



HIV Risk Practices of Students in South Western Nigeria

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ABSTRACT

This study was designed to investigate the HIV risk practices of students in South Western Nigeria Tertiary Institutions. The descriptive survey design was adopted for the study and a multistage random sampling technique was used to select 450 subjects. The instrument for data collection was a close ended multiple choice questionnaire designed by the researcher and built around the research questions. The reliability was established through test-retest method and a correlation of 0.84 was obtained. The researcher personally administered the instruments and retrieved them immediately after completion, and a 100% retrieval rate was achieved. Data was analyzed using frequency counts; mean of scores; and standard deviation; while analysis of variance was used to test the hypothesis with the alpha level set at 0.05. The findings of this study show that: HIV risk practices of students in South Western Nigeria tertiary institutions are not favourable and nature of institution has no significant influence on HIV risk practices among students in South Western Nigeria tertiary institutions. Based on the findings of this study, it was recommended that: Health education should be intensified at all levels of our educational system so as to sustain and possibly improve on the present health knowledge, the mass media should be used to expose the various HIV risk practices and the implication of such practices on HIV infection so as to bring about positive behavioural change and students should be encouraged to form HIV prevention clubs that will use peer influence to effect behavioural change on campuses.

Key words: HIV risk practices and students.

INTRODUCTION

The first evidence of Acquired Immune Deficiency Syndrome (AIDS) in Nigeria was recorded in 1984 in a 13-year-old sexually active girl, but it was in 1986 that it was reported to health officials (Inem, Bamgbala, Ayankogbe, Roberts, Jakire, & Grange, 2002). Since then, the most severe impact of the disease has been on adults in their sexually active and economically reproductive years. The fact that Nigerians in policy and academia denied the presence of Human Immune-deficiency virus (HIV) infection in the country in the eighties, probably delayed the country from quickly and appropriately reacting to the surging wave of the epidemic as was done in many other African countries. Nevertheless, an official statement was not made about AIDS until 1990 when the then Minister for Health, Prof. Olikoye Ransome Kuti echoed the federal government's concern over the rapidly increasing number of HIV carriers in Nigeria. At that instance WHO (1991) released an estimate of the number of people who have developed full blown AIDS in Nigeria through the *Tell Magazine* of 3rd June, 1991.

Several studies such as Orubuloye, Caldwell and Caldwell (1993) and Omobude-Idiado & Adegboro (2010) have reported high rates of premarital sexual activity among Nigerian adolescents. Although they are usually not fatal, Sexually Transmitted Diseases (STDs)/ Sexually Transmitted Infections (STIs) have been identified as a predisposing factor in the transmission of HIV in Nigeria. Students, most of whom are adolescents are at higher risk of contracting HIV and other STIs/ STDs because of interplay of biological, economic and social factors. As a group, they tend to be uninformed or misinformed about health issues. About half of all HIV infections occur among individuals younger than 25 years worldwide (Arowojolu, Ilesanmi, Roberts & Okunola, 2002). The lower age limit for admission into most Nigerian higher institutions is 16-17 years. This means that majority of undergraduates are in their late teens and early twenties. Most of them live away for the first time from home in school hostels or rented apartments close to their institutions. These arrangements weaken parental control and supervision of student's activities. They are often exposed to influences that encourage casual sexual relationships and have to take personal important decisions that may be adverse about their social and reproductive lives.

Adolescents and young adults to whom students of tertiary institutions in South Western Nigeria belong are the most vulnerable as well as the group that seem most misinformed about HIV/AIDS, yet they take the most risks about sexual activities. This is understandable because they are obeying natural instincts which are at the peak at their stage of development. In Nigeria, moral and religious instructions are virtually absent in most educational institutions and such help to promote moral decadence. Socio-cultural values are lopsided, the society is not concerned with virginity as it is generally believed that adolescents and young adults as students are sexually active. This focus population constitute the force that drives the epidemics

because of the recent trend of dressing in which girls wear clothes that expose sensitive parts of their body, the free access of male visitors to female hostels and rented apartments, increased sexual harassment by male students and male lecturers, quest for money and material things which has brought about increase in prostitution, and the increasing involvement of students in night clubs which make them particularly more vulnerable hence, in spite of the acknowledgement of the fact that HIV infections are slowing down, yet, there is the need to empirically establish the extent of HIV risk practices of this vulnerable group so as to be able to proffer solution to them and plan reform projects. This is the gap in knowledge that this study wants to fill. This study is therefore put in place to empirically establish the HIV risk practices particularly, since the youths are the most vulnerable group in this society.

Research questions

The following research questions were raised to guide the study:

1. How favourable is the HIV risk practices of students in South Western Nigeria tertiary institutions?
2. What is the influence of institutional type on HIV risk practices among students in South Western Nigeria tertiary institutions?

Hypothesis

The following hypothesis was formulated and tested:

1. There is no significant difference among students from the various institutional types in their HIV risk practices.

METHODOLOGY

The descriptive survey design was adopted for the study. The population of the study comprised all the full time undergraduate students of public tertiary institutions in South Western Nigeria as at 2009/2010 academic session. According to records in Students' Affairs offices of the various institutions, and the institutions websites, there are 448,065 students in the 39 public tertiary institutions in South Western Nigeria. It is made up of 12 Universities, 19 Poly/Monotechnics and 8 Colleges of Educations. A sample of 450 respondents was used for the study. The multistage random sampling technique was used in the selection of the sample. The first stage involved the stratified random selection of three public tertiary institutions from each of the Universities, Poly/Monotechnics and Colleges of Education. In the second stage, two faculties/Schools were randomly selected from the selected institutions. The third stage involved the selection of 25 respondents from each of the selected faculties/schools using systematic random sampling technique. A sample frame that was dependent on the population of each

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selected faculty/School, obtained by dividing the population of that Faculty/School by 25 was used. A respondent was randomly picked from the frame and 25 was added to the sample frame to pick subsequent respondents until the desired number of respondents was obtained thus giving every department and every student equal, calculable (non zero) chances of been chosen. The instrument for data collection was a close ended multiple choice questionnaire designed by the researcher and built around the research questions. True or False responses was required for some items in the questionnaire while agreed, undecided and disagree options were required for some other items in the questionnaire. Scoring was done by ascribing the value of 2 to true option when it is positive while a false option has a value of 1 when it is negative and vice versa. Similarly, agree, undecided and disagree have the values of 3, 2 and 1 respectively when the response is positive and the values are reversed when the response is negative. Three experts in Health Education and Evaluation critically scrutinized the instrument to ascertain its face and content validity. The reliability of the instrument was established using the test- retest method and a correlation of 0.84 was obtained. This, the researchers considered suitable for the study. The data was analyzed using frequency counts; mean of scores; standard deviation; and analysis of variance was used to test the hypotheses with the alpha level at 0.05.

RESULTS

Research question 1: How favourable is the HIV risk practices of students in South Western Nigeria tertiary institutions?

Table 1: Average scores of respondents on HIV risk practices.

	Mean	Std. deviation	N
HIV risk practices	19.6050	4.95451	443

Table 1 revealed that the mean score of 19.6050 is below average with the maximum score of 36 hence, it could be said that the HIV risk practices of students in South Western Nigeria tertiary institutions are not favourable.

Research question 2: What is the influence of institutional type on HIV risk practices among students in South Western Nigeria tertiary institutions?

Table 2: Mean score of respondents’ on HIV risk practices based on nature of institution.

Institution type	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
University	20.070	.799	18.499	21.641
Polytechnic	20.119	.819	18.509	21.729
College of Education	19.514	.794	17.952	21.075

Table 2 revealed that when nature of institution was subjected to descriptive statistics, University has a mean score of 20.070 and a standard error of 0.799, polytechnic has a mean score of 20.119 and a standard error of 0.819, while College of Education has a mean score of 19.514 and a standard error of 0.794. These scores are so close to each other. The lower bound and the upper bounds of the institutions revealed 18.499, 18.509, and 17.952 for lower bound and 21.641, 21.729, and 21.075 for upper bound respectively. This is interpreted to mean that the scores of the various institution types are very close to each other hence, it does not seem to have tangible influence on HIV risk practices among students in South Western Nigeria tertiary institutions.

Hypothesis 1: There is no significant difference among students from the various institutional types in their HIV risk practices.

Table 3: Analysis of variance of the influence of nature of institution on the criterion.

	Sum of Squares	Df	Mean Square	F	Sig.
Contrast	8.573	2	4.287	.177	.838
Error	9737.277	401	24.282		

The F tests the effect of Nature of institution. This test is based on the linearly independent pair wise comparisons among the estimated marginal means. Table 3 revealed the F value of 0.177 which is not significant ($0.838 > 0.05$) at the 0.05 alpha level and 2 degree of freedom. Therefore the null hypothesis is retained meaning that nature of institution has no significant influence on HIV risk practices among students in South Western Nigeria tertiary institutions.

DISCUSSION

This discussion of results is done according to the research questions as follows:

Research question 1: How favourable is the HIV risk practices of students in South Western Nigeria tertiary institutions?

Table 1 revealed that the mean score of 19.6050 is below average with the maximum score of 36 hence, it could be said that the HIV risk practices of students in South Western Nigeria tertiary institutions are not favourable. This agrees with Omobude-Idiado and Adegboro (2010) who found out that female students of Ondo State College of Health Technology Akure are indulging in HIV risk practices.

Research question 2: What is the influence of institutional type on HIV risk practices among students in South Western Nigeria tertiary institutions?

Table 2 revealed that when nature of institution was subjected to descriptive statistics, University has a mean score of 20.070 and a standard error of 0.799, Polytechnic has a mean score of 20.119 and a standard error of 0.819, while College of Education has a mean score of 19.514 and a standard error of 0.794. This is interpreted to mean that the scores of the various institution types are very close to each other hence it does not seem to have tangible influence on HIV risk practices among students in South Western Nigeria tertiary institutions. When subjected to analysis of variance, table 3 revealed that nature of institution has an F value of 0.177 which is not significant ($0.838 > 0.05$) at the 0.05 alpha level, $df = 2/401$. Therefore the null hypothesis is retained meaning that nature of institution has no significant influence on HIV risk practices among students in South Western Nigeria tertiary institutions. This agrees with the position of Adrian, (1992) who stated that it is now clear that it is not membership of a group that increases risk but behaviour.

CONCLUSIONS

Based on the findings, the following conclusions were deduced:

1. HIV risk practices of students in South Western Nigeria tertiary institutions are not favourable.
2. Nature of institution has no significant influence on HIV risk practices among students in South Western Nigeria tertiary institutions.

Implications for Health Education

The findings of this study have the following implications for health education:

1. The unfavourable involvement of students in HIV risk practices is a dangerous trend in view of the need to control the spread of the disease thus calling for urgent health education to stop it.
2. Health Education should be made compulsory in both Primary and secondary schools and it should be made a GST course for all tertiary institution students in the country as this will help boost the health knowledge of the coming generation and assist them to take informed positive health decisions.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made:

1. Health education should be intensified at all levels of our educational system so as to sustain and possibly improve on the present health knowledge.
2. The mass media should be used to expose the various HIV risk practices and the implication of such practices on HIV infection so as to bring about positive behavioural change.
3. Students should be encouraged to form HIV prevention clubs that will use peer influence to effect behavioural change on campuses.

REFERENCES

- Adrian Moss (1992). *HIV and AIDS Management by the Primary Care Team*. Oxford University Press 17: 20.
- Arowojolu A.O, Ilesanmi A.O, Roberts A.O, & Okunola M.A. (2002). Sexuality, Contraceptive choice and AIDS Awareness among Nigerian undergraduates. *African Journal of reproductive Health* 6 (2): 60-70.
- Gordon G, & Mwale V. (2006). Preventing HIV with young people: A case study from Zambia. *Reproductive Health Matters* 14 (28): 68- 79.
- Inem V.A, Bamgbala O.A, Ayankogbe O.O, Roberts A. Jakre A, & Grange A. (2002). Reproductive health issues arising from HIV seroprevalence study in a voluntary counselling and testing programme in a Nigerian refugee camp. *Nigeria Medical Practitioner*. 42 (3/6).
- Omobude-Idiado S.N. and J.S. Adegboro (2010). HIV Risk Practices Among Female Students of Ondo State College of Health Technology Akure. *African Journal of Studies in Education*. 6&7, (1&2) 276-285.

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Orubuloye I.O, P. Caldwell and J. C. Caldwell (1993). The role of high-risk occupation in the spread of AIDS: Truck drivers and itinerant market women in Nigeria. *International Family Planning Perspectives* 2 (19): 43- 48.

WHO (1991). HIV/AIDS in Nigeria. *Tell magazine* 3rd June.