

HIV/AIDS PERCEPTION AND SEXUAL BEHAVIOUR AMONG NIGERIAN UNIVERSITY STUDENTS

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ABSTRACT

Objective: To evaluate the knowledge and perception of undergraduate students of the University of Nigeria with regards to HIV/AIDS and determine their sexual behaviour.

Materials and Methods: This was a cross sectional descriptive study. Pre-tested structured questionnaires were administered to the students to collect relevant information on their sociodemographic characteristics, HIV/AIDS awareness, sexual behaviour, willingness to screen and disposition to people living with HIV/AIDS (PLWHA).

Results: Five hundred and seventy nine students between 16 to 40 years of age responded, out of 600. Majority (55%) heard about HIV/AIDS through the media. Seventy two percent believed viruses cause HIV/AIDS but 27% thought it was God's anger or witches. Forty four percent were (genitally) sexually active or engaging in pre/extramarital sexual intercourse and only two-thirds of these used condoms for these purposes. Ninety one percent of those not using condoms simply did not like it or admitted it was unavailable. More than 70% had never had a HIV screening test, mostly due to reluctance or fear. Ninety two percent would lovingly care for a HIV/AIDS patient.

Conclusion: Information on HIV/AIDS and sexual behaviour to this vulnerable and most economically important group is still inadequate, as reflective of the society. Appropriate information, education and communication strategies must be packaged towards these students, with efforts made to reinforce their positive trends.

Key Word: HIV/AIDS, Perception, Sexual Behaviour, Nigerian University Students. (Accepted 25 June 2006)

INTRODUCTION

Since its first appearance in 1980 in San Francisco, USA¹, HIV/AIDS has consisted one of the most difficult challenges for the health care professions². It has been declared the worst disaster to befall mankind in recorded human history. It has set back life expectancy to levels previously seen 50 or more years ago, and destabilizes the social fabric of communities and nations³.

It is estimated that over 42 million people are infected with the virus and 21 million have died from the disease worldwide, 3.1 million of these in 2002 alone^{4,5}. Worldwide incidence and mortality continue to increase: every day there are more than 16,000 new cases, with 12,000 of these occurring in people aged 15-49 years; 50% of these in people aged 15-24 years⁵⁻⁹. UNAIDS estimates there will be 45 million new infections by 2010 if the global response does not improve.¹⁰ In Nigeria the pandemic has reached the point

where it is estimated that one person dies of AIDS every two minutes (that is 800 Nigerians per day).¹¹ By the turn of this century, a total of about 6 million people were estimated to have been infected with the HIV/AIDS, since the first case was reported in the country in 1986.^{12,13} By the end of 2002, 2.4 million people were estimated to have died of the disease since the start of the epidemic. Currently, more than 3 million people are reported to be living with HIV/AIDS, with a prevalence rate of about 5.0% in the country. The graph of prevalence had steadily and phenomenally risen from 1.8% in 1991, 3.8% (1993), 4.5% (1995), to 5.4% (1999), 5.8% (2001), and 5% in (2003).^{4,5,7}

The predominant age group affected, from several studies conducted in the country, is the most productive period of 20-40 years with consequential reduction in the workforce and loss of productivity.¹⁴⁻¹⁷ Studies have recorded as high as 67% or more of all the HIV-related admissions being accounted for by the 21-40 years age group, with estimated 4.5 years decrease in life expectancy purely due to HIV/AIDS.^{11,15-17}

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Comparable studies on youths in Sub-Saharan Africa have discovered that: they are engaging in pre/extramarital sexual activities at an early age and are not using condoms consistently.¹⁸⁻²¹ Furthermore, data on adolescent and youth sexual behaviour were limited by methodological factors such as small samples that were not representative of their study populations.^{22,23}

It is in the light of the foregoing profound socio-economic and demographic impacts of HIV infection on young adults, as well as the fact that data on sexual behaviour of youths is of critical importance in formulating appropriate responses to the AIDS epidemic that the authors decided to carry out this study. This study was thus designed to evaluate the knowledge and perception of undergraduate students in the Enugu Campus of the University of Nigeria with regards to HIV/AIDS, as well as to determine their sexual behaviour, with a view to suggesting areas of emphasis in the development of intervention strategies for them.

MATERIALS AND METHODS

The study was carried out at the University of Nigeria Enugu Campus. The study population was drawn from all the seven students' hostels in the campus with undergraduate student population of four thousand, eight hundred and eight. The sample size was determined using the standard formula $n = \frac{p}{p}$. The p was determined from a previous study and was 97%.²⁴

The calculated sample size was 24 but a study population of six hundred was chosen for better representation. After determining the sample size, this was proportionately spread across the seven hostels depending on the number of students in each hostel. The room numbers were used as the sampling frame and the selected rooms were visited. In each room visited the first student who was seen and who consented to the study had the questionnaire administered to him/her.

Pretested structured questionnaires were the instrument for data collection. Informed consent was obtained from each student before administering the questionnaire and confidentiality assured by non-inclusion of self-identifying characteristics. Seven undergraduate students specially trained for the survey assisted in the data collection. The questionnaire had four sections which addressed their sociodemographic characteristics, the knowledge and perceptions of the students on HIV/AIDS as well as their sexual behaviour. Other information obtained included the willingness of the students to undergo HIV/Screening and their attitude to people living with HIV/AIDS (PLWHA). Data

analysis was done using SPSS version 11.0 computer programme.²⁵ Appropriate descriptive statistics were also employed on data analysis.

RESULTS

There were 579 respondents out of the 600 served, giving a response rate of 96.5%. Of these respondents, 283 (48.9%) were male students and 296 (51.1%) females, giving a male:female ratio of 0.96:1. Their ages ranged from 16 to 40 years, with a mean age of 22.2 years (SD \pm 3.1).

Five hundred and fifty one (95.2%) of the respondents were single and 28 (4.8%) were married. While 569 (98.3%) of the students claimed to be Christians, 8 (1.4%) Moslems and 2 (0.3%) traditional religionists. Five hundred and forty three (93.8%) of the students had heard of HIV/AIDS. Their sources of information on the subject are shown in **Table 1**. Electronic media was the commonest source of information.

Five hundred and sixty five (97.5%) of the respondents claimed to know that HIV/AIDS existed in Nigeria, while 14 (2.5%) did not agree. Adequate knowledge of the cause of HIV/AIDS and its mode of transmission was exhibited by 516 (89.1%) and 436 (75.3%) of the students respectively. The modes of transmission included; unprotected sexual intercourse, blood transfusion, taking injections with unsterilized needles and from infected mother to child. Only 71.6% (416) of the respondents believed HIV/AIDS to be caused by a virus. One hundred and fifty five (26.7%) thought it was caused by the anger of God, 6 (1%) by poisoning and 2 (0.7%) by witches. Five hundred and fifty nine (96.5%) of the student population believed HIV/AIDS had no cure. While 93.4% (541) of them believed they could contract it or be at risk of doing so, 38 (6.6%) of them claimed they could never contract it even if they engaged in risky sexual behaviour. Sexual activity was admitted by 257 (44.4%) of the students, and their usual sexual partners are shown in **Table II**.

Table II also shows the frequency of coitus amongst the (genitally) sexually active students, with the highest frequency being once a month. Condom use amongst students during sexual intercourse was positive in 168 (65.4%) of those sexually active in every outing while 89 (34.8%) of them never used condoms. The reasons for non-use of condoms are as described in this **Table II**, with dislike for condoms predominating. Only 160 (27.6%) of the students studied had done HIV screening test, while 419 (72.4%) admitted they had not. The varying reasons prompting them to go for screening as well as why some have never gone for screening are shown in **Table III**. The reactions of the students in the event of

a positive screening result were varied, and majority claimed they would repent and ask God for forgiveness **Table IV**. Out of the 579 respondents, 402 (69.4%) admitted having seen a HIV/AIDS patient. Their description of such patients is shown in **Table V**. Most gave the descriptions of a terminally ill, wasted individual. Attitude to HIV patients, according to the students, varies from caring and in 530 (91.5%) respondents, to abandoning the patients 7 (1.1%) respondents as also shown in **Table V**.

Table I: Sources of Students' Information

Source	Frequency	Percentage(%)
Electronic Media	318	54.9
Books and Magazines	115	19.9
Health Staff	79	13.6
Family Members	17	2.9
Friends	14	2.5
Not Stated	36	6.2
Total	579	100.0

Table II: Characteristics Of Sexually Active Students

(A) Their Sexual Partners

Partners	Frequency	Percentage
Friends	228	88.7
Casual acquaintances	22	8.6
Lecturers	4	1.7
Rape	3	1.0
Total	257	100

(B) Frequency of coitus

Once monthly	102	39.7
2-3x monthly	67	26.1
More than once a week	25	9.7
No definite pattern	63	24.5
Total	247	100.0

(C) Reasons For Non-Use of Condoms

Do not like using it	49	55.1
Not available at time of coitus	32	36.0
Cannot afford cost	5	5.6
No reason	3	3.3
Total	89	100.0

Table III: Reasons Given By Students for Screening and not screening for HIV

(A) Reasons for undergoing screening

Reason	Frequency	Percentage
Voluntary	102	63.5
Ill Health	23	14.6
Doctor's Recommendation	23	14.6
Friend's Recommendation	12	7.3
Total	160	100

(B) Reasons for Non-Screening

Reluctance/not necessary	175	41.7
Fear of result	99	23.7
Cost of screening	77	18.4
Ignorance of where to do test	68	16.2
Total	419	100

Table IV: Anticipated Response to HIV Positive Result amongst All Students

Response	Frequency	Percentage
Repentance	277	47.8
Seek divine healing	138	23.9
Orthodox medication	104	17.9
Suicide	36	6.3
Pass on the virus to others	17	2.9
Native medication	7	1.2
Total	579	100

Table V: Students Description and Attitude Towards people living with HIV/AIDS(PLWHA)

Description	Frequency	Percentage
Pitiable	323	80.3
Just like any other ill person	41	10.2
Healthy looking	38	9.5
Total	402	100
(B) Attitude of students		
Caring and loving them	530	91.5
Giving them money for treatment	21	3.7
Isolate them	21	3.7
Abandon them	7	1.1
Total	579	100

DISCUSSION

This study showed that the students were between 16 to 40 years the most vulnerable age group for the HIV/AIDS epidemic, with most of them (95%) unmarried. This makes them ideal for the study on awareness parameters and sexual practices, regarding HIV/AIDS. This age group, the most economically productive age group in most countries, has been most implicated in other studies, within and beyond Nigeria, as well as outside Sub-Saharan Africa.^{5,10,14-17,26,27}

The study was revealing on the various sources of students' information on HIV/AIDS. While 94% (543) of the respondents admitted having heard of HIV/AIDS a high awareness rate as many as eleven (2%) claimed ignorance in a university setting! As many as 14 of the students (2.5%) disagreed on the fact of the presence of the disease in the country. Whereas more than 28% (161) believed God's wrath, poison and witches, and not viruses, were the causes of HIV/AIDS in this foremost university, up to 25% (143) of them showed inadequate knowledge of the mode of transmission of the disease.

These findings point to the inadequacy of activities for HIV/AIDS control in the country, in the areas of information, education and communication, especially at such a tertiary academic institution level. This same trend runs through most of the Sub-Saharan African region, which is most endemic for the disease. A worse scenario has been documented down the educational stratum, to the secondary (high school) and primary levels especially with similar confusion and misconceptions about transmission of the disease with answers suggesting that dog bite, mere physical contact with victims could be routes of transmission.²⁸⁻³³

In both advanced and developing countries knowledge of HIV/AIDS is gained from many sources, some of which may be vulnerable to misconception.³⁴ This study corroborates other studies,^{16,23,33} in the fact that the mass (electronic) media account for the most common source of information on HIV/AIDS 56% in the study. This lends credence to the pervading influence of the media with the great flow of information network globally.²³ A sore point, borne out by the study, with regards to sources of information is the fact that family members accounted for only 3% of all the sources. This fact is critical to awareness and intervention measures that influence the sexual behaviour of adolescents and young adults across all cultures. An earlier study in the country has revealed that parents are not active sex and sexuality educators for their children.³³

A similar study in Ghana in the same Sub-Saharan

African region revealed an association between family communication about HIV/AIDS and sexual practice.³⁵ A previous Nigerian study revealed that youths preferred their parents as sex educators.³⁶ Of comparative relevance, majority of the US studies have reported that adolescents who discussed sexual issues, including HIV/AIDS, with parents, were less likely than those who did not, to engage in risky sexual behaviours.^{37,38}

This study also showed more than 40% of the students admitted being engaged in sexual activities, as frequently as monthly or more. Quite significantly, as many as 35% of these sexually active respondents (89), never used condoms, for varied reasons. This finding confirms those of other studies: that many of the sexually active students do not use condoms;^{8,23,35} that as a group they present a recognizable concern in the HIV/AIDS pandemic, both because of their proclivity to unprotected sexual activity and their propensity to have multiple sexual partners.³⁹⁻⁴¹

At present, since there is no cure for HIV/AIDS, most activities are aimed at reducing HIV transmission.⁴² Apart from abstinence, the next most effective preventive mode against HIV/AIDS is usage of condoms in coital encounters. Thus the proportion of these sexually experienced students who are not using condoms at sexual intercourse suggests that current educational efforts and strategies are inadequate.³⁵

The study shows quite glaringly that the struggle against HIV/AIDS especially with regards to IEC efforts on the most vulnerable group that students represent, still needs great refocusing in strategy. More than 70% of the students in the study did not know their HIV status, for reasons that challenge all the efforts at fighting the AIDS scourge: 41% felt it was not necessary while 24% feared the outcome of the screening test. Assumably, the behavioural choices and preferences of these youths and students depend on prevailing social influences. These influences include the increase in social liberty, massive urbanization and global information super highway. The need for strategic, concerted and refocused efforts to package appropriate information, education and communication methods on causes and modes of transmission of HIV/AIDS, the lethal danger of risky sexual behaviour as well as the overwhelming benefits of knowing one's HIV status have been clearly demonstrated. Interestingly, 60% of the 160 students had undergone the screening test voluntarily. Relatedly too, 56% (322) of the students had abstained from sexual encounters. Health promotion efforts should be made to reinforce these positive attitudinal/behavioural characteristics of the student target group, as noted in this study. This study also affirms that more than 90% of the respondents

would give the appropriate love and care that people living with HIV/AIDS (PLWHA) greatly need. In the same vein, however, is the need for attitudinal rechanneling to the significant remaining 49 respondents who opted to just give money only, isolate or abandon HIV/AIDS patients.

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