

HIV / AIDS AWARENESS AMONG SECONDARY SCHOOL YOUTHS IN PORT HARCOURT, RIVERS STATE, NIGERIA.

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ABSTRACT

This is a questionnaire survey designed to determine the HIV/AIDS awareness among some secondary school youths in Port Harcourt, Rivers State, Nigeria. The study sample consisted of 650 pupils from six secondary schools. Participants completed a self-administered questionnaire about their personal background, sexual history, awareness of HIV/AIDS and attitude towards HIV/AIDS. The mean age of the students was 15 years. The results indicated that 99% of the pupils examined were aware of HIV/AIDS. Their sources of information were: the news media (35%), school (26%), personal communication (13%) and others (8%). On their modes of transmission and symptoms of AIDS, 77% and 52% respectively, answered correctly. Of those who are presently sexually active, 26% do not use condoms, yet only 6% thought they were at risk of contracting HIV/AIDS. Though only 27% of the participants accepted that their level of awareness had affected their sexual behaviours, it appears that students are now exercising caution in starting new relationship, e.g. 24% will insist on the use of a condom, 21% will be interested in finding out the number of previous partners of an intending partner and 26% will insist on abstinence. It was recorded that 29% will insist on a monogamous relationship. It is frightening, that they are unable to assess, correctly, their level of risk. This puts them at risk of contracting HIV/AIDS. Beyond efforts to spread awareness all interested bodies e.g. Government, teachers, Non Governmental Organizations, media should plan regular programmes to assess the level of success of existing interventions. As the ultimate aim is that pupils are able to develop consistent behaviours that enable them choose safe sexual practices.

KEY WORDS: HIV /AIDS, Awareness, Secondary School, Port-Harcourt.

INTRODUCTION:

The HIV/AIDS pandemic has become the major public health problem of the 20th century. Since the first case of AIDS was diagnosed in 1981, there has been a rapid spread of the disease worldwide with majority of the affected nations being developing countries, in Sub-Saharan Africa (Lewis, 2006). The first patient with AIDS in Nigerian was documented in 1986 (Harding et al, 1999; Federal Ministry of Health, 2001). The adult HIV prevalence increased from 1.8% in 1991 to 4.5% in 1996 and 5.8% in 2001 (Federal Ministry of Health, 2004). The number has since increased each year (UNAIDS, 1998).

Worldwide, adolescents are a group to be concerned about in the rapidly growing HIV/AIDS pandemic. This is because their physical, psychological and social attributes make them particularly vulnerable to HIV and other sexually transmitted diseases (STD's) (Population Reports, 2002). Of the over 60 million people who have been infected with HIV in the past 20 years, about half became infected between 15 and 24 years of age (HIV/AIDS, USAID 2003). Today, nearly 12 million young people are living with HIV/AIDS with over 7,000 more getting infected everyday, which is about five per minute (UNAIDS & WHO, 1998). Sub-Saharan Africa faces the worst prospects, containing almost three quarters of all youths living with HIV/AIDS. In 2001, this number was 8.6 million (UNAIDS & WHO,

2001). This study is designed to examine the level of awareness of HIV/AIDS among some secondary school youths in Port Harcourt, determine their sources of information and determine the effect of awareness on sexual behaviour. The information acquired from this study will act as a measure of the success of existing intervention programmes as well as reveal lapses that should be addressed in our fight against this dreaded disease.

METHODS:

Participants were recruited from six Government-owned secondary schools in Port- Harcourt in October and November 2008. Government schools were chosen because the majority of the youths attended same as they are cheaper therefore more affordable than the private schools. Two of these schools were exclusively for girls, two for boys and two were mixed. The schools were visited with a letter (informing the authorities of our intentions) and a copy of our questionnaire shown to them for their approval. Subsequently, a date was chosen for the administration of the questionnaires. On that day twenty students were randomly selected from each class. These students were all accommodated in one class and a brief lecture was given to them on the project and how to fill the questionnaires. The students were given an opportunity to opt out of the study at this stage. Class one (age range 10 – 11 years), Class two (11 – 12 years), Class

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three (12 – 13 years), Class four (13-14 years), Class five (14-15 years) and Class six (15 – 16 years). All age ranges are averages. A total of six hundred and fifty (650) students were involved in this study, 331 boys and 319 were girls. The questionnaires were distributed by a research assistant. In one school however, the authorities collected the questionnaires and administered them. The students filled the questionnaires and returned them to the research assistant/ school authorities. It was explained to the students that the study was aimed at ascertaining their level of HIV/ AIDS awareness and not aimed at making moral judgment on them. Their identities were required only if student would want an HIV test performed for them in the future.

QUESTIONNAIRE:

The questionnaires contained 38 questions. Section A comprised of background information of the students such as name, age, sex, class and religion. Section B comprised of questions on sexual history such as: are you a virgin, at what age was virginity lost, do you use protection, what type of protection was used, do you presently have a sexual partner, how many, how many sexual partners have you had in total, have you had unprotected sex, have you had any sexual transmitted diseases, have you had sex with or as a commercial sex worker, was it protected?. Section C had questions on HIV/AIDS awareness, such as: have you heard of HIV/AIDS, what was your source of information, what are the symptoms of HIV/AIDS, what period of time can a person carry the virus before developing full blown AIDS, is HIV/AIDS curable, do you

know anyone who had died of HIV/AIDS, what is your relationship to the person, can HIV/AIDS be prevented, if yes, how, based on your awareness of this disease and your sexual history, do you consider yourself at risk of contracting or having contracted his disease. Section D of the questionnaire was related to the respondent's attitudes towards HIV/AIDS. It included such questions as: has the reality of HIV/AIDS affected your sexual behaviour, what is your HIV/AIDS status, if you do not know, would you want to know? If yes, give us your name and contact address, based on your knowledge of HIV/AIDS and it's prevalence in our country, would you use and advise the use of a condom, what would you consider/discuss before starting a new relationship.

RESULTS:

A total of 650 questionnaires were returned. All questions were not answered by all respondents but most of the questions were answered by most of the respondents. The responses in section A showed that 426 of the respondents were in the age range of 11 - 15 years, 220 respondents were 16 – 20 years and 4 pupils were 21 – 30 years old. Three hundred and nineteen (319) of these were females and three hundred and thirty one (331) males. Five hundred and two (502) of these are practicing Christians, one hundred (100) non-practicing Christian, fourteen (14) were practicing Muslims; three (3) non-practicing Muslims and five (5) belonged to other religious groups (Eckankar, Grail Message, Traditional religion). The results are summarized in Table 1.

Table I: Key Questions for Assessing Knowledge, Attitude and Practice

S/N	Questions	Correct/Yes (%)	Wrong/No (%)	Don't Know (%)	Total Number
1	Are you a virgin	74	26		641
2	Did you use protection	34	66		169
3	Have you had STD	6	94		169
4	Have you had sex with a commercial sex worker	9	91		173
5	Was it protected	30	70		9
6	Have you heard about HIV/AIDS	99	1		650
7	Choose the mode of transmission of HIV/STDS	77	23		622
8	Choose the correct symptoms of HIV/AIDS	52	4	44	649
9	Incubation of period of HIV	70	14	16	647
10	Is HIV/AIDS curable	13	87		568
11	Has your awareness affected your sexual behaviour	27	73		648
12	In future will you use/advise the use of condom/protection	60	40		100
13	What would you consider before a new relationship				350
	Abstinence	26			
	Monogamy	29			
	Use of Condom	24			
	Number of previous partners	21			

The questions on the sources of HIV/ AIDS information revealed the following: News Media (35%), School (26%), Home (17%), Personal Communications (13%) and others e.g. Churches, Mosques (8.4%). The results are presented in Figure 1.

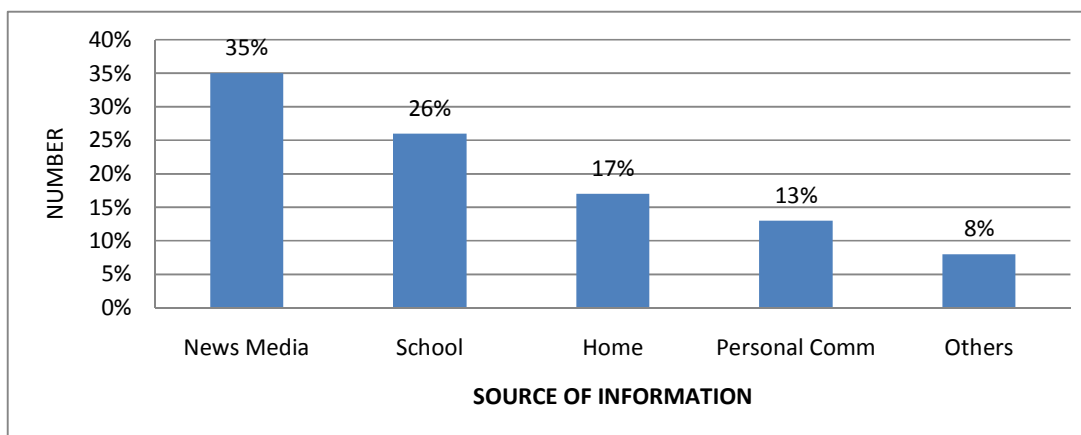


Fig 1: Sources of Information on HIV/ AIDS for the Students.

DISCUSSION

This study was carried out to ascertain the level of awareness of HIV/AIDS among pupils in Port-Harcourt, Rivers State. The respondents were generally aged 11-20 years. This is the usual age range of secondary school pupils in Nigeria. Most of the students showed an inclination to one form of religion or another, majority of them being practicing Christians that is believing and living according to the Christian doctrines. However, the fact that some of the participants are having sexual relationship out of wedlock which does not agree with the Christian code of sexual behaviours. Similarly observations were made among students of Ambrose Ali University Nigeria (Ogbimi & Ajodi, 2003). The section on sexual history revealed that 66% of students who have had sex used little or no protection. Similar observations were reported by other researchers (Harding et al, 1999; Ogbimi and Ajodi, 2003). One factor that could contribute to this is the inability to acquire a condom anonymously in a society where sex before marriage is still frowned upon. The questions on awareness revealed that the pupils were highly aware of HIV/AIDS. However, adequate/ in-depth knowledge was lacking in the area of symptoms and incubation period. For instance 44% of the respondents did not know about the symptoms of HIV/ AIDS while 16% were not knowledgeable on the incubation period of HIV/AIDS; some other students answered the same questions, wrongly. This lack of in-depth knowledge was also observed in other studies (Harding et al, 1999; Ofoegbu, 1997). This possession of superficial information could be because their major source is the news media (35%). The school, family and health personnel's will be better sources of information as they would provide opportunities for discussion and will yield better understanding.

Only a minority of the students perceived themselves as being at risk of contracting this disease. This might be as a result of the reluctance to discuss sexual issues in our society. Some adults still think that sex education encourages sexual experimentation; therefore there are limitations in discussing these issues. In Africa, heterosexual intercourse is the main route of transmission of HIV. It was interesting to observe that more than half of the answers indicated that respondents' sexual behaviour was not affected by their level of HIV/AIDS awareness. However, the realization that some students will use/advise the use of condom, abstain from sex, insist on a monogamous relationship and insist to know the number of previous sexual partners (before negotiating a new relationship), all show that students are being more careful. A major limitation observed in this study was the reluctance of the students to answer all questions on past and present sexual behaviours in spite of assurance of anonymity. In conclusion, sexual choices must be informed and voluntary. To make such choices/decisions, people need reliable and complete information. Students should be taught about the symptoms, incubation period and modes of transmission of HIV. Their answers to these questions showed a lack of in-depth knowledge in this area. Beyond spreading awareness, efforts must be made to assess the level of success of existing interventions, to make sure they are yielding the expected outcomes and where they are not, to change the strategy.

RECOMMENDATIONS

The main objective of awareness programmes are for people to imbibe right sexual cultures from the onset or to change existing habits where necessary. Change however, is difficult. This is very important in the case of AIDS which is an entirely preventable disease but once contracted, can only be managed as there is no cure for HIV/AIDS. In the light of the result of this study, we recommend that sex education should be part of the running curriculum of all levels of the education system, within appropriate cultural contexts. We also recommend that adequate funding should be made available for health programmes, especially HIV/AIDS and teachers as well as health workers should work more closely with the media to develop messages with accurate information.

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