

COMMUNITY MOBILIZATION AS A PREVENTION STRATEGY AGAINST SEXUALLY TRANSMITTED INFECTIONS RISK-FACTORS AMONG STUDENTS OF UNIVERSITY OF MAIDUGURI, BORNO STATE, NIGERIA

ABDULFATAH HAJARA AMINU¹, ABDULKADIR KAMAR², ABDUKADIR, MARIAM AUDU², GANA, MOHAMMED, KAKA², ALABI BUKOLA ELIZABETH¹, NOFIU, OLUWATOBI DANIEL²

¹Department of Human Kinetics and Health Education, Ahmadu Bello University, NIGERIA.

²Department of Physical and Health Education, University of Maiduguri, Borno State, NIGERIA.

*Email: daniel4gem@gmail.com

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ABSTRACT

This study assessed the community mobilization as a strategy to sexually transmitted infections risk-factors among students of University of Maiduguri, Borno State. Survey research design was used. The population for this study comprised final year undergraduate students of University of Maiduguri for the 2016/2017 academic session with a total of thirty-one thousand, two hundred and ninety-three (31,293) students. Four hundred and eighty-eight (488) students were sampled from nine (9) faculties with three hundred and eight (308) males and one hundred and eighty females (180). A structured questionnaire was used to collect from the respondents with a reliability index of 0.88. The result of the study also revealed community mobilization strategy did not influence knowledge of TIs risk-factors among students of University of Maiduguri ($\chi^2 = 12.775$ at df 18; p . value .805). Based on the findings of this study, it was concluded that knowledge of STI risk-factors of sexually transmitted infections among University of Maiduguri students was not influenced by community mobilization. It was recommended that there is need for curriculum developers to consider developing courses on reproductive health with an emphasis on the understanding, causes, who is affected, symptoms, diagnosis, treatments, and prevention of sexually transmitted infections.

Keywords: Community mobilization, strategy, risk-factors, STI.

1. INTRODUCTION

Community mobilization is a process through which action is stimulated by a community itself, or by others, that is planned, carried out, and evaluated by a community's individuals, groups, and organizations on a participatory and sustained basis to improve the health, hygiene and education levels so as to enhance the overall standard of living in the community. In order to support a participatory decision-making process, a group of people has overcome their differences to come together on equal footing. In other words, it can be seen as a process that starts a conversation among community members to decide who, what, and how issues are decided, as well as to provide everyone a chance to participate in decisions that have an impact on their life. (Gaitán, 2001).

Community mobilization is a procedure which attempts to bring people in different factions in the society together in order to deal with problems, be it social problems,

environmental issues or health crisis. Everyone is involved, including local, state, federal government, religious groups NGOs, individuals and business organizations. Advantages of community mobilization includes shearing ideas and funding, problems are solved effectively and proper representation is ensured where everyone lend their voices and problems are effectively solved.

Community mobilization is a primary prevention approach because it aims to stop violence before it starts; and, prevention because it is a systematic process that promotes healthy environments and reduces the likelihood or frequency of an incident, condition or injury. Secondary prevention occurs when victims of violence seek out help and the problems of power and violence are made more visible in a community. As a result, a moral community mobilisation programme needs to have support and referral systems in place to help women who have experienced or are currently facing violence. Tertiary prevention may also show up in a quality community mobilisation approach. For instance, by collaborating with a hospital, the administration of post-exposure prophylaxis to rape victims may institutionalise (Cohen & Chehimi, 2010).

Sexually Transmitted Infections (STI) risk-factors were unintended pregnancies, loss of self-respect, loss of family support, and depression are just a few of the effects and consequences that sexually transmitted infections (STI) risk factors among university students can have on them. It's important to understand why students continue to engage in risky sexual behaviour and examine the effects it has on them. unintended pregnancies, loss of self-respect, loss of family support, and depression are just a few of the effects and consequences that sexually transmitted infections (STI) risk factors among university students can have on them. It's important to understand why students continue to engage in risky sexual behaviour and examine the effects it has on them.

Students learn new behavior in order to adjust to the demands of the new environment. When students of different ages, nationalities, ethnic and religious backgrounds and status are brought together in a higher institutions environment, opportunities exist for sexual relationship. Pre-marital sex is a violation of sexual norms and values of a society. . Pre-marital sex is prevalent among young people in the university setting for a number of reasons, including the need for academic advantage, peer pressure, social difficulties, and economic factors. Such a significant roadmap is necessary to trace the protracted and perhaps unpredictable trajectory of community mobilisation due to its distinctively long-term, holistic, and persistent nature. A theoretically-driven strategy that depends on careful planning and monitoring of community change can help to facilitate the process of change, even if iterative change is a complex process that differs from community to community. This prompted the researchers to assessed impact of community mobilization strategy on the knowledge of sexually transmitted infections risk-factors among students of University of Maiduguri, Borno State.

2. METHODS AND MATERIALS

Survey research design was used to assess the views and opinions of University of Maiduguri students' knowledge of risk factors of STIs and strategies adopted to reduce the risk Behavioural.

The population for this study comprised final year undergraduate students of University of Maiduguri for the 2019/2020 academic session with a total of thirty one thousand, two hundred and ninety three (31,293) students. Out of the population, a sample size of 500 respondents was used. A structured questionnaire was used to collect from the respondents. One on one method of administering questionnaire was used to collect the data from the respondents. The instrument was validated by three experts in the field of Physical and Health Education who were lectures in Ahmadu Bello University, Zaria and University

of Maiduguri, Borno State. To determine the reliability of the instrument, twenty (20) students from Borno State University was used as a pilot test that did not form part of the sample. Cronbach Alpha Reliability index was used to determine the internal consistency of the instrument on data obtained. The analyzed data yielded a coefficient of 0.88 which showed that the instrument was reliable.

Out of 500 copies of the questionnaire administered, 488 (97.6) copies were retrieved and used while 12 (2.4) copies of the questionnaire were not valid. The data obtained for this study were analyzed using Statistical Package for Social Sciences (SPSS) version 20.0 using frequency count and percentage, and Chi-square contingency coefficient test at 0.05 alpha level.

3. RESULTS

Table 1: Demographic Information of the Respondents

Faculty	Gender		Total (%)
	Male (%)	Female (%)	
Agriculture	19(6.2)	7(3.9)	26 (5.3)
Arts	18(5.8)	8(4.4)	26 (5.3)
Engineering	21(6.8)	8(4.4)	29 (5.9)
Law	13(4.2)	9(5.0)	22 (4.5)
Management	91(29.5)	59(32.8)	150 (30.7)
Pharmacy	12(3.9)	7(3.9)	19 (3.9)
Science	62(20.1)	32(17.8)	94 (19.3)
Social science	65(21.1)	42(23.3)	107 (21.9)
Veterinary	7(2.3)	8(4.4)	15 (3.1)
Total	308 (63.1%)	180 (36.9%)	488 (100.0)

Table 1 above shows the demographic information of the respondents, 308(63.1%) were male while 180(36.9%) were female. The results showed that faculty of management had the highest respondents 91(29.5%) male and 59(32.8%) female, agriculture had 19(6.2%) male and 7(3.9%) female, arts had 18(5.8%) and 8(4.4%), engineering had 21 (6.8%) male and 8(4.4%) female, Law had 13 (4.2%) male and 9 (5.0%) female, Pharmacy had 12 (3.9%) male and 7(3.9%) female, Sciences had 62 (20.1%) male and 32 (17.8%) female, Social science had 65 (21.1%) male and 42 (23.3%) female while veterinary recorded the lowest 7(2.3%) male and 8(4.4%) female respectively.

Table 2: Summary of contingency Chi-square analysis on community mobilization strategy on knowledge of STIs among students of University of Maiduguri

Variables	Responses				Total	df	χ^2	P value
	Always true	Sometimes true	Rarely true	Never true				
Enlightenment	23(4.7)	21(4.3)	37(7.6)	16(3.3)	97(19.9)			
Departmental association	14(2.9)	15(3.1)	20(4.2)	11(2.3)	60(12.3)			
NGOs	23(4.7)	17(3.5)	25(5.1)	14(2.9)	79(16.2)	18	12.775	.805
Clinic	17(3.5)	14(2.9)	16(3.3)	11(2.3)	58(11.9)			
SUG	16(3.3)	3(0.6)	18(3.7)	10(2.0)	47(9.6)			
Religious bodies	22(4.5)	22(4.5)	25(5.1)	17(3.5)	86(17.6)			
Faculty	15(3.1)	15(3.1)	16(3.3)	15(3.1)	61(12.6)			
Total	130(26.6)	107(21.9)	157(32.2)	94(19.1)	488(100)			

df 18= 28.87 at 0.05

The result in Table 2 showed that the summary of contingency chi –square analysis on community mobilization strategy on knowledge of STIs among students of University of Maiduguri. Chi-square calculated 12.775 at df 18 with p. value .805 showed that the results is statistically not significant. This means, community mobilization strategy does not significantly influence the opinion of students regarding knowledge of STIs in University of Maiduguri.

4. DISCUSSION

The finding to this study collaborates with the views of Guo, Wu, Qiu, Chen and Zheng (2012) that males compared to females are less likely to engage in premarital sex as well as sex with non-regular partners. Guo et al., (2012) further conclude that females are socio-economically more vulnerable, especially in poor communities and are more likely to be coerced into sexual debut and early marriage than male.

Community mobilization will not significantly influence knowledge of STI risk-factors among students of University of Maiduguri Nigeria, this shows that community mobilization concerns relevant bodies that provide social and academic activities for students. In social dynamics, sufficient number of these bodies should have been concerned with advocacy and enlightenment. In contrast, Chehim (2010) posited that community mobilisation is a primary prevention strategy because it tries to prevent violence from occurring in the first place; and preventive because it is a systematic process that promotes healthy environments, behavioural changes, and reduces the chance or frequency of an incident, condition, or injury. Meanwhile, community mobilization does not seem to form part of the strategies used by university as 10.7% responded never true to the strategy. This result was unexpected in view of available literature. Kotler and Lee (2008) also reported that media campaigns can be short may extend over a long period of time.

5. CONCLUSION

Based on the findings of this study, it was concluded that knowledge of STI risk-factors of sexually transmitted infections among University of Maiduguri students was not influenced by community mobilization.

6. RECOMMENDATIONS

- There is need for curriculum developers to consider developing courses on reproductive health with an emphasis on the understanding, causes, who is affected, symptoms, diagnosis, treatments, and prevention of sexually transmitted infections.
- The school authority should organize a community mobilization strategy on the knowledge of Sexually Transmitted Infections risk-factors among students.
- Lecturers need to put more emphasis in educating the students on the risk factors of sexually transmitted infections

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