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Level of HIV/AIDS Information Consciousness among Secondary School Students in Ekiti State, Nigeria

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Adesoji, Fabunmi Francis **-** Principal Librarian, University Library
University of Ado-Ekiti, Nigeria.
Email Address: fabunmiomolola@yahoo.Com

Abstract
This paper highlights the result of an investigation into the level of information consciousness of the Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome HIV/AIDS among secondary school students in Ado-Ekiti and Ekiti East Local Government Areas of Ekiti State in Nigeria. They respectively represent urban and rural settings in the state. Three research questions and three hypotheses guided the study. 165 copies of the questionnaire were distributed while 150 copies were utilized for the study in both urban and rural areas. Mean scores and standard deviations were used to answer the three research questions while t-test statistic was used for the three hypotheses. The major findings of the study were that secondary school students in both urban and rural areas of Ekiti State. Nigeria did not know all the possible causes, signs and symptoms of HIV/AIDS or the protection against contracting the infections. Based on the above findings, the researcher made some recommendations.

Introduction

Two decades ago, acquired Immuno Deficiency Syndrome (AIDS) was almost completely unknown, especially in Africa. AIDS was actually identified in 1981 (UNAIDS 1998 and 2000) and the Human Immunodeficiency Virus (HIV) which causes it was isolated two years after its identification. Mankind suddenly finds itself confronted with this monstrous disease that apparently has 100 percent fatality rate once serious symptoms develop.

Early reports suggested that HIV/AIDS originated in Central Africa and was then carried to Haiti and from there reached the United States of America. This claim was later discovered to be unreliable as the origin of AIDS is not actually known (Folorunso, 2004).

The virus can live in a person's body for several years without causing any obvious ill-effects. The person may feel perfectly normal, but can transmit the virus to other unsuspecting individuals through sexual activity, blood transmission or by sharing unsterilized instrument with uninfected patient.

The fact that the HIV/AIDS epidemic has reached a stage in Nigeria where it has become a threat to many of the underlying health, social and economic sectors is not in doubt. Education is known to be an important sub-sector within both social and economic sub-sectors. Any threat to this sector will obviously have far-reaching consequences on the general well-being of the society (ESUT Educational research team 2003). Educating young people such as secondary school students about Acquired Immune Deficiency Syndrome (AIDS) is very vital for a number of reasons. Young people as a group are universally regarded as an important target audience for all educational activities aimed at promoting healthy attitude and behaviour, or at changing unhealthy attitudes and behavioural practices thus forestalling their unwanted consequences (World Health Organizational 1995).

This view is based on the assumption that children and young people are naturally flexible beings going through the process of social, emotional and intellectual growth and thus are much more likely to learn and change than adults who have acquired more fixed ideas and habits. The second assumption is that healthy attitudes, behaviour and skills learned at an early age will not only protect young people against socially unacceptable influence but will do so more forcefully and for a much longer period of time than attitude acquired at later stages of their development in life.

The expansion of school systems will require children and young people to spend long hours of the day away from home, and with peers who belong to vastly different cultural backgrounds, has further widened the gap in mutual expectations and preferences between traditional family systems and the growing individuals. Contemporary school systems tend to represent and promote modern attitude, beliefs and life styles, rather than those of parents (who in many cases are illiterates) or of the traditional society who undermine the authority of parents and their ability to control and shape the

behaviour of their offspring. As a result, many families have left the main responsibility of the education and socialization of their children to schools and teachers (Eze and Eze 2004).

However, many of the teachers who are to inculcate the education needed in this regard have no time to do so. Government does not come up with a curriculum on sexuality education necessary for the teachers to use as a guide for the teaching of secondary school students of HIV/AIDS education. It becomes imperative for the students to know the available information about the infection and disease and the preventive measures that can be taken. This is what informs the need to investigate the level of information consciousness of the disease (HIV/AIDS) among secondary school students in Ado-Ekiti and Ekiti East Local Government Areas in Ekiti State, Nigeria.

Statement of the Problem

The HIV/AIDS epidemic poses a significant threat to the students at their teenage years in the country. The Nation January 10, 2010 reported a case of a JSS2 student in Nigeria who contacted HIV at the age of twelve through a medical error. Many children are being orphaned as a result of the HIV/AIDS epidemic which leaves most of them with no other option than to drop out of school. Many formerly productive young adults that constitute the bulk of the nation's workforce have been rendered unproductive by this disease, thereby impacting negatively on the national economy by reducing the level of production of goods and services in the nation (Laida, 2001).

Many affected Nigerians are suffering from physical, psychological and social pains as a result of the disease.

Objective of the Study

i. To investigate the knowledge of HIV/AIDS by secondary school students in Ado and Ekiti East Local Government Areas of Ekiti State.

ii. To determine the students knowledge of the signs and symptoms of the infection.

iii. To find out the level of understanding and awareness of students about the various protective measures that can be taken against HIV/AIDS.

Research Questions

The following research questions were asked:

i. What is the knowledge level of secondary school students of Ado and Ekiti East Local Government Areas on causes of HIV/AIDS infection?

ii. What is the knowledge level of secondary school students of Ado and Ekiti State Local Government Areas about the signs and symptoms of AIDS?

iii. What is the knowledge level of secondary school students of Ado and Ekiti East Local Government Areas about HIV/AIDS protective measures?

Hypotheses

The following hypotheses were postulated for the study and tested at 0.05 level of significance.

i. There is no significant difference between the means responses of the secondary school students in the urban and rural areas of Ekiti State on causes of HIV/AIDS infection.

ii. Significant differences do not exist between the mean responses of the secondary school students of urban and rural areas on the signs and symptoms of Acquired Immune Deficiency Syndrome (AIDS).

iii. There is no significant difference between the mean responses of the students in urban and rural areas of Ekiti State on HIV/AIDS preventive measures.

Literature Review

Olatawura (1999) observed that AIDS is rising at a very high proportion. According to him, over 500 people are dying in Africa as a result of the disease. (Koop 1988) in an earlier submission on AIDS claimed that "No previous disease has been at one so mysterious, so fatal and so resistant to therapy and vaccine development".

Ajala (2000) concluded that secondary school students are aware of the behaviour that can lead to higher risk of HIV infection and the essence of inculcation of behaviours that can eliminate the risk of spreading HIV infection. It confirms that of Cadwell (1993) who concluded that STDs are important risk factors because contracting one of these disease is probably an indication of high risk sexual behaviour.

Ajala (2000) confirmed that there is an increase in the level of understanding throughout the community in general and the secondary school population in particular of the personal and social problems associated with AIDS.

Afolabi (2003) on the other hand, viewed information as a conveyor a change agent, a reinforcement of ideas and opinions.

Information for the purpose of this study could therefore been as all published and unpublished knowledge from a source to meet human needs for decision making and for meaningful existence. Information needs are consequently the desire or want of information to be transferred for use which prompts man to ask questions about happenings in the past things to be done, sources and services available, things that will happen if certain things are done.

Information needs of information users are also said to greatly influence the type of information they look for and how they go about the appropriate information.

Methodology

The major instrument used to collect data for the study was a questionnaire. The questionnaire consists of two sections (A and B) section A solicited for the respondents' background information while section B contains statement on the causes, signs symptoms and preventive measures against HIV/AIDS.

The questionnaire employed a 4 point response scale of strongly agree (SA) agree (A) disagree (D) and strongly disagree (SD) strongly agree attracted 4 points agree had 3 points, disagree 2 points and strongly disagree 1 point.

Ekiti State was created on 1st October, 1996, it was carved out of the old Ondo State with its headquarters located at Ado-Ekiti and covers 16 Local Government Areas. The estimated population on creation was 1.75 million. The recently released 2006 population census by National Population Commission put the population of Ekiti State at 2,384,212. The selected Local Government Areas for the sample was based on urban and rural distinction. Ado-Ekiti Local Government being the headquarters of the state considered as urban was selected while Ekiti East Local Government Areas was selected as the rural area. In Ado, 10 secondary schools were selected, while 10 secondary schools were also selected in Ekiti East Local Government Area.

In all, 165 copies of the questionnaire were distributed in both schools in urban and rural areas. In urban, 110 were distributed out of which hundred copies were returned in rural 55 copies of questionnaire were distributed but only fifty copies were returned representing overall response rate of 91.0%.

Method of Data Analysis

Means and standard deviation were used to answer the three questions. The three hypotheses postulated for the study were tested using t-test statistics at 0.05 level of significance. The deciding rule for the research questions was that any mean that was up to or more than 2.50 was considered to be an agreement while any mean less than 2.50 were considered as a disagreement.

The decision rule for the hypotheses was that when the calculated t-value at 0.05 level of significance and the appropriate degree of freedom was equal or more than the table t-value, the null hypothesis stated was rejected, but when the calculated t-value was less than the table t-value at 0.05 level of significance at the appropriate degree of freedom, the hypothesis of no difference was accepted.

Results

The results for this study are presented in tables 1 – 6.

The presentation of the result of the investigation was purely based on the research questions and hypotheses posed for the study.

Table 1.showed that the students from both urban and rural areas of Ado and Ekiti East Local Government Areas were able to identify some of the causes of HIV/AIDS. However, students from both areas did not agree with items 2, 5, 7 and 8 as the causes of the disease. They agree with all other statements.

Table 2 showed that students in the two Local Government Areas could not identify items 1, 2 and 7 as factual statement on signs and symptoms of HIV/AIDS. However, they were able to acknowledge other items listed in the table as signs and symptoms of the disease. The grand mean score of 2.70 and 2.46 obtained from the students in the urban and rural areas of the state respectively, show that generally students in the urban areas of the state are knowledgeable about the signs and symptoms of HIV/AIDS, while reverse is the case with students in the rural areas of the state.

Table 3 revealed the level of knowledge possessed by students in both areas of the state on HIVAIDS protective measures. Both groups of students in the urban and rural areas of the state were able to identify the various protective

measures that can be used against HIV/AIDS with the exception of item 5. Students from both areas had no knowledge that HIV/AIDS can be transmitted through oral sex. However, on the whole, the mean figure of 2.87 and 2.78 respectively from the students in the two areas of the state show that they are aware of these protective measures.

Table 4 showed that calculated t-value at 0.05 level of significance and 148df was 1.02, while the table value was 1.96. Since 1.02 < 1.96 at 0.05 level of significance and 148df, the null hypothesis stated was therefore accepted.

Table 5 showed that the calculated t-value at 0.05 level of significance and 148df, the null hypothesis was accepted.

Table 6 indicated that the calculated t-value of 0.05 level of significance and 148df was 0.75, while the table t-table at the same level of significance X, (0.05) and 148df was 1.96, the null hypothesis was therefore accepted since t-cal, 0.75 (t-tab 1.96 at 0.05 level of significance and 148df.

Discussion

Analysis of the data collected revealed that the students had adequate knowledge of almost all the causes of HIV/AIDS. However, both the students in the urban and rural areas of the state did not identify oral genital contact as a source of transmission of the disease. This supports the World Health Organization's (WHO, 1995) suggestion that the students should be properly trained on the causes, signs symptoms and preventive measures of AIDS since most of the students (who are expected to teach others) have inadequate or no awareness of all of these issues.

The grand mean scores 2.56 and 2.44 obtained from the urban and rural students' responses respectively on the above matter show that students in the urban areas of the state were more knowledge about the causes of HIV/AIDS than their colleagues in the rural areas of the state who could not identify most of them. However, the difference was not significant.

Results also revealed that secondary school students from both areas in the state knew some of the signs and symptoms of AIDS. However, they did not know that some HIV infected people may have no signs and symptoms of the disease. They also failed to acknowledge the fact that HIV/AIDS patients may not become seriously ill for a long time and that they may develop illnesses such as pneumonia, cancers and others.

The researcher found no significant difference in the urban and rural students' Knowledge of signs and symptoms of HIV/AIDS. The students who participated in this study, both in rural and urban areas of the state, had adequate knowledge of the protective measures that can be employed against HIV/AIDS. This was reflected in their grand mean scores of 2.87 and 2.78 respectively. However, item to item analysis revealed that the entire secondary school students in the state did not know that the human immunodeficiency virus/Acquired immune Deficiency Syndrome (HIV /AIDS) can be transmitted through oral sex.

Conclusion

The researcher investigated level of information consciousness of students in Ado-Ekiti and findings; he concluded that the students did not have adequate knowledge or understanding of the HIV/AIDS infection, nor of its signs, symptoms and protective measures that can be taken against its spread.

Recommendations

Based on the findings, the following recommendations were made:

1. Seminars and workshops should be organized regularly for secondary school students where the facts about HIV/AIDS should be taught.
2. Radio, television and other public media should be used in educating secondary school students and the general public.
3. Trained counselors should be recruited and posted to secondary schools to assist students with information about HIV/AIDS.
4. Sex education and moral studies should be re-introduced into the schools' academic curricula. This would go along way in educating secondary school students about the dangers of HIV/AIDS.
5. Religious organizations should assist in condemning sexual immorally and dangers associated with HIV/AIDS.
6. Campaign teams of Ministry of Health, information experts and government sponsored HIV/AIDS workers should go from school to school to address information needs of secondary school students on HIV/AIDS.

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Table 1

		URBAN (n=100)			**RURAL (n=50)**		
S/N	**Causes of AIDS**	**$\bar{x}$ mean**	**(R) SD**	**DEC**	**$\bar{x}$ mean**	**(R) SD**	**DEC**
1.	Unprotected sexual intercourse with an infected person	3.10	0.45	A	2.67	0.72	A
2.	Oral genital contract with an infected person	2.27	0.83	D	1.80	0.74	D
3.	Blood transfusion with infected blood	2.87	0.86	A	2.75	0.67	A
4.	Sharing of razor or needle with an infected person.	2.54	0.82	A	3.10	.063	A
5.	Touching a person with AIDS	2.49	0.70	D	1.95	0.47	D
6.	Sharing injection needle, syringes and other instruments that pierce the skin e.g. Razor blade.						
7.	Infected mother to baby	2.12	0.64	D	2.32	0.80	D
8.	Sharing a towel with an HIV infected person.	2.34	0.59	D	2.26	0.71	D
	GRAND MEAN	2.56	0.70		2.24	0.68	D

Table 2

		URBAN (n=100)			RURAL (n=50)		
S/N	**Signs and symptoms**	**(x) mean**	**SD**	**DEC**	**(x) mean**	**SD**	**DEC**
1.	May have no signs and symptoms	2.28	0.83	D	2.26	0.77	D
2.	May not have any serious illness for a long time.	2.46	0.67	D	1.89	0.65	D
3.	Loss of weight	3.11	0.82	A	2.65	0.61	A
4.	Head ache	2.95	1.00	A	2.66	0.72	A
5.	Swollen glands	2.90	0.86	A	2.70	0.83	A
6.	Bad cough and sore threat	3.08	0.81	A	3.06	0.61	A
7.	Illnesses like tuberculosis pneumonia and cancers	2.15	0.93	D	2.02	0.81	D
	GRAND MEAN	2.70	0.85		2.46	0.71	D

Table 3

		URBAN (n=100)			RURAL (n=50)		
S/N	**Protective Measures**	**(x) mean**	**SD**	**DEC**	**(x) mean**	**SD**	**DEC**
1.	Don't have sexual intercourse	2.95	1.10	A	2.72	0.85	A
2.	Be affectionate without sex	2.97	0.60	A	2.64	0.71	A
3.	Don't share needle, instruments or other things that might have blood on them.	3.08	0.45	A	2.63	0.60	A
4.	Use a condom if you must have sex.	2.78	0.74	A	3.10	0.62	A
5.	For pleasure, concentrate on oral sex.	2.56	0.82	A	2.79	0.65	A
	GRAND MEAN	2.87	0.73	A	2.78	0.69	A

Table 4

Students	Mean	N	Sd	Df	T-cal	T-table	Decision
Urban	2.56	100	0.70				
Rural	2.44	50	0.68	148	1.02	1.96	Ns

Note: Ns = Not significant, S = Significant, X = 0.05.

Table 5

Students	Mean	N	Sd	Df	T-cal	T-table	Decision
Urban	2.70	100	0.85				
Rural	2.46	50	0.71	148	1.02	1.96	Ns

Table 6

Students	Mean	N	Sd	Df	T-cal	T-table	Decision
Urban	2.87	100	0.73				
Rural	2.78	50	0.68	148	0.75	1.96	Ns