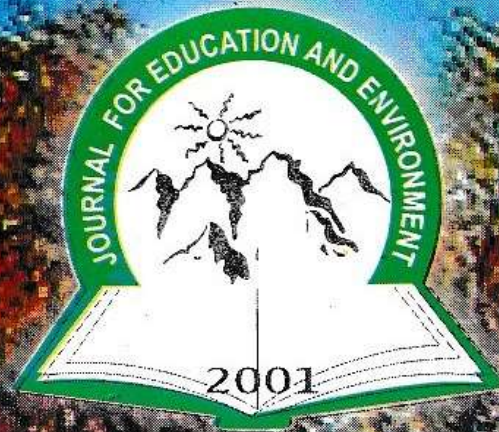


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AGE GRADE CHARACTERISTICS AND COMMON TRAGIC DISEASES**QUEEN. I. OBINAJU**

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Abstract

The society today is plagued with some tragic diseases among which are AIDS, other sexually transmitted diseases (STD), respiratory tract infections (RTI), diarrhea and cholera. Efforts have continually been dissipated on how to control if not eradicate these tragic diseases. As the human life span is divided into three segments; childhood, adolescence and adulthood, it would be helpful to know which age grade is susceptible to which disease so that remedial measures are targeted towards that age grade. This study sampled information from informed and uninformed population using a structured questionnaire. Results show that there is a significant difference among adults, adolescents and children in susceptibility to the tragic diseases. While children were more susceptible to RTIs, diarrhea and cholera, adolescents were more susceptible to AIDS and other STDs. Recommended remedial efforts therefore should be targeted towards the age-grade found to be more susceptible to the tragic disease in question.

Introduction

The human life span can be divided into three broad time segments. An individual under 12 years of age is considered a child. After 12 and up to the age of about 20, he is taken to be an adolescent. Above this age he is an adult. There are certain characteristics, which punctuate his behaviour at the different age grades. Faw (1980) and Mitchell (1980) expose the childhood characteristics from prenatal development stage across toddlerhood up to when the child starts to develop some morals in late childhood. These characteristics include reflexes, habits related to eating, toilet training and attachment behaviours, Mitchell (1980). By the time he becomes an adolescent, his physical, mental social and emotional characteristics change. In Chauhan's view "Adolescence is the most important period of human life" (Chauhan 1996: 74). Jersild (1978) describes the adolescent period as that span of years during which boys and girls move from childhood to adulthood, mentally, emotionally socially and physically. Both Jersild (1978) and Chauhan (1996) agree that the adolescent experiences sexual maturity and is eager to experiment among other characteristics.

The emotion of love is very important in adolescents and is related to sexual impulse. In infancy, love and affection develop in concrete objects of his

environment... but in adolescence, emotion of love and affection is associated with people... Childhood loves are not sexual in nature but in adolescence love becomes a source of pleasure (Chanhan 1996: 98).

Adulthood is only an extension and maturity on characteristics developed during adolescence. Erikson's theory as reported by Biehler & Snowman (1976) states that with maintenance of the same environmental stimuli "identity" in adolescence would mature into "intimacy" and "generativity" at adulthood and "integrity" at old age while "role confusion" at adolescence would mature into "isolation" and "self absorption" at adulthood and "despair" at old age.

With the several age grade characteristics and weighing them along with some prevalent tragic diseases it seems that some age groups are more vulnerable than others in consideration of the mode of contracting the tragic diseases.

Today Acquired Immuned Deficiency Syndrome (AIDS) is a terror in Nigeria. Several agencies such as WHO, SWAN, DFID and USAID are conducting enlightenment campaigns on the prevalence of the disease and the need for individuals to be cautious. Along side with AIDS are other sexually transmitted diseases (STD) such as gonorrhoea syphilis and herpes.

Ekunwe (1996) reports that respiratory tract infection (RTI) constitutes a major killer of infants. One wonders whether this effect is not also transferred to other age grades. Diarrhea and cholera are also reported to be common epidemics and to cause deaths in the tropics (Morley, 1985). With all these tragic diseases listed, it becomes necessary to find out which age grade is more susceptible to the influence of each of these tragic diseases. By the method used, one would also be able to find out if the information disseminated so far has made any impact as to whether there is any significant difference in opinion between those who are working in the health sector (the informed) and those who are not working in the health sector (the uninformed).

Assumption:

It was assumed that with the dissemination of information about the four tragic diseases used for this study, that all are informed as to the causes of the diseases as well as their mode of being contracted.

It was further assumed that those working in the health sector were more informed than those not working in the health sector.

It was also assumed that all the respondents were familiar with common characteristics of the three age grades studied.

Hypotheses;

1. There is no significant difference among adults, adolescents and children in susceptibility to the four tragic diseases.
2. Adolescents fare the same with the other two groups in susceptibility to the four tragic diseases.
3. There is no difference in opinion between the informed and the uninformed about the susceptibility of the three groups to the four tragic diseases.
4. In consideration of AIDS alone, there is no significant difference in opinion between the informed and the uninformed groups.

Population/Sample.

The populations for the study were adults residing in Akwa Ibom State. A stratified random selection of four local government areas was carried out. In each of the local government areas 20 informed personnel (those working in health institution) and 25 uninformed persons were selected. This gave a total sample size of 180 with 80 informed and 100 uninformed persons.

Instrumentation:

A questionnaire developed to find out which among adults, adolescents and children are more susceptible to the four grouped tragic diseases (AIDS), other sexually transmitted diseases (STDS) respiratory tract infection (RTI), diarrhea and cholera was used. The respondent was to mark "M" in the column of choice if those most susceptible are males of that category, "F" if female and "B" if both male and female. This instrument was subjected to scrutiny by two experts in test and measurement and two Educational psychologists.

Results.

Hypothesis 1 - There is no significant difference among adults, adolescents and children in susceptibility to the four tragic diseases.

Table 1

A table showing frequency (observed and expected) of responses among Adults, adolescents and children to the four tragic diseases.

		ADULT			ADOLESENT			CHILD			TOTAL
		M	F	B	M	F	B	M	F	B	
AIDS	U	(12.08) 20	(1958) 24	(5.83) 10	(5.83) 10	(2.87) 6	(20.56) 36	(.75) 0	(3.19) 0	(24.44) 0	100
	I	(9.67) 0	(6.22) 4	(15.67) 28	(4.67) 8	(2.22) 8	(16.44) 32	(3.00) 0	(2.56) 0	(19.56) 0	80
OTHER STDS	U	(12.08) 18	(7.78) 5	(19.58) 33	(5.83) 20	(2.78) 2	(20.56) 24	(3.75) 6	(3.19) 6	(24.44) 0	100
	I	(9.67) 22	(6.22) 8	(15.67) 16	(4.67) 2	(2.22) 4	(16.44) 28	(3.00) 0	(2.56) 0	(19.56) 0	80
RTI	U	(12.08) 16	(7.78) 32	(19.58) 8	(5.83) 0	(2.78) 0	(20.56) 8	(3.75) 4	(3.19) 4	(24.44) 28	100
	I	(9.67) 8	(6.22) 8	(15.67) 20	(4.67) 0	(2.22) 0	(16.44) 8	(3.00) 8	(2.56) 4	(19.56) 32	80
DIARR-HOXA CHOLERA	U	(12.08) 2	(7.78) 2	(19.58) 2	(5.83) 0	(2.78) 0	(20.56) 0	(3.75) 3	(3.19) 7	(24.44) 60	100
	I	(9.67) 2	(6.22) 2	(15.67) 2	(4.67) 0	(2.22) 0	(16.44) 0	(3.00) 3	(2.56) 7	(19.56) 60	80
TOTAL		87	56	141	42	20	148	27	23	176	720

$X^2 = 628.90$ $df = 56$ $Critical X^2 = 43.77$

At 0.05 level of confidence

Note: U = uninformed respondents responses

I = informed respondents responses

RTI = Respiratory tract infection

All scores in parentheses represent the expected frequency while those outside the parentheses represent the observed frequency

From Table 1, the calculated X^2 is higher than the critical value at the 0.05 level of confidence among adults adolescents, and children in susceptibility to the four tragic diseases.

Hypothesis 2

Adolescents fare the same with the other two groups in susceptibility to the four tragic diseases.

From Table 1 the result is that the adolescent does not fare the same with susceptibility to the four tragic diseases. From Table 1, a combined frequency of 18, 14, 68 for male, female and both gender respectively is observed for AIDS; This is the highest when comparing the other two categories for other STDS too the adolescent ranks highest with a total frequency of 80 but for RTI,

diarrhea and cholera, the adolescent's total frequency is relatively low – 16 for RTI and 14 for diarrhea and cholera.

Hypothesis 3.

There is no difference in opinion between the informed and the uninformed about the susceptibility of the three groups to the four tragic diseases.

	RTI	DIARRHEA	CHOLERA	TYPHOID	INFORMED	UNINFORMED	TOTAL
YES	0	0	0	0	0	0	0
NO	20	8	15	15	58	28	86
TOTAL	20	8	15	15	58	28	86
PERCENTAGE	(23.3)	(9.3)	(17.5)	(17.5)	(67.2)	(32.8)	100
SD	4.36	2.83	3.87	3.87	5.21	4.24	
CONFIDENCE INTERVAL	(14.6, 32.0)	(4.2, 14.4)	(9.2, 25.8)	(9.2, 25.8)	(56.8, 77.6)	(28.4, 39.2)	

Table II

Table showing responses (in observed and expected frequencies) of uninformed sample about susceptibility of the three groups to the four tragic diseases.

	ADULT			ADOLESCENT			CHILD			TOTAL
	M	F	B	M	F	B	M	F	B	
AIDS	(13.75) 20	(10.5) 4	(17.75) 24	(8.0) 10	(2.0) 6	(7.5) 36	(4.0) 0	(3.0) 0	(21.0) 0	100
OTHER STDS	(13.75) 16	(10.5) 5	(17.75) 33	(8.0) 20	(2.0) 2	(7.5) 24	(4.0) 0	(3.0) 0	(21.0) 0	100
RTI	(13.75) 16	(10.5) 32	(17.75) 6	(8.0) 2	(2.0) 0	(7.5) 12	(4.0) 12	(3.0) 8	(21.0) 56	100
DIARR-HOEA/ CHOLERA	(13.73) 3	(10.5) 1	(19.58) 6	(5.83) 2	(2.7) 0	(20.56) 12	(3.7) 5	(3.1) 9	(24.4) 4	100
TOTAL	55	42	71	32	8	30	16	12	84	400

$$X^2 = 431.59 \quad df = 24$$

$$\text{Critical value } X^2 = 36.42$$

At 0.05 level of confidence

Table III

Table showing responses of informed sample on susceptibility of the three groups to the four tragic diseases.

	ADULT			ADOLESCENT			CHILD			TOTAL
	M	F	B	M	F	B	M	F	B	
AIDS	(8.0) 0	(3.5) 4	(17.5) 28	(2.5) 8	(3.00) 8	(17.0) 32	(2.75) 0	(2.75) 0	(23.0) 0	80
OTHER STDS	(8.0) 22	(3.5) 8	(17.5) 16	(2.5) 2	(3.0) 4	(17.0) 28	(2.75) 0	(2.75) 0	(23.0) 0	80
RTI	(8.0) 8	(3.5) 0	(17.5) 20	(2.5) 0	(3.0) 0	(17.0) 8	(2.75) 8	(2.75) 4	(23.0) 32	80
DIARR- HOEA/ CHOLERA	(8.0) 2	(3.5) 2	(17.5) 6	(2.5) 0	(3.0) 0	(17.0) 0	(2.75) 3	(2.75) 7	(23.0) 60	80
TOTAL	32	14	70	10	12	68	11	11	92	320

$$X^2 = 272.55 \quad df = 24$$

$$\text{Critical value } X^2 = 36.42$$

at 0.05 level of confidence

From Tables II and III above, the calculated values are higher than the tabulated. This shows that the results of X^2 are significant for the two cases – the informed and the uninformed.

Hypothesis 4.

In consideration of AIDS alone, there is no significant difference in opinion between the informed and the uninformed groups.

Table IV
Frequency showing opinion of informed and uninformed persons on
susceptibility of adults, adolescent and children to AIDS

	Adult	Adolescent	Child	Total
Uninformed	(44.44)	(44.44)	(0)	100
Group	48	52	0	
Informed	((44.44)	(44.44)	(0)	80
Group	32	48	0	
Total	80	100	0	180

$X^2 = 5.33$ $df = 2$
 Critical value $X^2 = 5.99$
 At 0.05 level of confidence

From Table IV the calculated value is less than the critical value. This means that the null hypothesis should be upheld. Thus there is no difference in opinion between the informed and the un-informed groups on the susceptibility of adults, adolescents, and children to AIDS.

Discussion:

From the result presented, there is a significant difference among adults adolescents and children in susceptibility to the four tragic diseases in focus. On further investigation, it is seen that adolescents do not fare the same with the other two groups in susceptibility to the four tragic diseases under study. Both informed and uninformed persons are of the same opinion about the phenomena in question. In discussion therefore one can say that it is to be expected that adults, adolescents and children would not fare the same in susceptibility to the four tragic diseases under study because, the mode of contracting these diseases vary. While the adult and the adolescent would contract AIDS and other STDs principally through sexual intercourse, the child may have less to do with this behaviour. Between the adult and the adolescent, the total frequencies also differ.

Table V
Total frequencies of informed and uninformed persons about
AIDS and other STDS.

	AIDS		OTHERS STDS	
	Informed	Uninformed	Informed	Uninformed
Adults	32	48	46	54
Adolescent	48	36	34	46

From the observed frequencies in Table V it can be seen that the adolescent is at more risk of contacting the HIV infection – the root source of AIDS. He is also in as much risk as the adult in contacting other STDs. From Table I, it can be seen that these two groups are at lower risks of contacting RTI, diarrhea and cholera. These are probably because of their specific age grade characteristics and mature health habits. According to Freud as reported by Biehler and Snowman (1976) while the child seeks gratification through the mouth; sucks, eats and puts his toys and other items into the mouth, the adolescent as observed also by Chauhan (1996) derives pleasure from sexual activities. This he carries along to adulthood. There is little wonder then why adults and adolescents are more susceptible to AIDS and other STDs.

The child's susceptibility to diarrhea and cholera arises from the fact that he puts almost everything he finds around into his month and from bad sanitary habits. For RTI, the observed result shows that children are more vulnerable. This is also as a result of their immaturity and limitation in understanding their environment. Mitchell (1980) points out that children are limited in several ways including understanding of their physical environment. When it becomes cold, they can hardly help themselves. Children range between those who cannot dress-up themselves to those who may be able to dress-up themselves but may not know when they need a change in the type of dress they wear. Furthermore, when an adult is treated and he achieves a cure to an ailment he knows but the child may not be able to determine; so much that there are often reoccurrence of infections as a result of un-eradicated previous infections. This fact may account for the child being more susceptible to respiratory track infection than both the adult and the adolescent.

It is also observed that there are high frequencies also recorded for adults as regards the respiratory tract infections (RTI). It could be explained that when the body functioning is diminishing towards old age, there is every likelihood that RTIs may reoccur. But for middle age

adults this may not be the case. The observation just made is however subject to further investigation.

Conclusion

1. There is a difference among the different age grades and their susceptibility to common tragic diseases.
2. There is no difference in opinion between the informed and the uninformed persons in the society about vulnerability to the four tragic diseases.
3. Adolescent and adults are more at risk of contracting AIDS than children.
4. Children are more susceptible to respiratory tract infection, diarrhea and cholera than adolescents and adults.

Recommendations

The need for sex education cannot be over emphasized in the wake of AIDS and other STDS in Nigeria. When the child knows the consequences of indulging in sexual practices, his actions would be better guided.

Adults fidelity to their sex-partners should be emphasized through cultural practices, church sermons, mass media and the like. A culture whereby promiscuity for males is permitted should be frowned at because it encourages the spread of AIDS and other STDs.

Since there are no longer uninformed persons about these tragic diseases, it means that the agencies used so far are effective. Efforts should be intensified through the channels in use to bring about more enlightenment which should include areas of prevention and cure of any of these tragic diseases. When we intensify efforts in disseminating information to the grassroots and put the above stated recommendations into practice, we will have a healthier society where tragic diseases are put under check.

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