs). This association could be the sources of contacting and spreading sexually transmitted diseases. This is supported by Jeremiah, (2017) who said that wherever commercial sex business is found, there must be high rate of sexually transmitted diseases contact and spreading.

This research focused on Sexual Health Information Access for Prevention of Sexually Transmitted Diseases Among Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria.

1.3 Research Questions

This study provided answers to the following research questions:

1. What type of Sexual Health Information do truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria receive for prevention of Sexually Transmitted Diseases?
2. What sources of Sexual Health Information do truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria use to get information for prevention of Sexually Transmitted Diseases?
3. How do truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria access Sexual Health Information for prevention of Sexually Transmitted Diseases?

4. What level of satisfaction do the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria derive from using Sexual Health Information for prevention of Sexually Transmitted Diseases?
5. What are the challenges to access of Sexual Health Information for prevention of sexually transmitted diseases among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria?

1.4 Objectives of the Study

The following objectives guided the study:

1. To identify the types of Sexual Health Information the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria receive for prevention of Sexually Transmitted Diseases
2. To identify the sources of Sexual Health Information the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria use for prevention of Sexually Transmitted Diseases
3. To find out how truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria access Sexual Health Information for prevention of Sexually Transmitted Diseases
4. To determine the level of satisfaction the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria derive from using Sexual Health Information for prevention of Sexually Transmitted Diseases.
5. To identify the challenges associated with the access of Sexual Health Information for prevention of sexually transmitted diseases among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria

1.5 Significance of the Study

One of the motives behind embarking on any research is to find solutions to already identified problems for the society to progress. Therefore, the findings of this research will be of great importance to the truck drivers because they will understand why the need for utilization of Sexual Health Information is necessary in their daily lives for the prevention of Sexually Transmitted Diseases. The study would also be of importance to both governmental and non-governmental organizations such as National Agency for the Control of AIDS (NACA) and World Health Organization (WHO) to work tirelessly in creating more awareness programmes on the effects of Sexually Transmitted Diseases and making sure that the information derived on these diseases is applied in the daily lives of truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria.

Professionally, this research will be of importance to health practitioners to create more counseling platforms particularly at those local rest areas where truckers pack and rest for days. To information professionals, this study will play an important role in improving health literacy in their communities. It will help in records keeping which will significantly and properly contribute for the prevention of sexually transmitted diseases by making sure that information on sexual health is utilized effectively through mobilization and campaigns in all local rest areas where truck drivers pack.

Finally, the research will be of help to the global researchers who might develop interest in the area to continue from where this research stops

1.6 Scope of the Study

This study is on Access and utilisation of Health Information for Prevention of Sexually Transmitted Diseases among Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria. The focus of this research will be only on long-journey truck-drivers that cover five hundred (500km) to above kilometers who park at two main local rest areas or stalls in Marabar Jos and Tafa Stations in Kaduna State, Nigeria. These areas are Marabar Josr Jos and Tafa of Kaduna State Nigeria. Those truck drivers that pack at casual packing areas or stalls will not take part in this research. The focus of this research is also restricted to only heavy duty trucks such as tankers and trailers. Light duty trucks such as six-tired trucks will not take part of this study. The scope of this research also focuses on only the six (6) common Sexually Transmitted Diseases in Nigeria according to literatures. These include HIV/AIDs, Gonorrhoea, Herpes, Syphilis, Hepatitis B, Chlamydia. Other Sexually Transmitted Diseases are excluded in this study.

1.7 Operational Definition of Terms

The following terms are defined within the context of this study:

Access: The ability of truck drivers to effectively obtain information or knowledge on Sexually Transmitted Diseases effectively

Information: Any idea or knowledge on sexual health received by truck drivers for prevention of Sexually Transmitted Diseases

Sexual Health Information: The idea or knowledge received on sexually transmitted diseases

Prevention: The act of protecting self from contact with Sexually Transmitted Diseases

Sexually Transmitted Diseases: Diseases that are contacted through sexual and oral contact

Truck: A long-journey heavy duty vehicle that possess six, ten, fourteen, eighteen or twenty-two wheels which carry heavy load. It is otherwise called trailer

Truck drivers: People that drive heavy trucks as their occupation covering from 500km to above

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CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter reviewed relevant literatures that are related to research variables. In order to exhaustively review the literature, the following headings were adopted:

2.2 Concept of Health Information and Sexually Transmitted Diseases

2.3 Types of Health Information

2.4 Sources of Health Information

2.5 Access to Health Information

2.6 Satisfaction to Health Information

2.7 Challenges to Access of Health Information

2.8 Empirical Studies

2.9 Summary of the Review

2.2 Concept of Health Information and Sexually Transmitted Diseases

Health information highlights the provision of information about health services and providers, thus making patients aware of the health services available. Health information is very important to our lives. People seek for information on their health status more than anything as people used say “Health is wealth”. Health information is defined as the data related to a person’s medical history, including symptoms, diagnoses, procedures, and outcomes. Health information records include patient histories, lab results, x-rays, clinical information, and notes (American Health Information Management Association, 2019). Health information plays an important role as it improves health care quality and patient outcomes by reducing medication and medical errors,

reduces unnecessary tests and services and improve the efficiency of care by ensuring everyone involved in a patient's care has access to the same information, reduces administrative costs by making many administrative tasks simpler and more efficient, increases patient involvement in their own health care and reduce the amount of time patients spend filling out paperwork and briefing providers on their medical histories and finally coordinates with and support public health officials to improve the health of our communities (Health Information Technology, 2019).

Health literacy is increasingly important in today's complex information ecosystem, both nationally and globally. Across the world, whether people live in "information rich" or "information poor" societies, the role of our profession is a vital one. In the developed world, the ubiquitous nature of health information creates a wealth of accessible content and simultaneously has created confusion as to what information is reliable, how health information can be utilized, and whether or not information is produced in a meaningful manner (Ottosen et al., 2019). In the developing world, content may be non-existent, culturally inappropriate or inaccessible in terms of language and other barriers. In order to mitigate the health information crisis we are now facing, we need to collaborate and respond to the challenges raised by the complexity of health information. Information professionals can and must play an important role in improving health literacy in their communities.

Sexual health on the other hand is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (World Health Organization, 2019). Sexual health has to do with any measure taken to reduce the prevalence of sexual problems, sexually transmitted diseases rates,

as well as reduce the high rate of unwanted pregnancy. Sexual health information is all about information on keeping yourself safer and healthy so you can enjoy positive sex and relation. It is all about information sexually transmitted diseases, HIV/AIDs prevention and control, cervical screening, alcohol and drugs among others.

Sexual health is fundamental to the physical and emotional health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, encompasses the rights of all persons to have the knowledge and opportunity to pursue a safe and threat-free sexual life (World Health Organization, 2010). Therefore, in order to achieve sexual and well-being of both men and women, they need access to comprehensive good-quality information about sex and sexuality; knowledge about the risks they face and their vulnerability to the adverse consequences of sexual activity; their access to sexual health care; an environment that affirms and promotes sexual health. Sexual health concerns are wide-ranging, encompassing sexual and gender identity, sexual expression, relationships, and pleasure. They also include negative consequences or conditions such as: infections with human immunodeficiency virus (HIV), sexually transmitted infections (STIs) and reproductive tract infections (RTIs) and their adverse outcomes (such as cancer and infertility).

2.2.1 Sexually Transmitted Diseases

Sexually transmitted Diseases (STDs) are defined as diseases passed from one person to another as a result of a sexual act (Waugh, 2011). This definition includes those passed from an infected mother to a child (congenital infection) as it is evidenced and proved that Sexually Transmitted Diseases can be transmitted from a pregnant mother to the baby before, during or after the baby's

birth and that some Sexually Transmitted Diseases such as syphilis Human Immunodeficiency Virus (HIV) can cross the placenta and infect the baby in uterus (World Health Organization, 2015). Sexually Transmitted Diseases (STDs) such as gonorrhea, chlamydia, hepatitis B Viruses and Genital herpes, can be transmitted to the baby during delivery through the birth canal (Center for Disease Control, 2002; Okonko, Okerentugba, Adejuwon, & Onoh, 2012). Human Immunodeficiency Virus (HIV) can cross the placenta during pregnancy, infect the baby during the birth process and unlike other Sexually Transmitted Diseases (STDs), can infect the baby through breast feeding (Center for Disease Control, 2006).

Sexually transmitted diseases (STDs) or infections as they are otherwise called are those groups of infections or diseases that are highly communicable which also the primary mode of their transmission is through sexual intercourse (Gilson & Mindel, 2001). These are among the major causes of illnesses in the world especially in the developing countries (World Health Organization, 2001; Usanga, 2010). Sexually transmitted diseases (STDs) affect single people, married people, heterosexuals, bisexuals, homosexuals, and people of all races, religions, and economic backgrounds. Anyone who is sexually active may be at risk. Males can give STDs to female or male sexual partners. Females can infect male sexual partners, female partners, and their own unborn children (Little, 2000).

Sexually transmitted diseases (STDs), also called venereal diseases according to (Kolesnikow, 2010), are a varied group of more than twenty illnesses that are classified together because they are passed from person to person primarily by sexual contact. Some, such as syphilis and gonorrhea, are ancient afflictions. Some, notably HIV/AIDS, have been identified only in recent decades. Some cause mild, acute symptoms and some are life-threatening. They

are caused by many different infectious organisms and treated in different ways. Therefore, these diseases are many and classified according to the type of organism that causes them.

Sexually transmitted diseases (STDs), also known as sexually transmitted infections or STIs according to (Shafii, Stovel, Davis, & Holmes, 2004), are very common. Millions of new infections occur every year in the United States and other parts of the world. Sexually transmitted diseases (STDs) are passed from one person to another through sexual activity including vaginal, oral, and anal sex. They can also be passed from one person to another through intimate physical contact, such as heavy petting, though this is not very common. Sexually transmitted diseases (STDs) don't always cause symptoms or may only cause mild symptoms, so it is possible to have an infection and not know it. That is why it is important to be tested if you are having sex. If you are diagnosed with Sexually transmitted diseases (STDs), know that all can be treated with medicine and some can be cured entirely. Most of these Sexually transmitted diseases (STDs) are preventable. If you have sex, know how to protect yourself and your sexual partner from (STDs).

Sexually transmitted diseases are spread primarily through person-to-person contact especially through unprotected sexual activities. Although some of the pathogens that mostly cause them, especially Human Immunodeficiency Virus (HIV) and syphilis, can be transmitted from mother to child during pregnancy and childbirth, and through blood transfusion and tissue transfer (Nsuami, Sanders & Taylor, 2010; World Health Organization, 2011). Sexually Transmitted Diseases can be divided into those that are caused by bacteria, viruses and parasites (WHO, 2011). They are most common in young sexually active people. It has been reported that the incidence declines with age and that adolescents and young adults experience the highest risk of

exposure to sexually Transmitted Diseases (Richard & Jay, 2002; Mudassir, Sulaiman, Ahmadi & Khan, 2010).

Sexually Transmitted Diseases are mostly classified or categorized according to the type of organism that causes the infection. They could be bacterial, fungal, viral or parasitic diseases. Some of the Sexually Transmitted Diseases commonly known include: Bacterial Vaginosis, Herpes, Chlamydia, Trichomoniasis, Gonorrhoea, Hepatitis B Virus, Human Immunodeficiency Virus (HIV) and Syphilis (WHO, 2006). Researches have proved that More than 25 infectious organisms are transmitted primarily through sexual activities and also many studies revealed that Sexually Transmitted Diseases are among the many related factors that affect the broad continuum of reproductive health (Shafer & Moscicki, 2006; Okonko, Okerentugba, Adejuwon, & Onoh, 2012). Sexually Transmitted Diseases are characterized as hidden epidemics of tremendous health and economic consequences that can lead to pains, organs damage, and serious disabilities such as blindness, deafness, infertility, insanity, paralysis and even death (Eng & Butler, 1997; Center for Disease Control (CDC), 2000). Possibly, the most important concern to all is that Sexually Transmitted Diseases, particularly in pregnant women, have been associated with a number of both prenatal, natal and postnatal problems which include frequent abortion or miscarriage, stillbirth, premature child-birth, low birth-weight, post-partum endometritis, hard labor, premature rupturing of membranes, cervical and other cancers, chronic hepatitis, and pelvic inflammatory diseases among others. While in non-pregnant women, Sexually Transmitted Diseases can lead to chronic infertility (WHO, 2015).

In the developing countries Nigeria inclusive, Sexually Transmitted Diseases and their complications are ranked as the top five disease categories for which adult seek health care (WHO, 2011). Some of these Sexually Transmitted Diseases when not controlled can lead to severe complications. In men, gonorrhoea and Chlamydia trachomatis can lead to epididymitis. Inflammatory urethral stricture may arise later from poorly treated gonococcal urethritis, which

in turn may lead to urinary retention and possibly chronic renal failure if not properly managed. Some of the diseases may result to genital ulcers, with few cases developing severe sacral dysfunction resulting in urinary retention (Richard, & Jay, 2002; Gerald & Steven, 2002). Consequences of these Sexually Transmitted Diseases include Acquired Immune Deficiency Syndrome (AIDS), spontaneous abortions, stillbirths, perinatal and neonatal morbidities, chronic pelvic pains, dyspareunia, infertility, increased risk of ectopic pregnancy and even death (Robinson & Ridgeway, 1996; Otolorin, 1999).

Female youths, particularly adolescent, are more vulnerable to risks of Sexually Transmitted Diseases (STDs) from unprotected sexual activities both biologically and as a result of cultural norms that limit their ability to protect themselves (United Nations Population Fund, 2003). For instance, in adolescent females, the immature cervix is made up of constantly changing cells which make young females susceptible to certain sexually transmitted organisms (Romaniuk, 1968). Also, entrenched gender norms continue to constrain young women's control over their sexual and reproductive lives.

Sexually Transmitted Diseases (STDs) are preventable diseases and their prevention is even a priority for World Health Organization (WHO, 2011). For adequate prevention, sound knowledge of the disease is very crucial. Knowledge of Sexually Transmitted Diseases (STDs) complication may play an important role in encouraging safer sexual behaviors (Mmbaga, Leyna, Mnyika, & Klepp, 2007). According to (Horan & Cafferty, 2017), an estimate of about 110 million new cases of curable Sexually Transmitted Diseases (STDs) (Syphilis, Gonorrhoea, Chlamydia and Trichomoniasis) occur annually throughout the world in adults aged 15 to 49 years.

Researches have shown that, Nigeria has the highest prevalence rate of Sexually Transmitted Diseases (STDs) in West African Sub-region and the third highest prevalence of any country in the world with a five percent population prevalence rate, that is, over 3.6 million people (Joint United Nations program on AIDS/HIV/WHO, 2004). There are evidences of high risk of sexual behaviours and premarital sexual involvement among Nigerian adolescents (Jeremiah, 2017) cited in (Unachukwu & Nwankwo, 1998). The tragedy of premarital sexuality among youths is that they engage in frequent sexual activities without proper knowledge of what is involved (Jeremiah, 2017) cited in (Obikeze, 1997) . Jeremiah (2017) cited in Achalu (1996), maintains that those who engage in high risk behaviors such as indiscriminate sex with many partners or those who take partners from the streets have increased chance of being infected. Jeremiah (2017) cited in Owolabi (1985) emphasizes that sexual practices such as anal intercourse, oral intercourse, homosexuality and deep kisses are associated with high risks of contacting these diseases especially the Virus that causes Acquired Immune Deficiency Syndrome (AIDS). Furthermore, Jeremiah (2017) cited in Owolabi (1985) noted that the prevalence of Sexually Transmitted Diseases (STDs) in Nigeria is due to sexual promiscuity (multiple sexual partners), prostitution, homosexuality, lack of sex education, self-medication and drug abuse among others. Condoms are useful in decreasing the spread of certain Sexually Transmitted Diseases (STDs), such as Chlamydia and Gonorrhoea; however, it does not fully protect against other Diseases such as Genital Herpes, Genital Warts, Syphilis, and AIDS (CDC, 2011). Condom use is still infrequent during early premarital sex and is extremely low within early marriage (Biddlecom, Hessburg, Singh, Bankole, & Darabi, 2007; World Health Organization, 2007).

2.2.2 Common Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) according to (Kolesnikow, 2010), are groups of infectious diseases that are passed from person to person primarily by sexual contact. More than twenty diseases are classified as Sexually transmitted diseases STDs. Their symptoms vary, their severity and effects vary, and they are caused by varied kinds of organisms, so no one description fits all Sexually transmitted diseases (STDs). Any sexually active person anywhere is at risk of contracting Sexually transmitted diseases (STDs). Sexually transmitted diseases (STDs) can affect people of different racial, ethnic, cultural, social, economic, and religious groups. To a lesser degree, people of any age, those that are sexually active and those that are not, can get contacted with Sexually transmitted diseases (STDs) either sexually or non-sexually via contaminated body fluids.

Sexually Transmitted Diseases are mostly classified or categorized according to the type of organism that causes the infection. They could be bacterial, fungal, viral or parasitic diseases. Some of the Sexually Transmitted Diseases commonly known include: Bacterial Vaginosis, Herpes, Chlamydia, Trichomoniasis, Gonorrhoea, Hepatitis B Virus, Human Immunodeficiency Virus (HIV) and Syphilis (WHO, 2006).

Several authorities discussed these Sexually transmitted diseases (STDs) and their causes differently. Our main concern here is to discuss these diseases according what literatures said.

Gonorrhoea

Gonorrhoea according to Nwahizu, (2006) is an old bacterial disease that is almost exclusively acquired through sexual intercourse. It is among the most common and widely recognized STDs throughout the world. Gonorrhoea is said to be the commonest sharable and communicable disease. The causative organism is *Neisseria gonorrhoea*, which is delicate like *treponema*

pallidum of syphilis; the organism dies quickly outside the human body. Gonorrhoea is in many ways different in males and females.

From the above definition of Gonorrhoea one can deduce that Gonorrhoea can only be contracted through sexual intercourse. The microorganism that causes this sexually transmitted disease *Neisseria gonorrhoea* seems to be very delicate in such a way that it cannot survive outside the human body. Research findings show that gonorrhoea and other sexually transmitted diseases like chlamydial infection are caused as result of unprotected receptive anal intercourse, particularly with ejaculation.

The burden of gonorrhoea as discussed by (Gross, 2011) is a gram-negative diplococcus responsible for infection through contact with the penis, vagina, mouth, or anus regardless of ejaculation. Although gonorrhoea can also spread from mother to baby during delivery it is commonly transmitted through sexual contact. The bacterium develops and multiplies in the cervix, uterus, and fallopian tubes of women, within the urethra of both males and females, and secondarily in the mouth, throat, eyes, and anus. In females, gonorrhoea is frequently asymptomatic, often misdiagnosed as bladder or vaginal infections. Alternatively, infection may result in painful or burning urination, increased vaginal discharge, or vaginal bleeding. Further complications include pelvic inflammatory disease and increased risks of infertility, ectopic pregnancy, postpartum endometriosis, cystitis, and mucopurulent cervicitis.

This has shown that among the two genders, males experience epididymitis, urethritis, and white, yellow, or green penile discharge. And its incubation period or Symptoms may appear typically with a period of 2–5 days after infection, but the infection or disease may go down or lie dormant for up to thirty days. Similar to chlamydia, the effects of gonorrhoeal infection in males are commonly short term; however, infection is 1.5 times greater than in females.

When it comes to prevalence of this disease, gonorrhoea according to Gross, (2011) cited in DeSchryver et al (1999) stated that over 62 million people are infected worldwide annually with 700,000 incidences in the United States. This means that Gonorrhoea is deadly which is contacted in every part of the globe. Gonorrhoea is prevalent in both developed and developing nations and is frequently concomitant with chlamydia infection. In 1999 the greatest incidence of infection occurred in South Asia followed by sub-Saharan Africa and Latin America and the Caribbean. Per 1,000 people the rate of new infection was highest in sub-Saharan Africa, where pregnant women were infected with gonorrhoea at rates ranging from 0.02% in Gabon to 3.1% in the Central African Republic and 7.8% in South Africa. Throughout the 1990s the highest prevalence rates (3% or greater) in the Western Pacific were in Cambodia and Papua New Guinea. Vietnam, China, and the Philippines reported rates of 1% or less. A significant increase in gonorrhoea incidence occurred in eastern Europe between 1995 and 1999 with highest rates in Estonia, Russia, and Belarus. Western Europe reported a significant decline from 1980 to 1991 with the rate below 20 infections/100,000 people. Between 1981 and 1995 Canada experienced a tenfold reduction from 226 infections/100,000 persons to 19 infections/100,000.

This prevalence could be as result of our social behavior which affects gonorrhoea rates. The gonorrhoea rate is affected because both unprotected sex and sex with multiple sex partners contribute more to higher rates of infection. It is therefore advised that latex condoms and other barrier methods should be used to reduce the risk of spreading the infection through vaginal intercourse or mouth-to-penis, oral–anal, and mouth-to-vulva contact. Ocular infection of gonorrhoea occurs if discharge containing the disease meets the eye during sex or with direct hand-to-eye contact. Persons previously treated with gonorrhoea can be re-infected if exposed

again and sexual partners can continue to pass the disease back and forth if neither seeks adequate treatment.

Mode of Transmission

Just like syphilis, gonorrhea is one of the sexually transmitted diseases that is caused by bacteria. In the case of gonorrhea, the infective agent is *Neisseria gonococcus*. This is a microorganism that was identified in 1879, twenty-five (25) years before the discovery of syphilis bacterium.

Several scholars wrote about the mode of transmission of Gonorrhea. According to (Little M, 2008), Gonorrhea is almost always spread through sexual activity involving direct contact with mucous membranes. It is readily transmitted through vaginal, anal, or oral intercourse. The cervix, the urinary tract, the mouth, and the rectum provide ideal points of entry for the disease. In women, the most common site of infection is the cervix. In men, it is the urethra. Although the infection can be spread from a man's penis to the throat of his sex partner, it is much less likely that a man will contract or spread the disease by performing oral sex on a female partner.

Gonorrhea can also be passed from a mother to her baby during childbirth. The greatest danger for the newborn is blindness, but this can be prevented by placing a few drops of silver nitrate in the child's eyes immediately after delivery. Because this treatment is so safe and effective, it has become standard procedure for all babies born in hospitals throughout the United States. Children who are infected with gonorrhea during birth can be cured and, if treated early, rarely suffer any effects from the disease.

Gonorrhea as an infection can also be transmitted according (Gross, 2011) if discharge containing the disease meets the eye during sex or with direct hand-to-eye contact. Persons previously treated with gonorrhea can be re-infected if exposed again and sexual partners can continue to pass the disease back and forth if neither seeks adequate treatment.

Syphilis

Syphilis is one of the sexually transmitted diseases that is caused by the spirochete *Treponema pallidum*. The disease has been frequently referred to as the “great imitator” due to the great variety of clinical presentations that arise in infected patients that may mimic or resemble a variety of other infectious and autoimmune etiologies (Gross, 2011).

Syphilis according to Nwahizu, (2006) cited in World Health Organization, (1991) is one of the most dangerous sexually transmitted diseases. It is caused by a bacteria called *Treponema pallidum* (Sporehete) transmitted by sexual intercourse, oral or oral contact with an infected person it can also be transmitted from an infected mother to the unborn child in the case of congenital syphilis.

Syphilis according to (Little, 2008) is caused by a bacterium called *Treponema pallidum*, one of a group of corkscrew-shaped microorganisms known as spirochetes. The disease is usually transmitted through direct contact with a lesion or sore on an infected sexual partner. The mucous membranes lining the genitals, the mouth, and the anus provide an ideal environment for the syphilis bacteria to thrive. They can also enter the body at any point at which the skin is broken. In addition, pregnant women can transmit the infection to their unborn children. If untreated, the disease will progress through at least three stages: primary, secondary, and latent. A fourth stage, known as the late stage, will occur in approximately one-third of all untreated cases. Late-stage syphilis is usually accompanied by severe and irreversible complications.

Mode of Transmission

Syphilis can be transmitted through various ways as stated by (Gross, 2011). The infection is transmitted by sexual contact or through vertical transmission from an infected mother to her baby. Syphilis passes through a series of frequently overlapping stages – primary, secondary,

latency, and tertiary. Primary syphilis is characterized by a single, painless chancre that begins about 21 days after exposure as a macule that becomes a papule, which then ulcerates. The chancre frequently is overlooked by infected patients because it is temporary and painless. Secondary syphilis presents with an array of dermatological lesions and eruptions that can occur 4–10 weeks after exposure. Other symptoms include fever, meningismus, myalgias, weight loss, anorexia, hair loss, arthralgias, mucous patches, and condylomata lata. It is the secondary stage that gives syphilis the nickname the “great imitator” because of its wide array of presentations. In the latent stage of syphilis, the *Treponema* spirochete is seemingly clinically silent and is detected only by serological testing. The tertiary stage involves other organ systems and may lead to devastating cardiovascular and neurological complications.

Syphilis according to (Little, 2008) is usually transmitted through direct contact with a lesion or sore on an infected sexual partner. The mucous membranes lining the genitals, the mouth, and the anus provide an ideal environment for the syphilis bacteria to thrive. They can also enter the body at any point at which the skin is broken. In addition, pregnant women can transmit the infection to their unborn children.

Genital Warts

Genital warts according to Ernest, (1995) as cited by Nwahizu, (2006) are painless out growth on the male and female genitals usually caused by virus. The virus is spread through genital oval or oval genital contact with an infected person. This indicated that Genital warts may not be as painful as other sexually transmitted disease like Gonorrhoea and syphilis. In some instances, the patient may not notice its existence in his body until he is diagnosed. Also Genital Warts cannot be contacted through kissing, hugging, sharing towels, sharing cutleries and sharing swimming pools. According to the Centre for Diseases Control and Prevention (CDC) and cited by (Little,

2008) estimates that 1 million new cases of genital warts occur each year in the United States, making this condition the most common Sexually transmitted disease (STD) caused by a virus.

Mode of Transmission

A group of viruses known as human papillomaviruses, or HPVs, are responsible for genital warts (Little, 2008). They are very similar to the viruses that cause warts on fingers and feet, but genital warts cannot spread to those parts of the body, and vice versa. Genital warts are usually transmitted through sexual intercourse, although in rare instances they can be spread to the mouth through oral sexual contact. Genital warts according to (Ehrlich, 2005) can be transmitted or passed by skin to skin contact, usually genital skin to skin contact. It is common for sexually active people to come in contact with it. Therefore, the mode of transmission is restricted to only sexual contact, but skin to skin contact.

In some cases, the warts appear within a few weeks of exposure, but in others, months or years pass before they reach a noticeable size. Even when the warts are too small to see, however, they are highly contagious. Approximately two-thirds of the people exposed to this condition become infected. In men, genital warts are most often found on the tip or shaft of the penis, the scrotum, and the anus. In women, they are likely to develop on the lips of the vagina, within the vagina, in the urethra, on the cervix, or around the anus. Genital warts are usually painless, although they can cause itching. Sufferers may also experience painful urination if these growths appear within the urethra. The warts are soft to the touch and can either be flat or protrude from the skin in a rough, fleshy nodule that gives them the appearance of tiny cauliflowers. Usually, only one or two warts will appear, but if untreated, they can multiply.

Cancroid

Cancroid according to Domokos, (1971) as cited by Nwahizu, (2006) is caused by a bacterial *Hemophilia decrepit* spread by sexual contact through a skin abrasion. It is a localized general disease characterized by soft sores or ulceration at the anus vulva, urethra, elitors, and cervix, it is very common in the tropics. Cancroid as described by Bachmann, (2017) is a genital ulcer which typically has ragged, non-indurated borders and a dirty base. Pain is usually present and, while usually singular, multiple ulcers may occur. Cancroid is another cause of the genital/inguinal syndrome and often presents with unilateral lymphadenopathy that may suppurate and drain. Currently in the United States of America, the cases occur rarely and sporadically

Signs and Symptoms with Complications

One of the signs of this disease is small red spots appear at the side of the infection. They may grow like pimples that break down into ulcer or open sores full of pus. The ulcer may spread causing damage to local tissues but do not spread to other body tissues. It can be treated with antibiotics and be prevented by good hygiene (Nwahizu, 2006).

Lymphogramulona (LGV)

This is another category of Sexually Transmitted Disease and is one that is caused by *Chlamidia trachomatics*. This Disease as described by (Achal, 1995), it is a chronic disease that has many manifestations that are almost similar to that of syphilis and its mode of transmission is mostly during sexual intercourse, but may also be spread by close physical contact. This Sexually Transmitted Disease is mostly found in the tropics.

HIV/AIDS

AIDS, or acquired immune deficiency syndrome, is the most deadly and, apparently, the most recent of all sexually transmitted diseases (Little, 2008). As mentioned earlier, it is caused by HIV, or human immunodeficiency virus. Its history traced back in the early 1980s, when medical doctors in the United States (New York and Los Angeles) started seeing young, otherwise healthy men showing up in their offices with unusual complaints. Many had dark purple lesions on their body. Upon testing, these lesions were identified as *Kaposi's sarcoma*, a form of skin cancer rarely seen in the United States. At the same time, many young men were suffering bouts of pneumonia that often proved fatal. They seemed to be particularly susceptible to *Pneumocystis carinii*, a type of pneumonia usually seen only in patients whose immune system is destroyed or not functioning. Many of these young men suffered from both skin cancer and pneumonia as well as countless infections, drastic weight loss, fatigue, and fevers of unknown origin. In comparing cases, doctors began to realize that these men were either homosexuals, drug users who injected their drugs, or both. As the number of cases steadily increased, the physicians realized that a new infectious agent was present and could be transmitted by direct contact with infected blood. In June 1981, the Centers for Disease Control began keeping records on this new contagious disease, which had become known as AIDS.

In 1983, scientists working under the direction of Dr. Robert Gallo in the United States and a research team led by Dr. Luc Montagnier in France simultaneously identified the AIDS virus. This discovery gave people with AIDS as well as professionals in the medical community hope that a cure and a vaccine would soon follow. Unfortunately, neither is available yet, although considerable progress has been made in understanding and treating HIV disease. According to the (CDC, 2006) by the end of September 1990 more than 152,000 people in the United States

had been diagnosed with AIDS and almost 94,000 of them had died from it. By the end of June 1997, 612,078 people had been diagnosed with AIDS and 379,258 of them had died as a result of the disease.

Crippling effects of HIV/AIDS to Human Immune System.

In order to survive, HIV must invade healthy cells. Once inside, the virus's genetic material is fused with the genetic material of the healthy cell (Shafii, Stovel, Davis, & Holmes, 2004). The virus can then reproduce itself by using the healthy cell as a sort of manufacturing plant. Although HIV has been found in many different types of cells, its primary targets are cells of the immune system, which defend the body against disease.

In the process of replicating themselves, HIV kills off the immune cells it uses. When enough immune cells are destroyed, the body is unable to fight off the countless varieties of infectious microorganisms present in the environment, and the patient becomes much more susceptible to disease. Researchers have also identified a process in which large numbers of immune cells can be crippled even though they are not infected. As HIV is produced, small particles on the outer surface tend to break off. These particles circulate freely throughout the body and are also highly attracted to the immune cells. Although these particles do not invade healthy cells and do not reproduce, they do attach to immune cells and can make them useless in the fight against invading infections.

Incubation Period of HIV/AIDS

HIV disease develops in most people in a very slowly manner. In the United States of America, the incubation period that is the time between infection with the virus and development of full-blown AIDS is often five to ten years. Several stages of HIV-related disease have been

identified. As more effective treatment becomes available, the ability to determine each specific stage will become even more important. These stages are briefly highlighted below:

The Initial Stage:

This stage is otherwise known as primary infection period which normally occurs shortly after exposure to the virus. Within several weeks following infection most people will develop flulike symptoms. Other abnormalities that manifest include Fever, headache, swollen glands, exhaustion, and sores in throat are used to be common. Some people might suffer from infections like nausea, diarrhea, and rashes as well. All of these symptoms may like disappear with or without any treatment within a period of one to three weeks.

The Second Stage:

This stage can last for many years. In most cases, people feel quite well. Even though, the virus has already damaged healthy cells, it is either in an inactive stage or is reproducing very slowly. At this stage, the person is susceptible to a wide range of infections and diseases. A significant drop in the number of immune cells is often the first indication that the disease has progressed to the third stage.

Final Stage:

In this stage which said to be the final stage and which is known as AIDS, the immune system has been severely damaged. Most people diagnosed with AIDS are like to die within a couple of years.

Mode of Transmission

HIV/Aids can be transmitted through the following ways:

1. By intimate sexual contact
2. Through direct exposure to infected blood, semen, or vaginal secretions.

3. Vaginal intercourse, anal intercourse—and to a lesser extent, oral sex—can transmit the virus.
4. Intravenous drug abusers can spread the virus by sharing needles used to inject drugs.
5. Pregnant women can infect their unborn babies in the womb.
6. Infants can also become infected through nursing if their mother carries the virus in her breast milk.
7. People suffering from syphilis, genital herpes, trichomoniasis, or chancroid are at increased risk of HIV infection because the virus can easily enter the body through genital lesions caused by these diseases. P
8. People with gonorrhea, chlamydial infection, are at increased risk as well.

Moreover, HIV/AIDS virus cannot be transmitted by an insect bite; by swimming in a pool with an infected person; or by touching a toilet seat, telephone, or towel used by someone infected with HIV. This virus also cannot be transmitted through casual contact, such as shaking hands or hugging.

2.2.3 Prevention of Sexually Transmitted Diseases

Humans have been making great efforts for centuries in order to get themselves out of Sexually Transmitted Diseases, but not one of these diseases is close to worldwide eradication and deadly new ones have appeared in recent years. This view has been supported by (Tassia, 2007) who said “Effective cures for many STDs, including gonorrhea and chlamydia, have been available for over sixty years, yet outbreaks of these and other STDs continue to take their toll on human health’.

Therefore, the issue of proper prevention is absolutely the best since the issue of cures do not hold the answer for eradicating Sexually Transmitted Diseases.

There are several ways of preventing sexually transmitted diseases. Some of these ways are brought by (Nwahizu, 2006) and these are as follows:

Promoting General Awareness, Education and Behavioral Change.

Essential steps in the prevention of STDs transmission are promoting a community norm of STDs prevention and educating the adolescents about STDs and adults on how to protect themselves. Family planning program efforts have extensive experience in mass media and behavior change mass media spots, community-based communication efforts and sports promotions among others, can help educate and motivate the general population. The popular culture's obsession with themes of love and sex can be a major advantage for those seeking to promote reproductive health related topics. Sexually transmitted diseases STDs awareness and education can be covered directly in family planning and maternal and child health service delivery, through counseling and education. Unfortunately, such contacts often reach relatively few women for brief periods of time. Moreover, clinic time and other resources are scarce. In addition to that, sexual topics remain highly taboo in many countries, ignorance among providers is widespread and women themselves are often powerless to affect their STD risk even with the best of counseling.

Condoms Usage

Making condoms very easily available in clinics, community-based distribution programs and other settings is another priority. In other countries like Kenya, for example, condoms are very readily available in clinics (e.g. in waiting rooms, examination rooms and rest rooms). They are thus available not only to the female clientele of these facilities, but also to their partners and anyone who come to the clinic.

One way to prevent the transmission of most STDs between sexual partners according to (Tassia, 2007) is to use a latex condom. This protective device, which is inexpensive and readily available from drugstores and supermarkets, lowers the chance of STD transmission by preventing direct contact between body tissues and bodily fluids, such as sperm, most likely to be infected. Most condoms work by covering the penis with a thin, snug layer of latex. Although male condoms from non-latex materials are available and work well for preventing pregnancy, they do not provide an effective barrier for tiny organisms, such as HIV. Female condoms that are placed within the vagina are also available, although slightly more expensive than those for men.

Several methods that are highly effective and inexpensive for the prevention of these deadly diseases have already been in existence. The real task in the prevention of sexually transmitted diseases lies in making people to put these methods into practice. Creating awareness on the Danger of sexually transmitted diseases and possible ways of preventing them is the only battle. Another simple task is when people are taught on sexual behavior change. This has to do with ability to instigate changes in sexual attitudes and human behavior which is quiet a simple task.

In addition to the above methods, (Tassia, 2007) suggested the following methods as effective and inexpensive for the prevention of sexually transmitted diseases when put into practice. These are:

Abstinence

The only guaranteed way to prevent sexual transmission of STDs is to abstain from sex altogether. Celibacy, or sexual abstinence, is the most effective way to prevent STDs because it eliminates the primary transmission pathway for these diseases. Nonsexual transmission through contact with contaminated blood is the second most common avenue for STD transmission.

However, if a person is not a user of intravenous drugs, his or her chances of acquiring an STD by this route are close to zero. Clearly, however, though promoting sexual abstinence is a primary prevention strategy aimed at teenagers and young adults, total abstinence is not a realistic or desirable expectation in the long term.

Vaccines and Preventive Drugs

The protection afforded by condoms according to (Tassia, 2007) is not complete, so researchers have turned to the development of vaccines against STDs, which offer several advantages. In many ways, vaccines are an ideal form of protection against STDs since they do not require a voluntary change in behavior or sexual practices and their effects are long lasting. All that is required is a simple injection that contains a noninfectious form of the disease organism. The introduction of this harmless variant into the body allows the immune system to prepare defenses against the particular germ, so that the real germ can be successfully fought off if it is encountered years or even decades in the future.

Change of Behavior

No matter what prevention strategy is adopted, all require the individual to take voluntary, responsible action. Regardless of whether the action involves the purchase and use of condoms, submitting to screening tests, taking medications or getting vaccinated or abstaining from sex altogether, remaining STD-free is not a passive exercise.

2.2.4 Condom as a tool for Prevention of Sexually Transmitted Diseases

Condoms are one of the major barrier methods that are used as contraceptive and prevention against sexually transmitted diseases. They are physical materials (barriers) that do not permit all sexually transmitted diseases including HIV/AIDs to pass through and infect person. They highly reduce the risk of exposure to sexually transmitted diseases no matter how serious the infected

person is. Condoms used to be less protective especially when they are not used consistently and correctly. This is in line with a study finding that says approximately 19 million cases of sexually transmitted infections (STIs), occur in the United States each year. For sexually active persons, male latex condoms remain the most widely available and commonly used barrier method for prevention of STI. When used consistently and correctly, male condoms reduce the risk of pregnancy and most STIs, including HIV, according to results of laboratory and clinical studies (Korte, 2018). This research finding has shown the advantages of using male condoms. When condoms are consistently and correctly used, they serve two purposes at the same time; one it serves as contraceptive, and secondly it serves and protection against sexually transmitted diseases.

These condoms are barriers that physically cover the penile urethra, the physical skin that cover man's penis, glans and shaft which are the main areas that come into contact with most sexually transmitted diseases. When condoms are placed on the penis before any genital contact, used throughout intercourse, and remain intact, they protect the wearer's penis from direct contact with the partner's infectious cervical, vaginal, vulvar, or anal lesions, subclinical viral shedding, discharges, or fluids (Korte, 2018). When this smooth rubber (condom) is properly used or inserted on the shaft, it protects the wearer from touching the other sexual partner's semen urethral discharge or fluids that comes out during sexual intercourse.

Male condom can be defined as is a sheath worn on the erect penis to prevent the exchange of body fluids during sexual intercourse. The use of a sheath to prevent pregnancy has been an established practice for many years and reference to the use of condoms for pregnancy prevention dates back to the 16th century (W.H.O, 2012). These condoms are not only for males. Due to technological advancement, female condoms are also available. The female condom is a

thin, soft plastic rubber that is placed inside the vagina. It is the only female controlled method that helps prevent both sexually transmitted diseases and pregnancy. WHO, (2012) provided facts in its report sheet that anyone who engages in sexual activity is at risk of contracting the human immunodeficiency virus (HIV), that causes AIDS, except when one is in a monogamous relationship with an uninfected partner. Secondly, throughout the world 75.80% of HIV infections in adults have been transmitted through unprotected sexual intercourse. HIV is more likely to be transmitted when either or both partners have, or have had, a sexually transmitted disease (STD). Thirdly, The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that by the year 2000 approximately 40 million people worldwide will be infected with HIV, the virus that causes AIDS. To support the above claim, a substantial evidence exists that when natural rubber latex condoms are used consistently and correctly, they can prevent both unwanted pregnancy and sexually transmitted diseases.

A male condom can be seen also as a condom covers the erect penis during sex and stops sperm from entering the woman's vagina. While a female condom. The first female condom was introduced in 1992. It is made of a soft plastic material. It fits into the vagina and lines the inside walls. It therefore forms a barrier between the man's sperm and the woman's womb (WHO, 2013). It has been opined by the World Health Organization that about 5 women in 100 will become pregnant each year if condoms are used perfectly for contraception. Correct use means using the condom every time you have sex. It is very important to avoid any contact between the penis and the vaginal area before the condom is inserted. The actual effectiveness of the female condom is closer to 80% effective therefore 20 women in 100 will get pregnant with this method. It is therefore advisable to both male and female to effectively use condom for their protection against sexually transmitted diseases and pregnancy. This is in agreement with the opinion that says Condoms

have about a 2% - 18% failure rate which means that if 100 couples use them for a year then between 2 and 18 women will become pregnant (Anderson, 2013). Male Condom has also been defined by Anderson (2013), as a fine latex rubber sheath which is worn on an erect (stiff) penis. It can be Non-latex also that is made from polyurethane. Every type of condom is self-lubricated but one can easily add water-based lubricant outside to make it so smooth during sexual activities. When it comes to conception, a male condom could be combined with other methods to make it for effective and reliable. These methods may include contraceptive pills, vaginal rings, injections, and implants among many. All these can aid in protection against sexually transmitted diseases and pregnancy. Condoms to both males and females are more effective when used by couples that have experience in their use. One needs to be very careful in using it in every act of intercourse. In its effort to clearly differentiate between male and female condoms through the definition of the both concepts, the National Agency for the Control of Aids said a male condom is a narrow tube, made from very thin, natural latex rubber which is soft and stretchy. It is closed at one end, and fits over a man's erect penis. Most male condoms have a 'teat' at the closed end, to hold the man's semen once he has ejaculated (or come). While a female condom is a tube made of very thin polyurethane plastic or rubber. The only female condom currently available is 'Femidom', which is made of polyurethane. It is closed at one end, and designed to form a loose lining to a woman's vagina with two flexible rings, one at each end, to keep it in place (NACA, 2008).

2.3 Types of Health Information

There many types of sexual health information according to World Health Organization. The type of information to be given to depends on the type of sexual problems he/she might require because sexual health is a broad area that encompasses many inter-related challenges and

problems. There are several sexual health problems a person may encounter. Sexual health information can be information healthy pregnancy, sexually transmitted diseases, fertility, sexual violence prevention, HIV/AIDS prevention, WHO (2019) briefly discussed the following as types of health information:

Sexual Safety information

This is one of the types of sexual health information that people seek for health-promoting behaviours and early identification of sexual problems. For examples the information on regular checks-ups and health screening, breast and testicular self-scans etc. It also has to do with information on freedom from all forms of sexual coercion and sexual violence which include rapes, sexual abuse and harassment, body mutilation, information on contracting or transmitting sexually transmitted diseases (including HIV), information on reduction of sexual consequences of physical or mental disabilities among others.

Eroticism sexual health information

This type of information is all about body as related to sexual response and pleasure. This information deals with the recognition of the value of sexual pleasure enjoyed throughout life in safe and responsible manners within a values framework that is respectful of the rights of others. It helps to promote sexual relationships practiced in safe and responsible manners to foster the practice and enjoyment of consensual, non-exploitative, honest, mutually pleasurable relationships.

Gender Information

This type of information has to do with information on gender equality, need for freedom from all forms of discrimination based on gender and respect as well as acceptance of gender difference.

Sexual Orientation Information: This is all about need for freedom from discrimination based on sexual orientation and need for freedom to express sexual orientation in safe and responsible manners with a values framework that is respectful of the rights of others.

Emotional Health Information: This information has to do with one's emotions. It is an information needed for freedom from exploitative, coercive, violent or manipulative relationships. It also deals with information needed for choices or family options and life styles and skills such as decision making, communication, assertiveness and negotiations that enhances personal relationships, respectful and responsible expression of love and divorce.

Reproduction Health Information

This is all about information needed to make responsible decisions and practices regarding reproductive behaviour regardless of age, sex, and marital status. It is also about information on access to reproductive health care, information about safe motherhood, as well as prevention and care of infertility among many.

2.4 Sources of Health Information

Truck drivers are individuals like any other members of the society. Many of them have gone to school; so they can read and probably write at the same time. Although, some of these group of men and women, used to be illiterate; yet they use different sources of information on sexually transmitted diseases. Most of these truck drivers source information on the mode of transmission of these diseases, effects and perhaps the prevention methods. Several research findings found

out the information sources used by these truck drivers which finally help them to have good knowledge and awareness of sexually transmitted diseases and their methods of prevention.

To support the above assertion, a research was conducted in Dhaka City to assess the use of mass media by truck drivers and the findings revealed that out of the 250 sampled truck drivers, (33%) of the respondents had access to read newspapers and magazines sometimes. It was found that among the respondents only the educated ones read newspapers and magazines to have knowledge on sexually transmitted diseases. In the case of watching television, it was found that (89%) of the respondents watch television overwhelmingly. In the same track, it was opined that those truck drivers with high level of income afford television than those with low level of income as such they watch television more than those that have low income when compared. This has shown that those truckers with high level of income have more knowledge of sexually transmitted diseases than those with low level of income. Again, almost (54%) of these respondents listened to radio daily. And the finding showed that only (3%) accessed internet (Huda et al., 2016). This has evidently shown that truck drivers have access to different information sources to get informed and aware about sexually transmitted diseases, causes, mode of transmissions, effects and methods of prevention.

In agreement with the above finding, a research investigated the HIV/AIDS-related knowledge among truck drivers in Bangladesh. 384 drivers were used as a sample in order to find out their level of knowledge and how they make use of information sources. It was found that about (75.78%) which is about three-fourth of the sampled respondents watched television and get information on HIV/AIDS. It revealed about (36%) of the respondents have good of HIV/AIDS and other sexually-related diseases and their sources of information on these diseases were television, newspaper, radio, textbooks and teachers (Huda & Amanullah, 2013). This research

finding has clearly agreed with the above research result that the main sources of information on sexually transmitted diseases are television, radio, newspapers, magazines textbook among others.

In agreement with the above finding, a research was conducted to find how sexual information sources relate to adolescents' beliefs about sex. It was found that sexual information sources could be informal and formal. The informal sources of sexual health information include mother, father, sister(s), brother(s), cousin(s), grandmother, grandfather, friends, teachers, doctors, religious leaders (eg, ministers, priests, or rabbis) while the formal information sources are called media such as television, movies, internet, magazines, videogames, and music (Bleakley, Hennessy, Fishbein, & Jordan, 2009).

Moreover, a research was conducted to investigate the truck drivers' ability to use internet as a source of information. 106 truckers were sampled from the trucking industry to assess their ability to internet access and use. The findings of this research proved that truckers' use of internet was very limited. Those that used internet to source for information used it to seek for information on directions and maps, fueling area (filling stations), pricing communication with their employers and other official tasks like transferring of documents electronically. It was also proved that those truckers that usually use the internet were younger ones. Use of internet among the old-aged truckers was very low (Heaton, Combs, & Griffin, 2017). This research finding doubtlessly shows that most of these truckers used internet to access information not only on health matters, but in almost all their job-related issues. It also clearly indicated that among the truckers, those with young ages used internet than those with old ages.

2.5 Access to Health Information for Prevention of Sexually Transmitted Diseases.

Patients and citizens need access to their health information to get a retrospective as well as a prospective view on their care and rehabilitation processes. However, patients' health information is stored in several health information systems and interoperability problems often hamper accessibility. People who access current, accurate, reliable, and balanced sexual-health information for prevention of sexually transmitted diseases are more likely to express healthier sexual attitudes and engage in healthier sexual behaviors than those receiving limited or no sexual-health information (Richey, 2012). This indicated that for truck drivers to be sexually healthier, they should have access to current, accurate, reliable and balanced sexual health information. Truck drivers should have access to sexual health information for them to take proper decision on prevention against sexually transmitted diseases. .

In a research conducted in Ghana to find out the knowledge and sources of accessing sexual and reproductive health information in Ghana, it was revealed that individuals access sexual health information on sexual reproductive health (SRH) from both formal and informal sources. The formal sources are radio stations, hospitals, information centres, schools, NGOs, churches and associations. Others received information on sexual reproductive health SRH services and care from informal sources, such as relatives and friends (Badu et al., 2019). This has indicated that truck drivers can access information on sexual issues formally or informally. To support this argument, a study was conducted in Dhaka City on access to mass media and awareness of sexually transmitted diseases (STDs) among the truck drivers and the results of the study demonstrated that a significant number of respondents had access to newspapers and magazines sometimes. Newspapers and magazines readership was sharply higher among the educated respondents. In terms of watching television, an overwhelming 89% percent of the respondent reported that they watched television at times. In the same vein, respondents with higher level of

income watched television more compared to those who had lower level of income. Again, approximately 54% listened to radio occasionally and only 3% had access to internet. Listenership of radio was varied by age groups. It was the highest among the literate truck drivers (Huda, N., & Amanullah, A., 2016). This clearly indicates that although the truck drivers access sexual health information from formal and informal sources, it is uncertain whether or not they use information from these sources to make personal health care decision. It is therefore recommended that future studies should attempt to use an interventional study to explore the effectiveness of using formal and informal information sources to improve personal health decision and well-being for truck drivers.

Internet as a tool for access to information is transforming the way in which consumers approach their health care needs. Sex and age are influential aspects of one's health as well as disease risk and are thus integral components of the emerging picture of health information seekers. The internet may offer a low-cost source of health information and could help meet the heightened demand for health-related information among those facing access barriers to care. Unfortunately, the use of internet to access sexual health information among truck drivers was recorded very. This was revealed in a research conducted to find out Truck drivers' use of the Internet where 106 truckers were sampled from the trucking industry to assess their ability to internet access and use. The findings of this research proved that truckers' use of internet was very limited. Those that used internet to source for information used it to seek for information on directions and maps, fueling area (filling stations), pricing communication with their employers and other official tasks like transferring of documents electronically. It was also proved that those truckers that usually use the internet were younger ones. Use of internet among the old-aged truckers was very low (Heaton et al., 2017). This research finding doubtlessly goes in line with Huda and

Amanullah (2016) which said only 3% of truck drivers used the internet to access health information in Dhaka city. This has shown that most of these truckers used internet to access information not only on health matters, but in almost all their job-related issues. It also clearly indicated that among the truckers, those with young ages used internet than those with old ages.

2.6 Satisfaction to Health Information

Satisfaction simply means gravity of one's desire on something. It is therefore the fulfillment or gratification of a desire. User's satisfaction with information and information resources/services is referred to the level in which the information and information resources/services are meeting the needs of the users. Through face to face interaction with the users, health information providers can understand how well the information is meeting the information needs of the users and thereby adjust the services to meet the changing needs. According to Adewunmi (2011), the users are the focal point of any information centre and information services. A library for example is adjudged to have achieved its mandate only when its users are satisfied with the resources and services offered to them. Library motivation and satisfaction are important responsibilities of librarians in the legislative library. The users should be motivated to find satisfaction with whatever information services that are provided. If users are motivated to find their information needs, their successes will be attributed to their efforts.

2.8 Challenges to Access of Health Information

Access to health information and services is circled with so many challenges. These challenges cripple access and utilization as sexual health information increasingly presented digitally, and individuals increasingly seeking sexual health information online, it is important to explore the challenges presented by this developing venue of information provision. According to Patterson,

Hilton, Flowers, & McDaid, (2019) revealed that there are both practical and socio-cultural challenges to online sexual health content. Those practical barriers include difficulty in filtering overabundant content; limited awareness of specific, relevant, trusted online sources; difficulties in finding locally relevant information about services; and difficulties in navigating large organizations' websites. While the socio-cultural barriers include fear of being observed; wariness about engaging with visual and auditory content; concern about unintentionally accessing sexually explicit content; and reticence to access sexual health information on social networking platforms or through smartphone applications. These practical and socio-cultural barriers restricted access to information and influenced searching practices.

Time also is very crucial and a very contextual factor when it comes to information seeking and utilization according to Savolainen (2006). He opined that depending on the situation that compels the user, the time available could affect information seeking. This observation can be true as truck drivers lack time to seek for sexual information appropriately as sometimes they prefer consulting traditional medical practitioners. To support this observation, Case (2002) noted that time pressures may differ and the time pressures that are experienced depend on how urgently the information is needed. What this point is trying to say here is that time forces one to do something. The task at hand will determine the time pressure that is experienced by the information seeker.

Sexual health information utilization is found to be affected with other challenges like adolescent age, marital status, and educational status: mother's educational status: poor family communication habit; co-residence with both parents; family monthly income; history of sexual intercourse; poor discussion on SRH matters with sexual partner, peers, and health workers; perception of risk towards HIV/AIDS; exposure towards mass media; addictive substance or

drugs use; and geographical accessibility. Therefore the age and educational background of truck drivers can easily affect their Utilization of sexual health information for prevention of sexually transmitted diseases

2.8 Review of Empirical Studies

Many of the truck drivers engage in a long distance journey from locations in the far Northern part of Nigeria to the South-west zone (particularly Lagos) to carry goods. Due to the distance, and the nature of the road network, the journey usually takes the truckers away from their families and immediate environments for days and sometimes weeks, thereby exposing them to the temptation of satisfying their sexual needs with commercial female sex workers in and around the truck terminals. Truck drivers are a group of people recognized to be active sexually; their long driving hours and exhausting working environment causing lethargy and mental fatigue incline them towards being sexually active. This behavior and attitude pose them at high risk of acquiring Sexually Transmitted Diseases (STDs).

Sexually transmitted diseases (STDs) are public health problems that affect adolescents all over the world including sub-Saharan Africa socially and economically. However, the prevalence has reportedly reached a stage that calls for stake holders' concern (Joint United Nations Programme on HIV/AIDS, 2006). This is because adolescents who are most at risk of getting these diseases form a greater proportion of the population of the world. (Mobey, 1996) cited by Joseph et al. (2015). In Nigeria, it is a serious problem because it affects an estimated one-quarter of sexually active teenagers in the country. (Yarber & Parrillo, 1992). The prevalence is rigorously high in

various locations due to the inadequate of knowledge of the diseases and the perceptions attached to it as a result of insufficient and inadequate information available to the teeming population from various quarters, especially adolescents who are sexually active.

Studies on reproductive health of adolescents in Nigeria indicates that many adolescents initiate sexual intercourse at an early age and engage in high risk sexual behaviors such as unprotected sex and multiple sexual partners which expose them to sexually transmitted diseases, unwanted pregnancy and illegal abortion among others. (UNAIDS, 2006). This can be explained from the level of information made available to people especially to adolescents whose sexual behaviors make them more prone to the diseases.

Knowledge on use of protectives is very vital. The use of condom is a good example of protective that helps in preventing the wide spread of sexually transmitted diseases (STDs). Condoms are useful in decreasing the spread of certain Sexually Transmitted Diseases (STDs), such as Chlamydia and Gonorrhoea; however, it does not fully protect against other Diseases such as Genital Herpes, Genital Warts, Syphilis, and AIDS (CDC, 2011). Sexually Transmitted Diseases (STDs) are preventable diseases and their prevention is even a priority for World Health Organization (WHO, 2011). For adequate prevention, sound knowledge of the disease is very crucial.

Many global research evidences shown that most of the truck drivers have knowledge of sexually transmitted diseases specifically HIV/AIDs, Its existence, mode of transmission, and perhaps its methods of prevention. For instance, a research was carried out in Burkina Faso and the findings stated that nearly all (96%) of the sampled truckers have heard about the existence of HIV/AIDs. It revealed that the knowledge of HIV transmission routes, transmission risk, and preventive methods was very low (IOM, 2008). Also a Kenyan study conducted on truck drivers revealed

that (99%) have heard about HIV/AIDS even though the knowledge of transmission was not consistent (Bwayo, 1991). UNAIDS conducted a study and revealed that the vast majority of the young men and women in the world have little or no knowledge on how HIV/AIDS is transmitted and prevented. The study revealed how the disease spreads rapidly (UNAIDS, 2003). This research finding could be true looking at the number of infected young truck drivers in the world. Young unmarried truck drivers have a higher HIV risk behaviour and consequently they were more likely to have HIV than married drivers. To ascertain this, a study conducted in India revealed that, compared to married truck drivers, young unmarried truck drivers were significantly more likely to have sex with non-regular female partners (66.9%). Again (95%) of the respondents were less likely to use condom consistently with non-regular female partners. Also it was found that (3.4%) of the respondents were more likely to have HIV/AIDS (Pandey et al., 2012). This could be as a result of the above finding by UNICEF which shown that young men have little or no knowledge of HIV/AIDS. Another study in India on HIV infection, genital symptoms and sexual risk behavior among truck drivers shown that (87.8%) of the sampled population have heard about HIV, and (75.7%) are aware of sexually transmitted diseases (Sanjeev 2009). In Nigeria for example, the knowledge of sexually transmitted diseases is generally high. This was seen in the study conducted by National HIV/AIDS and Reproductive Health Survey, 2007 where (94%) of the sampled population believed to have knowledge of HIV/AIDS and other sexually transmitted diseases. (54%) of the respondents knew about the all five HIV transmission ways, also knowledge of HIV prevention was investigated. It was revealed that the respondent knew much about prevention of sexually transmitted diseases like HIV/AIDS. For example, (85%) of the respondent have knowledge of staying with one uninfected sex partner, (82%) knew about avoiding of sharing sharp objects, (75%) have

knowledge about abstaining from sex, abstaining sexual activities with commercial sex workers (71%), abstaining sexual activities with people who have sex with multiple partners (70%), minimizing sexual partners (63%), use of condom when it is expedient to have sex (55%), mother to child transmission (62%) (Federal Ministry of Health, 2008). Looking at aware of sexually transmitted diseases, the National Agency for the Control AIDs (NACA) conducted a study and the findings revealed that awareness of these diseases is very high. (93.8%) of the respondents are aware of HIV/AIDs. Unfortunately, the use of condom during sex was relatively low (16%) despite the fact that the main route of contacting sexually transmitted diseases is through sexual intercourse (National Agency for the Control AIDs, 2010).

In agreement with the above studies, a study was also conducted by National Agency for the Control of Aids NACA and revealed that (87.8%) of the young adult respondents know that sexually transmitted diseases (HIV/AIDs) inclusive can be transmitted through unprotected sexual activities (NACA, 2010). To support this finding, a study from India on knowledge of sexually transmitted diseases among truck drivers shown that (97.69%) of the respondents have known HIV/AIDs and two hundred and forty-two (81.8%) of the respondents are aware of HIV/AIDs transmission if condom is not properly or completely used (Sigh & Joshi, 2012). In addition to this study, similar research was conducted in Bangladesh and the findings opined that among 226 sampled truck drivers, (97%) of them happened to know about HIV/AIDs as one of the deadly sexually transmitted diseases. (61.8%) known this disease from media and newspapers. When it comes to the mode of its transmission, (39.8%) found that sexually transmitted diseases can be contacted through blood transfusion. And (76%) of the respondents believed that HIV/AIDs leads to death (Sadya, Islam, Ahmed, Brahma, 2010). These studies

clearly shown that most of truck driver are aware of sexually transmitted diseases and most of them have knowledge about the end result of these diseases which is death.

Similarly, Sanjeev (2009) conducted a study in Punjab knowledge, sexual behaviors and practices on sexually transmitted diseases (HIV/AIDs) among truckers. The findings of this study revealed that among 400 sampled trucked drivers studied, Majority (78.8%) were aware that unprotected sexual relationships serve as a mode of transmission of sexually transmitted diseases. This has therefore opined that almost all truck drivers around the globe have knowledge of sexually transmitted diseases as a result wide mobilization campaigns delivered by several organizations on the dangers of sexually transmitted diseases. It also revealed that about (35.7%) of the sampled population had never used condoms for protection against sexually transmitted diseases during sexual relationships or they had used it irregularly. To support the above argument, Akash (2008) in his research findings on truck drivers revealed that majority of the respondents were aware of sexually transmitted diseases and out of the sampled population, more than half of them can mention at least one or two of these diseases. Also more than half of them were aware that unprotected sexual intercourse is the major route of their transmission. Almost (42%) of the respondents were aware that using condom can protect them from contact with sexually transmitted diseases. In agreement with the above findings, Anwar, (2005) conducted a study in Lahore to study the knowledge, attitude and practice of truck drivers towards HIV/AIDs. He used 1200 research subject and found out that (89.2%) of the respondents had knowledge of sexually transmitted diseases. Also (25.3%) of the respondents have good knowledge of their modes of transmissions. Kumar (2012) argued by revealing that many truck drivers eagerly admitted to have had sex with many commercial sex workers and most of them were reluctant to

use condom for their protection due low level of their awareness on the dangers of sexually transmitted diseases.

Moreover, a study was conducted in Turkey on truck drivers and their assistants. It was revealed that (94%) of the respondents had knowledge about sexually transmitted diseases particularly HIV/AIDs. This has indicted that the drivers were highly aware of these diseases. These drivers were aware that these diseases exist and they understood that modes of transmission of these diseases were unprotected sex, sharing unsterilized objects, and not using condom during sex (World Bank, 2011). To support this argument, a study was conducted in Dhaka City on access to mass media and awareness of sexually transmitted diseases (STDs) among the truck drivers and the results of the study demonstrated that a significant number of respondents (88%) had heard of Sexually transmitted diseases. However, most of them (70%) did not have the awareness of sexually transmitted diseases. It again reveals that radio, newspaper and internet did not play significant role in making them aware of sexually transmitted diseases. Subsequently, results of the study indicate that respondents with higher degree of exposure to television were more likely to be aware of sexually transmitted diseases like HIV (Huda, N., & Amanullah, A., 2016). Also a research was conducted on knowledge, attitude and practice of truck drivers towards HIV/AIDs control in Nigeria, and it was observed that the expressed knowledge was high (Kende, 2015). This finding agrees with the report that pointed out that a high percentage of truck drivers have knowledge of how HIV/AIDs transmission should be prevented (Moon, 2002).

In a recent study conducted in India, 30% of drivers and 50% of helpers reported unsafe sexual practices with sex workers exposing them to Sexually Transmitted Diseases (STDs) (Rizwan, Asif, Jamil, Rehman, Areba, 2017). This finding has clearly indicated that due to inability of

some truck drivers to use protectives such as condom for example, during sexual activities with commercial sex workers, there had been wide spread of sexually transmitted diseases among truck drivers in many parts of India. In agreement with the above research findings, another study was also conducted in India where it revealed that sexually transmitted diseases particularly HIV/AIDs prevalence among truckers is still high at slightly above 2% which is approximately seven times higher than the HIV prevalence among general population (0.31%) in the country. Despite several interventions among truckers, about one-fourth of them do not use condoms regularly with Female sex workers (FSWs). This proportion reaches to about 60% when examined for consistent condom use by truckers with non-paid female partners (Sahu, Pandey, Mishra, Saggurti, Setu, & Singh, 2014). This study is clearly in support of the above findings. It could be as a result of lack of awareness and knowledge of sexually transmitted diseases or negative perception on the use of these protectives. This may be in line with a study finding conducted in Dhaka City which said that truck drivers did not receive any information about how to protect themselves from STDs through mass media. Rather, they got informed of these diseases from their friends, colleagues, commercial sex workers (CSWs) and other sources like writings from the buses and billboards which may not be used effectively by them (Huda, & Amanullah, 2016).

Moreover, Chaudry (2005), said that in many situations, the truckers, looking for alternative outlets for satisfying their sexual needs and to reduce the loneliness caused by the absence from their families, have been known to visit female sex workers (FSW) quite frequently. In a study conducted in Pakistan showed that unsafe sex with the Female Sex Workers (FSW) and fellow crew members was common. Also, long distance truck drivers in Pakistan had serious gaps in their knowledge about HIV/AIDS, especially its mode of transmission and they had a negative

attitude towards persons with AIDS (Chaudry, 2005). In a more recent work by (Pandey, Arvind, Ram, Nirajan, Shekhar, Indra, 2008), there was low self-risk perception for HIV, low consistent condom usage for casual sex, low reported exposure to any interventions and low levels of ever having taken an HIV test among long-distance truckers. Using time trend modeling, Jackson et al. (1997) as cited by Glory et al. (2010) found significant declines in self-reported high-risk sexual behavior during a one-year follow-up study among truckers. Apart from that, a survey conducted by Mupemba (1999) cited by Glory et al. (2010) among truckers in Zimbabwe to encourage the use of condom, especially among female sex workers and to emphasize the dangers of unprotected sex and large numbers of sexual partners. It was found that many truckers believed that it was not manly to restrict one's sexual activities to a single woman while others claimed that they succumbed to the advances of Female Sex Workers (FSW) when drunk, lonely, infatuated or otherwise vulnerable. In the same vein, a research conducted in Bangladesh, analysis of survey data among truckers revealed that having more than one sexual partner in the last month, never using a condom with sex workers and ever injected narcotics were significant predictors of sexually transmitted diseases (STDs) among truckers (Alam et al., 2006). Another study was conducted in India on Sexual Behaviour among Long Distance Truck Drivers where 283 truck drivers were used as sample. The study found out that 275 (97.2%) were aware of sexually transmitted diseases also 128 (45.23%) of the truck drivers had more than 5 sexually partners. 162 (57.24%) of them had exposure to commercial sex workers (CSWs) out of which only 11 (6.8%) had used condom every time while visiting commercial sex workers (Chaturvedi et al., 2006). This clearly shown that inability to use condom, having sex with multiple partners, unprotected sex with many commercial sex workers (CSWs) contribute more in spread sexually

transmitted diseases. Therefore, to reduce high prevalence of these diseases, Safe sex and use of condom have to be energetically promoted among long distance truck drivers.

A study conducted in North India on long distance truck drivers revealed that a significant number of the respondent who believed to be truck drivers and helpers had sexual intercourse with commercial sex workers (CSWs). Out of these numbers of drivers, (30%) of the drivers and (50%) of the helpers had sex without using condoms and instead they preferred washing their private parts method with battery water/urine after sex to avoid getting HIV/AIDs (Sawal, Hans, & Verma, 2016). From this study, we can draw conclusion that truck drivers particularly long distance ones and their helpers contribute massively toward spreading sexually transmitted diseases. Most of them do not use condom while having sex with commercial sex workers (CSWs) as they may likely feel or perceive that they enjoy sex much with commercial sex workers (CSWs) and still remain protected against sexually transmitted diseases.

In Africa also, truck drivers have contributed a lot in spreading sexually transmitted diseases throughout the Southern Africa. This is supported by a study conducted on prevalence of HIV among truck drivers. The study found out that (29%) of the respondents reported never used condoms with commercial sex workers (CSWs), (37%) of the sampled population stopped always at packing points to have sex with commercial sex workers (CSWs). Also It was reported that anal sex was practiced by (42%) of the men. After stopping to have sex, (65%) of these drivers travelled to neighboring countries while others travelled to more than one province in South Africa (Ramjee & Gouws, 2002). This study has clearly shown that the prevalence of sexually transmitted diseases is significantly very high in South Africa and its neighboring countries.

Contrary to the above finding, a study was conducted in Punjab, a city in Pakistan to address knowledge and attitude of truck drivers towards sexually transmitted diseases. Fifty truck drivers were sample at a tea stall and local rest areas and it was found that (64%) of the respondents whom were thirty-eight in number were all aware of the use of condoms. (76%) of these respondents had knowledge about the effects of sex with multiple sex partners. This research finding has shown that most of the truck drivers used as sample have awareness and knowledge of sexually transmitted diseases, their mode of transmission and effects. Hence, the prevalence was reported high in such areas. These truck drivers are quite vulnerable to sexually transmitted diseases (Ishtiaq, Asif, Jamil, Irfan, & Ishtiaq, 2017).

Another study research was also conducted in Bolivia to assess the use of condom among truck drivers. Two-hundred and Forty-six truckers (aged 18-67) were sampled. The findings revealed that about (30%) of the respondents had a sexually transmitted disease sometimes in the past. Also (56%) of the respondents had sex with casual sex partners. Others were reported having unprotected anal sex. It was finally concluded that prevalence of sexually transmitted diseases was significantly so high among truck drivers in Bolivia despite the efforts being made by authorities to reduce it. There was a serious need for creation of more HIV/sexually transmitted infection prevention programs that incorporate social cognitions (Sorensen, Anderson, Speaker, & Vilches, 2007). To support the above findings a comparative study was conducted to assess the prevalence HIV/AIDs as sexually transmitted disease and risk behaviors among international truck drivers in Azerbaijan. Three Thousand Seven-hundred and Sixty-three (3763) truck drivers were sampled from Twenty-one countries. The findings of this study indicated that the highest prevalence was among Russians (2.88%), followed by Ukrainians (1.66%) and Azerbaijan which had (1.09%). The prevalence was also high (60%) among injecting drugs truck drivers. The

prevalence was also high (42.9%) among men who had sex with men. Low condom use during sex was also found in the study (Botros, Aliyev, Saad, Michael, Sanchez, Carr, & Earhart, 2009).

In agreement of that, a total of Five Hundred and fifty truck drivers were sampled in a study conducted in Anhui province. The result of the prevalence of sexually transmitted diseases showed that (10.6%) of the respondents has Trachomatis and (8.1%) suffered from Gonorrhoea. (0.7%) had Syphilis and (4.4%) has Genital Warts. It also revealed that (17.4%) which was about 90 of the respondents had at least one sexually transmitted disease. The study suggested that sexually transmitted diseases were significantly so high particularly bacterial infections among the truck drivers (Chen, Xiang, Yue, Xiang, Guo, Wen, Gilles, Mei, Shou, Guo, 2006).

In Nigeria, the sexual behavior of truckers coupled with their low level of education and poor HIV awareness, campaign among them have ranked high as the main cause of the relatively high rate of sexually transmitted diseases prevalence among them. The estimate of Sexually Transmitted Diseases (STDs) particularly Human Immunodeficiency Virus (HIV) prevalence in Nigeria has declined from (5.8%) in 2001 through (5%) in 2003 to (4.4%) in 2005. However, between 2005 and 2008, the prevalence has increased slightly from (4.4%) to (4.6%). A trend analysis of HIV prevalence among youths 15—24 years gave evidence of declining prevalence from 2001 to 2008 (i.e. 6.0% in 2001 to 5.3% in 2003 and 4.3% in 2005 to 4.2% in 2008) (FMOH, 2008).

Based on the overall national prevalence of (4.6%) obtained in the 2008 (latest) Human Immunodeficiency Virus (HIV) surveillance survey, it was estimated that 2.95 million people in Nigeria are living with HIV/AIDS and other sexually transmitted diseases in 2008 with approximately 833,000 of them requiring Antiretroviral drugs (ARV) drugs (FMOH, 2008).

Although the situation of HIV epidemic in Nigeria nullifies the high risk epidemic topology common in most developed countries, the situation among the female sex workers (FSW) and the truckers can be distinctly followed if effort is made. Among the high risk groups, Female Sex Workers (FSW), constitute an important reservoir of HIV/AIDs and other sexually transmitted diseases for continuous transmission to the general population (FMOH, 2008). The prevalence of HIV among this group has remained high and on the increase from (17.5%) (Among the brothel based FSW) in 1991 through (22.5%) in 1993 (FMOH high risk survey) to (37.4%) in 2007 (FMOH, 2008). To support the findings of this study, a research was conducted for to study HIV/AIDs in long-distance truck drivers in Niger-delta region of Nigeria. The findings of this study revealed that the prevalence of HIV and other sexually transmitted disease was significantly higher from the age of 31-40 which constituted (23%) of the respondents. The lowest prevalence of these diseases occurred from 41-50 years (4.2%) of the sampled population (Azuonwu, Erhabor, & Frank-Peterside, 2011). This is in-line with the finding of a study conducted in Sagamu Ogun state of Nigeria. The findings of this study revealed that the level of awareness on various sexually transmitted diseases HIV/AIDs inclusive was significantly high as (94%) of the respondents were aware of them. While the prevalence of multiple sexual partnership was (81%) (Abiodun, 2013). This has indicated that despite the highest level of awareness of these diseases, the prevalence of sexually transmitted is significantly high. There is a high prevalence of risk behavior among the respondents.

The above findings clearly shown that in Nigeria, sexually transmitted diseases are widely spread among long-distance truck drivers despite the numerous campaigns done by both Governmental and non-governmental organizations on the danger and effects of sexually transmitted diseases. It is therefore recommended that more enlightenment campaigns should be instituted coupled

with an intensive preventive measures that target behavioral change from risk culture among truck drivers. More efforts are therefore needed to be made to see that access to sexual health education, treatment services and adequate free testing facilities for sexually transmitted diseases are provided at different local rest point to reduce the prevalence and vulnerability to sexually transmitted diseases especially HIV/AIDs

Condoms are one of the major barrier methods that are used as contraceptive and prevention against sexually transmitted diseases. They are physical materials (barriers) that do not permit all sexually transmitted diseases including HIV/AIDs to pass through and infect person. They highly reduce the risk of exposure to sexually transmitted diseases no matter how serious the infected person is. Condoms used to be less protective especially when they are not used consistently and correctly. This is in line with a study finding that says approximately 19 million cases of sexually transmitted infections (STIs), occur in the United States each year because of the low use of condoms. For sexually active persons, male latex condoms remain the most widely available and commonly used barrier method for prevention of sexually transmitted diseases. When used consistently and correctly, male condoms reduce the risk of pregnancy and most STIs, including HIV, according to results of laboratory and clinical studies (Korte, 2018). Many research findings revealed that the use of condoms as the main barrier method for the protection of sexually transmitted diseases is significantly low among truckers despite the fact that most of these drivers have knowledge and awareness about the effects and mode of transmission of these diseases.

To prove the above assertion, a research was conducted on Sexual practices, barriers to condom use and its consistent use among long distance truck drivers in Nigeria. The finding of this study revealed that long distance truck drivers are the major group of individuals that transmits HIV/

AIDs and other sexually transmitted diseases in Nigeria as a result of inconsistent use of condoms during their sexual activities. Among the sampled population used, about (70%) of the truck drivers have knowledge about condom. They knew it very well as HIV preventive measure. But unfortunately, only (9%) of the respondents have used it consistently. Those truck drivers that never used condoms were with the impression that, condoms reduced their sexual satisfaction, caused serious health problems for them and hindered their sexual interest (Sunmola, 2005). This research finding has clearly testified that the awareness has been created on the importance of using condoms during sexual intercourse. Most of these truck drivers have knowledge of this preventive measure but they don't use it. This could be the reason why HIV/AIDs and other sexually transmitted diseases have been on increase among truck drivers in Nigeria. It is therefore very important to intensify condom education to the truck drivers through radio. Also more counseling centers should be provided at different local rest areas where free condoms should be given to truck drivers whenever the need arises.

Similar to the finding above, in Pakistan, most of the truck drivers do not even believe that sexually transmitted diseases exists nor are they aware that the use of condoms remains the best and effective way of protecting HIV/AIDs transmission (Agha, 2002). In this study, it was found that awareness of HIV/AIDs and knowledge of sexual transmission of HIV is high. But the use of condoms during sexual activities was very low. Therefore, more efforts have to be made to make sure awareness is increased through campaigns to increase risk awareness and promote the importance of condom use as prevention measure to sexually transmitted diseases. Also interpersonal communication should be intensified among the truck drivers to convince them that sexually transmitted diseases can be prevented.

In support of the above research finding, another research finding opined that there was low use of condom among long distance truck drivers. A sample of 120 long distance truck drivers (LDTDs) was used and it was found that every 6 out of 10 truckers had knowledge about sexually transmitted diseases especially HIV/AIDs and had the believe that these diseases could majorly be transmitted during sexual intercourse. Unfortunately, the use of condom was seldom or rare among trucker despite the level of their awareness and knowledge on the effects and modes of transmission of sexually transmitted diseases. It was also found that almost half of the respondents had only one sexual partner. It revealed that a quarter (23.3%) of the respondents have more than one sexual partner. It was found also that those truckers that attended minimum of secondary school education had higher knowledge regarding sexually transmitted diseases (Nasir, Medical, Imran, Service, & Ahmad, 2015). This research finding clearly indicated that in Pakistan, truckers had high knowledge of these diseases and their mode of transmission. The awareness is there especially to those truckers that attended at least secondary school level of education because they used to be very good in listening to radio or watching television and other media. It also supported the fact that the condom use is relatively low among truckers. This could be the reason for the high prevalence of sexually transmitted diseases among truck drivers. It is therefore very important if public health strategies are intensified to promote the application of the knowledge acquired on the mode of transmission and prevention of sexually transmitted diseases among truckers. Also more awareness campaigns should be intensified on the use of protectives (condoms) before sex and make sure that truckers make use of what they might have heard.

To ascertain the above opinions, a study was also conducted to assess the knowledge of HIV/AIDs, risk perception, sexual lifestyle and condom use among drivers in Sokoto, Nigeria.

The finding of this study revealed that despite adequate knowledge of HIV/AIDs among drivers, there was relatively high unsafe sexual practices and poor condom use among drivers. Out of the 264 sampled population, (93.9%) of the respondent had awareness of HIV/AIDs and other sexually related diseases. And majority of them (83.3%) had adequate knowledge of those diseases. (84.9%) of the respondents had knowledge on prevention of sexually transmitted diseases. Unfortunately, only few (12.9%) of the respondents perceived those diseases to be a threat to them. The use of condom consistently was reportedly very low where only (19.7%) of the respondents had used condom during sexual intercourse (Ibrahim, Arisege, Awosan, & Erhiano, 2014). This is clearly showing that truck drivers in Nigeria are fully aware of these sexually transmitted diseases. They have knowledge adequately on most of these sexually transmitted diseases, their mode of transmission, effects, and prevention. Despite the high level of their knowledge and awareness, the condom use among truck drivers is still low which finally led to the high prevalence of sexually transmitted diseases.

2.9 Summary of the Review

This chapter reviewed many different researches conducted globally related to sexual health information. It discussed the concept of health information and sexually transmitted diseases. It also discussed the types of health information. It further discussed the sources of health information and access to these health information sources. It discussed thoroughly the satisfaction to health information as well as the challenges faced in accessing health information. The chapter ended with an empirical review of several studies conducted globally and in Nigeria that are related to the area of research so that there will be a gap to bridge.

The uniqueness of this study from other empirical studies reviewed is that it is aimed at finding out the gap of the literature about truck drivers' access to health information for prevention of

sexually transmitted diseases in Marabar Jos and Tafa Stations in Kaduna State, Nigeria. The types information they get, the sources of information they utilize, how they access those information sources and the extent of satisfaction they derive from using those information sources and finally the challenge they may likely encounter in accessing the information.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This Chapter discussed the research methodology adopted. It was discussed under the following subheadings:

3.2 Research Method Adopted for the Study

3.2.1 Research Design Adopted for the Study

3.3 Population of the Study

3.4 Sample Size and Sampling Technique

3.5 Instrument for Data Collection

3.6 Validity of the Instrument

3.7 Reliability of the Instrument

3.8 Procedure for Data Collection

3.9 Procedure for Data Analysis

3.2 Research Method Adopted for the Study

The research methodology adopted was quantitative research. This is because the data collected, in turn, can be measured, typically on instrument, so that numbered data can be analyzed using statistical procedures (Brewer, Steele & Wang, 2015).

3.2.1 Research Design Adopted

Survey research design was adopted for this study. This is because it allows the researcher to get insight into the thoughts and opinions of the respondents under study. Survey design allows the researcher to collect information on a wide range of things including facts, personal attitude, past experience etc from the respondent (Brewer, Steele & Wang, 2015).

3.3 Population of the Study

The population of this study comprised both tanker and trailer truck drivers plying Nigerian roads from North to South. The population comprised Seventy-Five Thousand (75,000) registered truck drivers in the North-western States of Nigeria. This population figure was obtained from the National Secretariat of the National Union of Road Transport Workers, Abuja see appendix (VI).

3.4 Sample Size and Sampling Technique

A sample size is generally known as a part or proportion or ratio representation of a population (Kumbo and Tronp 2006). The sample size of this study was 382 truck drivers. This sample size was obtained from Krejcie and Morgan's table of sample size (1970) where it was said that if the population is 75000, then the sample size should be (382) see appendix (IV).

While the sampling technique employed for this study was simple random sampling. Simple random sampling according to Umar, (2013) is the purest form of probability sampling where by each member of the population will have equal chance of being selected. Truck drivers share the

same characteristics and they mostly pack in one place (stopovers). Therefore, simple random sampling was appropriate for this study.

3.5 Instrument for Data Collection

English/Hausa version of questionnaire was used as research instruments for data collection in this study. The choice of this questionnaire was based on the fact that it facilitates collection of data in a uniform manner from a large number of respondents, spread over large area within a short period of time which can be then interpreted comparatively (Radhakrishina, 2007).

An adapted questionnaire with a combination of both open and close-ended Questions was used; and it was divided into six (6) sections (A – F). Section A: Demographic information, Section B: Types of health information truck drivers receive for prevention of sexually transmitted diseases. Section C: Sources of health information used by truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria for prevention of sexually transmitted diseases. Section D: Access to health information for prevention of sexually transmitted diseases among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria. Section E: Level of satisfaction truck drivers derive from using sexual health information for prevention of sexually transmitted diseases. Section F: Challenges associated with access to health information for prevention of sexually transmitted diseases among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria. Five (5) points Likert scale was used in section (E) of the instrument.

3.6 Validity of the Instrument

To determine the validity of the research instrument, face and content validity were conducted. Validity refers to the ability of an instrument to measure what is intended to be measured. Validity according to Taherdoost & Group, (2017) tries to explain how well the collected data covers the actual area of investigation. Face validity refers to researchers' subjective assessments of the presentation and relevance of the measuring instrument as to whether the items in the instrument appear to be relevant, reasonable, unambiguous and clear (Taherdoost & Group, 2017), while content validity has to do with subjecting the instruments to supervisors and research experts in order to ensure that the content of the instrument is in total agreements with the variables, research questions and the research problem. The researcher developed the instrument based on the research questions raised and distributed copies of the questionnaires to colleagues, members of staff, and researchers in and outside the Department of Library and Information Science for their observations and comments. This was done to ascertain its face and content validity.

3.7 Reliability of the Instrument

Reliability is the consistency of measurement over time or stability of measurement over a variety of conditions (Drost, 2004). To ensure the reliability of the instrument, a pilot study was conducted at Tegna (Rafi Local Government, Niger State) casual local rest area where truck drivers park their vehicles casually for either to repair their vehicles or eat; and sometimes sleep. This casual local rest area was chosen because of its similarities with the study area and it was not part of the study areas. Fourteen (14) copies of the questionnaires were distributed to the truck drivers by the researcher; the copies of the questionnaires were completely returned because the researcher personally administered the instrument and supervise it. The retrieved and completed copies of the questionnaires were subjected to Statistical Package for Social Science

(SPSS) for analysis, and Cronbach Alpha Coefficient was used in order to obtain the reliability index. 0.884 coefficient value was obtained (See appendix V). This denotes that the instrument is reliable and can be used for the research work.

3.8 Procedure for Data Collection

The questionnaire was administered by the researcher with the help of Six (6) well trained research assistants that helped for the fast distribution, discussion and collection of the filled questionnaire. These research assistants also helped in translating some parts of the instruments that were difficult to understand by the respondents. Four weeks was used for the distribution and retrieval of the research instrument.

3.9 Procedure for Data Analysis

Software Package for Social Sciences (SPSS) version 26 was used for analyzing the data collected. Also frequency distribution, simple percentage, mean and standard deviation were used to analyze the collected data that relate to research questions. Three (3) as benchmark was used to take decision on research question four. The reason for using 3 as benchmark in research question four is that, we have 5 Likert scale in research question four and this is calculated as $1+2+3+4+5=15/5=3$. Therefore, any item below 3 was regarded as negative response. While any item from 3 to above was regarded as positive response.

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CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the data collected, analyzed and discussed according to the research questions raised. . These are presented under the following sub-headings:

4.2 Response Rate

4.3 Descriptive Statistical Analysis

4.2 Response Rate

A total of Three Hundred and Eighty Two (382) copies of questionnaire were distributed to truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria. The sums of Three Hundred and Four (304) copies of the questionnaire were duly completed, returned, examined and found fit for analysis. This represents 79.6% response rate. The table 4.2 summarized the response rate

Table 4.1 Response Rate

S/No	Response Rate	Number of Questionnaire Distributed	Number of Questionnaire Retrieved	Percentage %
1	Truck Drivers	382	304	79.6

Source: Researcher's Field Survey, 2021

The high response rate of Three Hundred and Four (304) (79.6%) was realized due to the fact that the researcher administered the instrument personally with the help of Six trained research assistants. Added to this was an intensified follow up to retrieve the completed copies of the questionnaire by the researcher. Also the establishment of good public relation with the respondents (Truckers) led to the on-the-spot completion of the questionnaire by some respondents.

4.2.1 Age of the Respondents

The age of the truck drivers in North-western States of Nigeria plying Nigerian roads were grouped into age bracket and asked to indicate where their age range belongs to. The data collected for this was presented in Table 4.2

Table 4.2 Distribution of Age Brackets of the Respondents

S/No	Age Range	Frequency	Percentage
1	18-22 Years	0	0.00
2	23-27 Years	15	4.93
3	28-32 Years	43	14.14
4	33-37 Years	80	26.32
5	38-above Years	166	54.61
		304	100.00%

Source: Researcher's Field Survey, 2021

From table 4.2, it can be seen that majority of the truck drivers in North-western states of Nigeria were within the age bracket of 38-above years with 166 (54.61%) responses. This was also followed by 33-37 years with 80 (26.32%) response scores. And those with the least age bracket were between the age of 23-27 years with only 15 (4.93%). This is a clear indication that most of

the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria are between the ages of 38-above years which signified that they are still within the most strong and active age of the life cycle of human beings and thus high productivity is expected from them.

4.2.2 Educational Qualification of the Respondents

Attempt was also made to determine the educational qualification of truck drivers in North-western states of Nigeria. Table 4.4 provided the details discovered

Table 4.3 Distribution of Educational Qualification of the Respondents

S/No	Qualification	Frequency	Percentage
1	Primary	166	54.61
2	SSCE	58	19.08
3	Diploma	0	0.00
4	NCE	80	26.32
5	Degree	0	0.00
		304	100.00

Source: Researcher's Field Survey, 2021

From table 4.4, it can be read that most of the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria plying Nigerian roads possessed only primary school leaving certificate. It has shown that 166 (54.61%) of the truckers have primary school certificate followed by 80 (26.32%) of the truckers with NCE certificate. 58 (19.08%) of the truckers have SSCE certificates. Therefore, by the virtue of the educational status of Nigerian society, the truck drivers could be said to be relatively educated to have a good understanding of the menace of sexually transmitted diseases in the country.

4.2.3 Working Experience of the Respondents

The working experience of the truck drivers in Marabar Josr Jos and Tafa Kaduna State, Nigeria plying Nigerian roads were grouped into year brackets and asked to indicate where their working experience range belongs to. The data collected for this was presented in Table 4.5

Table 4.4 Distribution of Working Experience of the Respondents

S/No	Working Experience	Frequency	Percentage
1	5-10 Years	58	19.08
2	10-15 Years	80	26.32
3	15-20 Years	166	54.61
		304	

Source: Researcher's Field Survey, 2021

From table 4.5, it can be observed that majority of the respondents which is about 166 (54.61%) have a very long working experience which 15-20 years. 80 (26.32%) of truckers have been working for about 10-15 years. While 58 (19.08%) of the truckers have worked for about 5-10 years.

4.3 Descriptive Statistical Analysis

This section presents the data collected from the field and analyzed using descriptive statistics of frequency, simple percentages, mean and standard deviation. The data analyzed in this section were collected using the research questions formulated to guide the study. Research Questions 1, 2, 3 and 5 were analyzed using frequency and simple percentages while research questions 4, was analyzed using mean and standard deviation and a mean score of 3.0 benchmark for decision making; owing to the fact that the questions are five-points Likert scale that requires responses based on the scales itemized to ascertain the level of the respondents satisfaction.

4.3.1 Types of Sexual Health Information Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria receive for prevention of Sexually Transmitted Diseases

This section presents the types of Sexual Health Information truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria receive for prevention of sexually transmitted diseases. Individual responses were collected using the questionnaire and the results were presented in table 4.5

Table 4.5 Types of Sexual Health Information Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria Receive for Prevention of Sexually Transmitted Diseases

S/No	Types of Sexual Health Information	Frequency	Percentage
1	Information on effective condom use	304	100.0
2	Information on the dangers of STDs	304	100.0
3	Information on mode of transmission	304	100.0
4	Information on causes of STDs	304	100.0
5	Information on abstinence	138	45.4
6	Information on counselling services	80	26.3
7	Information on using one sex partner	138	45.4
8	Information on different types of STDs	95	31.3
9	Information on drug use	80	26.3
10	Information on prevention of STDs	304	100.0

Source: Researcher's Field Survey, 2021

Table 4.5 showed the types of sexual health information truck drivers receive for prevention of sexually transmitted diseases. The health information received in order of frequencies are: Both Information on effective condom use, Information on the dangers of STDs, Information on mode

of transmission and Information on causes of STDs have 304 (100%), while Information on abstinence and Information on using one sex partner have 138 (45.4%) each. Those with least were Information on counselling services and Information on drug use that have 80 (26.3%) each.

From the results, it can be deduced that the types of health information truck drivers receive mostly are: information on effective condom use, information on the dangers of STDs, information on mode of transmission and information on causes of STDs. While those health information that truck drivers don't receive were information on abstinence; information on using one sex partner; information on counselling services and information on drug use.

This finding is in conformity with Kende (2015) who said that truck drivers have heard about sexually transmitted diseases particularly HIV/AIDs.

The implication of this finding is that, adequate provision, availability and coverage of health information for prevention of sexually transmitted diseases among truckers is very paramount. Therefore, Information professionals have a great role to play in ensuring adequate provision of health information for prevention of sexually transmitted diseases.

4.3.2 Sources of Sexual Health Information Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria Use for Prevention of Sexually Transmitted Diseases

The researcher seeks to identify the Sources of sexual health information that truck drivers use for prevention of sexually transmitted diseases in Marabar Josr Jos and Tafa Stations Kaduna State, Nigeria. Responses collected were analysed and presented in Table 4.6

Table 4.6 Sources of Sexual Health Information Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria Use for Prevention of Sexually Transmitted Diseases

S/No	Sources of Sexual Health Information	Frequency	Percentage
1	Radio	304	100.0
2	Book	0	0.0
3	Television	304	100.0
4	Newspapers	80	26.3
5	Magazines	0	0.0
6	Friends	304	100.0
7	Internet	138	45.4
8	Leaflets	0	0.0
9	Billboards	80	26.3
10	Mobilizations	80	26.3
11	Journals	0	0.0
12	Health pamphlets	0	0.0
13	Handsets	138	45.4

Source: Researcher's Field Survey, 2021

Table 4.6 showed the Sexual Health Information sources used by truck drivers for prevention of sexually transmitted diseases. The Sexual Health Information sources used by truck drivers are: Radio, Television and Friends with 304 (100%) respectively, Internet and Handsets 138 (45.4%) each, while Newspapers, Billboards, and Mobilizations have the least 80 (26.3%).

The finding of this study revealed that the Sources of Sexual Health Information truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria mostly use for prevention of Sexually Transmitted Diseases are: Radio, Television, Friends. Internet and Handsets are used moderately. Newspapers, Billboards, and Mobilizations were found to be underutilized. While books, magazines, leaflets, journals and health pamphlets were totally out of use by truck drivers

The finding of this study is in line with Huda et al., (2016) in a study conducted in Dhaka City on the use of mass media by truck drivers who revealed that truck drivers use television (89%)

overwhelmingly and also (54%) of the respondents use radio daily as source of Sexual Health Information. While only few use internets as source of Sexual Health Information.

In the same vein, Huda & Amanullah, (2013) found out that about (75.78%) of truck drivers watched television and listen to radio to get informed about HIV/AIDs in Bangladesh.

It is therefore implied from the finding that, if more Sexual Health Information sources are made available and accessible to truck drivers by information professionals, the menace of sexually transmitted diseases can be drastically reduced among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria.

4.3.3 Medium Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria use to access Sexual Health Information for prevention of Sexually Transmitted Diseases

The researcher here seeks to examine the medium through which truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria access Sexual Health Information for prevention of Sexually Transmitted Diseases. Responses collected were analyzed and presented in Table 4.7

Table 4.7 Access to Sexual Health Information by Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria for Prevention of Sexually Transmitted Diseases

S/No	Access to Sexual Health Information	Frequency	Percentage
1	Through listening to Radio	304	100.0
2	Through reading Books	60	19.7
3	Through watching Television	304	100.0
4	Through reading Newspapers	80	26.3
5	Through reading Magazines	0	0.0
6	Through talking to Friends	304	100.0
7	Through browsing Internet	138	45.4
8	Through reading Leaflets	0	0.0
9	Through reading Billboards	80	26.3

10	Through attending mobilization campaigns	80	26.3
11	Through reading Journals	0	0.0
12	through reading Health pamphlets	0	0.0
13	through using Handsets	138	45.4

Source: Researcher's Field Survey, 2021

Table 4.7 showed the medium through which truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria access Sexual Health Information for prevention of sexually transmitted diseases. The respondents highlighted how they access Sexual Health Information through: listening to radio, watching television and talking to friends 304 (100%) each, while other ways through which truck drivers access information are: through browsing Internet and using handsets 138 (45.4%) each. Also through reading newspapers; reading billboard and attending mobilization campaigns 80 (26.3%). through reading books has the least with 60 (19.7%).

The finding of this study revealed that truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria access Sexual Health Information mostly for prevention of Sexually Transmitted Diseases through: listening to radio, watching Television, and talking to Friends. While truck drivers access Sexual Health Information moderately through browsing Internet, handsets, reading newspapers; reading billboard and attending mobilization campaigns and lastly reading books. While Sexual Health Information access through magazines, leaflets, journals and pamphlets was totally not found.

The finding of this study is in conformity with Badu et al., (2019) who said that truckers access information from both formal and informal sources. These include sources like radio stations, hospitals, information centres, schools, NGOs, churches and associations.

This implies that if more information carriers are made accessible to truck drivers by information professionals, Governmental and Non-governmental organizations, the menace of sexually

transmitted diseases can be drastically reduced among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria.

4.3.4 Level of satisfaction the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria derive from using Sexual Health Information for prevention of Sexually Transmitted Diseases

The researcher also seeks to determine the level of satisfaction the truck drivers in the North-western State Nigeria derive from using Sexual Health Information for prevention of Sexually Transmitted Diseases. Responses collected were analyzed and presented in Table 4.8

Table 4.8 Level of Satisfaction Derived by Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria from Access to Sexual Health Information for Prevention of Sexually Transmitted Diseases

S/No	Sexual Health Information	HS		S		RS		NS		U		Total	Mean	SD
		F	%	F	%	F	%	F	%	F	%			
1	Information on effective condom use	100	32.9	95	31.3	43	14.1	66	21.7	0	0	304	3.8	0.0
2	Information on the dangers of STDs	0	0	95	31.3		0.0	209	68.8	0	0	304	2.6	0.0
3	Information on mode of transmission	0	0	15	4.9	43	14.1	246	80.9	0	0	304	2.2	0.1
4	Information on causes of STDs	0	0	15	4.9	166	54.6	123	40.5	0	0	304	2.6	0.1
5	Information on abstinence	100	32.9	15	4.9	66	21.7	123	40.5	0	0	304	3.3	0.1
6	Information on counselling services	0	0	0	0.0	56	18.4	166	54.6	0	0	222	1.6	0.0
7	Information on using one sex partner	0	0	15	4.9	0	0.0	289	95.1	0	0	304	2.1	0.2
8	Information on different types of STDs	0	0	15	4.9	43	14.1		0.0	0	0	58	0.6	0.1
9	Information on drug use	10	3.3	0	0.0	0	0.0	246	80.9	0	0	256	1.8	0.1
10	Information on prevention of STDs	0	0	15	4.9	43	14.1	246	80.9	0	0	304	2.2	0.1

Source: Researcher's Field Survey, 2021

Key: HS---Highly Satisfied, S---Satisfied, RS---Rarely Satisfied, NS---Not Satisfied, U---Undecided.

Table 4.8 showed the level of satisfaction truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigerian plying Nigerian roads derive from using Sexual Health Information for prevention of sexually transmitted diseases. The results revealed that the respondents are satisfied with information on effective condom use ($M=3.8$, $SD=0.0$), and information on abstinence ($M=3.3$, $SD=0.1$) with a mean that is above 3.0 respectively. While the result shows that the respondents are not satisfied with: information on the dangers of STDs ($M=2.6$, $SD=0.0$), information on mode of transmission ($M=2.2$, $SD=0.1$), information on causes of STDs ($M=2.6$, $SD=0.1$), information on prevention of STDs ($M=2.2$, $SD=0.1$), information on different types of STDs ($M=0.6$, $SD=0.1$), information on counseling services ($M=1.6$, $SD=0.0$), information on drug use ($M=1.8$, $SD=0.1$), information on using one sex partner ($M=2.1$, $SD=0.2$) with a mean that is below 3.0 respectively. information on the dangers of STDs, information on mode of transmission

The findings of this study revealed that the respondents are mostly satisfied with only information on effective condom use and information on abstinence. While the respondents were moderately satisfied with information on the dangers of STDs and information on mode of transmission. The respondents also were not satisfied with information on different types of STDs, information on counseling services, information on drug use and information on using one sex partner.

This finding contradicts Id, Li, Id, Yu & Luo (2018) who stated that respondents are highly satisfied with information sources available and accessible to them and within their reach.

This implies that as individuals differ, satisfactions differ and the need to satisfy their information needs in terms of sources is expedient and necessary to all health and information professionals, Governmental and non-governmental agencies among others.

4.3.5 Challenges to Access of Sexual Health Information for prevention of sexually transmitted diseases among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria

The researcher also seeks to determine the challenges the truck drivers in the North-western state of Nigeria face from access to Sexual Health Information for prevention of Sexually Transmitted Diseases. Responses collected were analyzed and presented in Table 4.9

Table 4.9 Challenges the Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria Face from Using Sexual Health Information for Prevention of Sexually Transmitted Diseases.

S/No	Challenges to Access of Sexual Health Information	Frequency	Percentage
1	Non-availability of required information	304	100.0
2	Poor Internet connectivity	138	45.4
3	Lack of accurate and accessible information on STDs	58	19.1
4	Lack of awareness about the problem of STDs	138	45.4
5	Lack of accessible and reliable sources of sexual health information	123	40.5
6	Difficulties in finding locally relevant information about Sexual Health Information	261	85.9
7	Inability to access sexual health information on social networking platforms	261	85.9
8	Sociocultural values affects the utilization of Sexual Health Information	0	0.0

Source: Researcher's Field Survey, 2021

Table 4.9 showed challenges the truck drivers in Marabar Josr Jos and Tafa Stations Kaduna State, Nigeria face from access to Sexual Health Information for prevention of Sexually

Transmitted Diseases. The results revealed that the major challenges encountered are Non-availability of required information 304 (100%), Difficulties in finding locally relevant information about health services and Inability to access sexual health information on social networking platforms 261 (85.9%) each. Other challenges having lower percentages are: Poor Internet connectivity and Lack of awareness about the problem of STDs with 138 (45.4%) each. Lack of accessible and reliable sources of sexual health information had 123 (40.5%). Lack of accurate and accessible information on STDs has least responses with only 58 (19.1%).

The finding of this study revealed that the major challenge to access of Sexual Health Information by truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria is Non-availability of required information.

This finding disagrees with Patterson, Hilton, Flowers, & McDaid, (2019) who revealed that there are both practical and socio-cultural challenges to online sexual health content. Those practical barriers include difficulty in filtering overabundant content; limited awareness of specific, relevant, trusted online sources; difficulties in finding locally relevant information about services; and difficulties in navigating large organizations' websites. While the socio-cultural barriers include fear of being observed; wariness about engaging with visual and auditory content; concern about unintentionally accessing sexually explicit content; and reticence to access sexual health information on social networking platforms or through smartphone applications. These practical and socio-cultural barriers restricted access to information and influenced searching practices.

By implication, truck drivers require information that is relevant to their health for prevention of sexually transmitted diseases. Therefore, information professionals have a vital role to play in making sure that relevant information is supplied and utilized effectively.

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CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the following sub-headings:

5.2 Summary of the Study

5.3 Summary of the Findings

5.4 Contributions to Knowledge

5.5 Limitations of the Study

5.6 Conclusion

5.7 Recommendations

5.8 Suggestions for Further Study

5.2 Summary of the Study

The study focused on Sexual Health Information Access for Prevention of Sexually Transmitted Diseases among Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria. In order to conduct the study, five (5) research objectives were formulated in line with five (5) research questions on: Types of Sexual Health Information the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria receive for prevention of Sexually Transmitted Diseases, Sources of Sexual Health Information the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria use for prevention of Sexually Transmitted Diseases, what medium do

truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria use to access Sexual Health Information for prevention of Sexually Transmitted Diseases, Level of satisfaction the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria derive from using Sexual Health Information for prevention of Sexually Transmitted Diseases, and finally, the challenges to access of Sexual Health Information for prevention of sexually transmitted diseases among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria. Chapter two presented the review of related literatures in line with the research questions raised.

Chapter three presented the methodology adopted for the study which was quantitative research methodology using a survey research design. The total population of the study comprised 75000 long-journey truck drivers plying Nigerian roads from which a sample of 382 truck drivers were used as respondents for the study. Krejcie and Morgan table for determining Sample size was used to determine the sampled population. The respondents were chosen simple random sampling techniques. The instrument used for collecting data was the questionnaire which was validated and reliable for the study. The researcher personally administered the questionnaire with the assistance of six (6) research assistants, 382 copies of questionnaires were administered to truck drivers randomly selected. 304 copies of filled questionnaires were retrieved and the data collected were sorted, analyzed and presented using descriptive statistics of frequency, percentages, mean and standard deviation and presented in tables.

Chapter four was data presentation, analysis and discussion. Software Package for Social Sciences (SPSS) was used for analyzing the data collected. Also frequency distribution, simple percentage, mean and standard deviation were used to analyze the collected data that relate to research questions. 3.0 benchmark was used for decision making in research question four.

Chapter five of this study presented summary of the study. The major findings were also summarized in this chapter. Contributions to knowledge and limitations of the study as well as conclusion and recommendation were all in this chapter.

5.3 Summary of Findings

The following are the major findings:

1. The types of Sexual Health Information mostly received by truck drivers were information on effective use of condom, information on the dangers of STDs, information on mode of transmission of STDs, information on causes of STDs and information of prevention of STDs.
2. The sources of Sexual Health Information mostly used by truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria for prevention of sexually transmitted diseases are radio, television, and friends.
3. The medium through which truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria access Sexual Health Information for prevention of sexually transmitted diseases are listening to radio, watching television, talking to Friends.
4. The truck drivers were highly satisfied with only information on effective use of condom and information on abstinence for prevention of sexually transmitted diseases.
5. The challenge to access of Sexual Health Information by truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria non-availability of required information, difficulties in finding locally relevant information about sexually transmitted diseases, inability to access sexual health information on social networking platforms.

5.4 Contribution to the Body of Knowledge

The study contributed to the body of knowledge in the following ways:

1. This study established that truck drivers accessed Sexual Health Information about how to use protective devices to protect themselves from sexually transmitted diseases than total abstinence.
2. This study also established that truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria accessed Sexual Health Information using multiple sources which are mostly traditional such as radio, television, friends, internet, handsets, newspapers, billboards, and mobilizations for prevention of sexually transmitted diseases.

5.5 Limitations of the Study

The respondents were always on the move. This affected the data collection seriously. Moreover, many truck drivers refused to participate fully as the study required some health issues that may concern personal health information as such they showed some level of disregards for providing the required information. In the same vein, the literacy level of some respondents was low. This made it very difficult for them to understand some terminologies use. The researcher had to translate the questionnaire to Hausa for them to understand and respond better.

5.6 Conclusion

Access to Sexual Health Information is very vital. The Sexual Health Information about sexually transmitted diseases if disseminated through various information sources and made accessible by the beneficiaries, will go a long way to ensure access to good health. As seen from the findings of the study, there were multiple Sexual Health Information sources available of which the

respondents are not aware of. It is concluded that truck drivers accessed Sexual Health Information for prevention of sexually transmitted diseases in Marabar Jos and Tafa Stations in Kaduna State, Nigeria via traditional media. But with this access, still they are found victims of sexually transmitted diseases. This may be that they do not believe or comply with the information they receive through these sources.

5.7 Recommendations

From the findings of this study, the following recommendations were formulated:

- 1 Information professionals in collaboration with organizations such as National Union of Road Transport Workers (NURTW), Nigerian Union of Road Transport Owners (NATO), National Association of Tanker Drivers, Road Transport Employers Association of Nigeria (RTEAN) among many should provide more Sexual Health Information through campaigns in these two main station (Marabar Jos and Tafa). These campaigns can be on Information on abstinence, Information on counselling services, information on using one sex partner, Information on different types of STDs, Information on drug use, Information on prevention of STDs. This will help reducing the menace of sexually transmitted diseases among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria.
- 2 More information sources that can be accessed and utilized easily should be adequately provided by NURTW, NATO, NACA, NATD to truckers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria. When these information sources such as Books, Newspapers, Magazines, Leaflets, Billboards, Journals, Health pamphlets, Mobilizations among many are made available and accessible to truckers in these local rest areas, they

drastically reduce the menace of sexually transmitted diseases among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria

- 3 National Agency for the Control of AIDs (NACA) in collaboration with the Centre for Disease Control (CDC) should organize a practicable program in these areas on how Sexual Health Information can be accessed through technology such as internet and handsets. They should also be taught on how Newspapers, books and Billboards are accessed electronically. Mobilization campaigns on sexually transmitted diseases should be carried out on electronic billboards in their major local rest areas regularly as this will help the truckers to have good knowledge of sexually transmitted diseases.
- 4 Information professionals such as health information providers and librarians together with healthcare workers should work hand in hand to ensure that Sexual Health Information resources provided to truck drivers meet their health information needs, hence increase their satisfaction. This will go a long way to enable access to the Sexual Health Information for prevention of sexually transmitted diseases among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria.
- 5 To reduce the challenges of difficulties in finding locally relevant information about health services, and Inability to access sexual health information on social networking platforms, health information providers and librarians together with the assistance of healthcare workers should work tirelessly in the provision of health information services through the use of technology. This will ensure reduction in time wastage and ensure that the information on sexually transmitted diseases reaches truck drivers.

5.8 Suggestions for Further Study

The researcher suggests the following areas for consideration in further studies:

1. Truck drivers' compliance or believe to Sexual Health Information
2. Sexual Health Information Access by Female Commercial Sex Workers

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World Health Organization. (WHO). (2011). Sexually Transmitted Diseases. <http://www.who.int/mediacentre/factsheets/fs110/en/index.html>. Accessed 15th October. 2018

Appendix I

 **LIBRARY AND INFORMATION SCIENCE**
AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA 

Vice Chancellor: **Professor Ibrahim Garba**, B.Sc. (Hons) Geology, M.Sc. (Mineral Exploration) ABU, Ph.D Geology (London), D.I.C., FNMGS
Ag. Head of Department: **Dr. Mohammed Habibu**, NCE, BLIS, MLIS, Ph.D (ABU)
e-Mail: lis@abu.edu.ng

Tel: 08174568401/09033706347

P17EDLS8007

25th September, 2019

The General Secretary,
National Union of Road Transport Workers,
National Headquarters,
Abuja.

ATTENTIONS: The Head of Department, Mass Transit/Heavy Trucks.

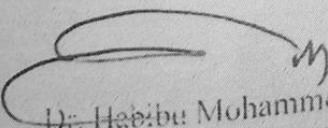
Dear Sir,

INTRODUCTORY LETTER: SIRAJO ABUBAKAR DANZANGI

This is to certify that **Sirajo Abubakar Danzangi** with Registration Number **P17EDLS8007** is a Student in this Department. He is currently engaged in his research dissertation titled "**Utilization of Information on Protectives for Prevention of Sexually Transmitted Diseases among Truck Drivers in the North-Western States of Nigeria**". We would be grateful if you could kindly give him the assistance he requires for conducting the research work successfully.

Thanks for your cooperation.

Yours sincerely,


Dr. Habibu Mohammed
Head of Department

Appendix II
QUESTIONNAIRE

Department of Library and Information Science,
Faculty of Education,
Ahmadu Bello University, Zaria.

20th February, 2020.

Dear Respondent,

REQUEST TO FILL QUESTIONNAIRE

I am a Master Student of the aforementioned Department carrying out research titled **“Access and utilisation of Health Information for Prevention of Sexually Transmitted Diseases among Truck Drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria.”** I need information from you to be able to carry out this research.

The information provided will be used purposely for this research.

Thank you.

Yours Sincerely,

Sirajo Abubakar Danzangi
P17EDLS8007
(Researcher)
08028850111/08035934304

Instruction: Please tick [] the answer(s) that you feel is/are appropriate.

SECTION A: Demographic Information

1. Age Range

- a. 18-22 years [] b. 23-27 years [] c. 28-32 years []
d. 33-37 years [] e. 38-above []

2. Marital Status

- a. Married [] b. Single []

3. Educational Qualification

- a. Primary School leaving certificate [] b. SSCE Certificate []
c. Diploma Certificate [] d. NCE Certificate [] e. Degree Certificate []

Others (please) specify.....

4. Experience

- a. 5-10 years [] b. 10-15 years [] c. 15-20 years []

Others (please) specify.....

**SECTION B: TYPES OF SEXUAL HEALTH INFORMATION TRUCK DRIVERS
RECEIVE FOR PREVENTION OF SEXUALLY TRANSMITTED DISEASES**

5. What type of Sexual Health Information do truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria receive for prevention of STDs?

- a. Information on effective condom use []

- b. Information on the dangers of STDs []
- c. Information on mode of transmission []
- d. Information on causes of STDs []
- e. Information on prevention of STDs []
- f. Information on different types of STDs []
- g. Information on abstinence []
- h. Information on counseling services []
- i. Information on using one sex partner []
- j. Information on drug use (antiretroviral drugs) []

Others (please specify) _____

SECTION C: SOURCES OF SEXUAL HEALTH INFORMATION USED BY TRUCK DRIVERS IN MARABAR JOS AND TAFI STATIONS IN KADUNA STATE, NIGERIA FOR PREVENTION OF STDs

6. What sources of Sexual Health Information do truck drivers in Marabar Jos and Tafi Stations in Kaduna State, Nigeria use for prevention of STDs?

- a. Radio []
- b. Book []
- c. Television []
- d. Newspapers []
- e. Magazines []
- f. Friends []
- g. Internet []
- h. Leaflets []
- i. Billboards []
- j. mobilizations []

- k. Journals []
- l. Health pamphlets []
- m. Handsets []

Others (please specify) _____

SECTION D: ACCESS TO SEXUAL HEALTH INFORMATION FOR PREVENTION OF STDs AMONG TRUCK DRIVERS IN MARABAR JOS AND TAFI STATIONS IN KADUNA STATE, NIGERIA

7. How do truck drivers in Marabar Jos and Tafi Stations in Kaduna State, Nigeria access Sexual Health Information for prevention of STDs? Through:

- a. listening to Radio []
- b. reading Book []
- c. watching Television []
- d. reading Newspapers []
- e. reading Magazines []
- f. talking to Friends []
- g. browsing Internet []
- h. reading Leaflets []
- i. reading Billboards []
- j. attending Mobilization campaigns []
- k. reading Journals []
- l. reading Health pamphlets []
- m. using Handsets []

Others (please specify) _____

SECTION E: LEVEL OF SATISFACTION DERIVED BY TRUCK DRIVERS FROM USING SEXUAL HEALTH INFORMATION FOR PREVENTION OF STDs

8. What level of satisfaction do the truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria derive from using Sexual Health Information for prevention STDs?

Please tick the appropriate box using the rating scale: HS – Highly Satisfied; S – Satisfied; RS – Rarely Satisfied; NS – Not Satisfied; U – Undecided.

S/N	SEXUAL HEALTH INFORMATION	RESPONSES				
		HS	S	RS	NS	U
1	Information on effective condom use					
2	Information on the dangers of STDs					
3	Information on mode of transmission					
4	Information on causes of STDs					
5	Information on prevention of STDs					
6	Information types of STDs					
7	Information on abstinence					
8	Information STDs counseling services					
9	Information use of drugs (antiretroviral drugs)					
10	Information on using one sex partner					
11	Others (please specify)					

SECTION F: CHALLENGES TO ACCESS OF SEXUAL HEALTH INFORMATION FOR PREVENTION OF STDs AMONG TRUCK DRIVERS IN MARABAR JOS AND TAFATA STATIONS IN KADUNA STATE, NIGERIA

9. Which of these challenges is associated with the access of Sexual Health Information for prevention of STDs among truck drivers in Marabar Jos and Tafa Stations in Kaduna State, Nigeria? (tick as many as possible)

- a. Non-availability of required information []
- b. Poor Internet connectivity []
- c. Lack of accurate and accessible information on STDs []
- d. Lack of awareness about the problem of STDs []
- e. Lack of accessible and reliable sources of sexual health []
- f. Difficulties in finding locally relevant information about health services []
- g. Inability to access sexual Health Information on social networking platforms []
- h. Sociocultural values affects the utilization []

Others (please specify) _____

Appendix III

Sashen Nazarin Kimiyar Dakin Karatu da Bayanai,

Tsangayar Ilimi,

Jam'ar Ahmadu Bello Zaria

20/Febareru/2020

Direbobin Manyan Mota,

Arewa Maso Gabancin Najeriya.

A CIKA WADANNAN TAMBAYOYI

Ni Dalibi ne mai nazari akan kimiyyar Dakin Karatu da Bayanai. Ina bincike ne a matsayin dalibi mai karatun digiri na biyu. Bincike na ya shafi amfani da bayanai don magance cututukkan da ake dauka ta hanyar jimai a arewa maso gabancin Najeriya. Ina bukatar bayananku na gaskiya don tafiyar da wannan bincike kamar yadda ya dace.

Amintaccenku,

Sirajo Abubakar Danzangi

P17EDLS8007

(Mai Bincike)

08028850111/08035934304

Umurni: Kayi amfani da wannan alamar [√] wajen amsa wadannan tambayoyi

Sashe na Farko: Bayanin Kanka

1. Shekarunka/ki

- a. 18-22 [] b. 23-27 [] c. 28-32 []
d. 33-37 [] e. 38-sama []

2. Aure

- b. Ina da Aure [] b. Banda Aure []

3. Matakin Ilimi

- b. Takardar Firamare [] b. Takardar Sakandire []
c. Takardar Difiloma [] d. Takardar NCE [] e. Takardar Kammala Digiri []

Wasu Takardun idan akwai

4. Dadewa kan aikinka

- b. Shekara 5-10 [] b. Shekara 10-15 [] c. Shekara 15-20 []

Wasu shekarun idan akwai

Sashe na Biyu: Bayani ne a kan ire-iren bayanai don kariya daga cututukan da ake dauka wajen jimai.

5. Wane irin bayani ne kake samu akan kariya daga cututukan da ake dauka a wajen jimai?

- k. Bayani a kan amfani da Kwaroron roba []

- l. Bayani akan hadarin cututuka []

- m. Bayani a kan yaduwar cututuka []
- n. Bayani a kan abinda ke haddasa yaduwar su []
- o. Bayani a kan kariya daga cututuka []
- p. Bayani a kan ire-iren cututukan []
- q. Bayani a kan kaurace ma mata []
- r. Bayani a kan bada shawarwari []
- s. Bayani a kan amfani da mutum daya []
- t. Bayani a kan amfani da magunguna []

Wasu bayanan idan akwai _____

Sashe na Uku: Bayani a kan abubuwan da ke dauke da bayanai kan cututukan da ake dauka ta hanyar jimai.

6. Wane irin abu ne kake amfani da shi wajen samun bayani kan cututukan da ake dauka wajen jimai?

- n. Radiyo []
- o. Litafi []
- p. Akwatin Talabijin []
- q. Jaridu []
- r. Mukalu []
- s. Abokai []
- t. Yanar Gizo []
- u. Takardu []
- v. Allon Hanya []

- w. Gangami []
- x. Mujallu []
- y. Takardu a kan lafiya []
- z. Wayar salula []

Wasu bayanai idan akwai _____

Sashe na Hudu: Hanyoyin Samun Bayanai daga Direbobi don kariya Daga Cututukan da Ake Dauka a Wajen Jimai.

7. Ta wace hanya kake bi wajen samun bayani a kan hanyoyin kariya daga cututukan da ake dauka a wajen jimai?

- a. Radiyo []
- b. Litafi []
- c. Akwatin Talabijin []
- d. Jaridu []
- e. Mukalu []
- f. Abokai []
- g. Yanar Gizo []
- h. Takardu []
- i. Allon Hanya []
- j. Gangami []
- k. Mujallu []
- l. Takardu a kan lafiya []
- m. Wayar salula []

Wasu bayanan idan akwai _____

Sashe na Biyar: Gamsuwa da Bayanan da Ake Samu a kan Magance Cuttukan da ake Dauka ta Hanyar Jimai

8. Wace irin gamsuwa ce kake samu a kan bayanan kariya daga cututukan da ake dauka wajen jimai?

S/N	Ire-iren Bayanai	Amsoshi				
		HS	S	RS	NS	U
1	Bayani a kan amfani da Kwaroron roba					
2	Bayani akan hadarin cututuka					
3	Bayani a kan yaduwar cututuka					
4	Bayani kan haddasa yaduwersu					
5	Bayani a kan kariya daga cututuka					
6	Bayani a kan ire-iren cututukan					
7	Bayani a kan kaurace ma mata					
8	Bayani a kan bada shawarwari					
9	Bayani a kan amfani da mutum daya					
10	Bayani a kan amfani da magunguna					

11	Wasu bayanan idan akwai
----	-------------------------

**Sashe na Shida: Matsololin da Ake Fuskanta wajen Samun Bayanai a kan Magance
Cututukan da Ake Dauka Wajen Jimai**

9. Wace irin matsala ce kake samu waen samu bayanai akan magance cututukan da ake dauka wajen jimai?

- a. Rashin issashen bayani []
- b. Karancin yanar Gizo []
- c. Rashin gamsashen bayani a kan cututukan []
- d. Rashin wayar da kan jamaa akan cututukan []
- e. Rashin isassun maadanan bayanai []
- f. Rashin samun bayanai na gida []
- g. Rashin bayanai daga shafukan yada zumunta []
- h. Aladunmu basu bamu damar yadda da bayanai ba []

Wasu bayanan idan akwai _____

Appendix IV

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

Appendix V

Reliability Test

Scale: All Variables

Case Processing Summary

	N	%
Valid	14	100.0
Cases	0	.0
Total	14	100.0

- a. List wise deletion based on all variables in the procedure

Reliability Statistics

Cronbach's Alpha	Number of Items
.884	64

Source: Software Package for Social Sciences (SPSS) Version 26, 2019

Appendix VI

NATIONAL UNION OF ROAD TRANSPORT WORKERS

Affiliate of Nigeria Labour Congress

Reg. No: 00054

President: Prof. Tajudeen Ibikunle Baruwa
Acting Gen. Sec.: Kabiru Ado Yau
Treasurer: Bello Moduganari

BANKERS: UBA Plc, Zenith Bank Plc, First Bank Plc,
Access Bank Plc, Unity Bank & Ecobank Plc



NATIONAL HEADQUARTERS:
No. 8, Plot 1236, Sapele Street,
Garki II, P. O. Box 9635, Garki,
Abuja-Nigeria.
Tel: 09-2348472
Website: www.nurtw.org
E-mail: nurtwnhqigeria@yahoo.com

NURTW-NHQ/A.68/Vo1.13/214
Our Ref: _____

November 26, 2019
Date: _____

The Head of Department,
Department of Library and Information Science,
Ahmadu Bello University,
Zaria,
Kaduna State.

Dear Sir,

RE: INTRODUCTORY LETTER: SIRAJO ABUBAKAR DANZANGI

Above subject matter refers.

We wish to convey our appreciation to you in view of your interest in the area of Sexually Transmitted Disease (STD's) among Truck Drivers operating in the North West Geopolitical Zone.

It is indeed worrisome that over the years Truck Drivers, majority of whom are our members have been identified as a high risk group in the transmission of STD's especially HIV.

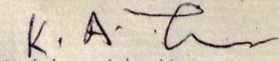
The research being undertaken in this direction is indeed commendable and we use this medium to appeal to **SIRAJO ABUBAKAR DANZANGI** to share his findings with the Union at the end of the research to assist us take necessary steps against the vulnerability of our members in the fight against prevention of STD's among Truck Drivers.

On the issue of our membership strength pertaining Truck Drivers, we can only give an estimate of the number of these target audience in the North West because of the absence of a reliable data base at the moment. Their estimated number in the aforementioned region can be put at Seventy Five Thousand (75,000).

Please accept the assurances of our esteem regards and solidarity.

Thank You.

Yours faithfully,


Kabiru Ado Yau
Acting General Secretary

Cc: SIRAJO ABUBAKAR DANZANGI, Ahmadu Bello University, Zaria.

All communications should be sent to the General Secretary

Source: National Union of Road Transport Workers, National Secretariat, Abuja, 2019