Nigerian Journal of Clinical Practice
June 2006 Vol 9 (1) 11-13

KNOWLEDGE AND ATTITUDE OF YOUTH (AGES 15-25 YEARS) TO HIV/AIDS AND TO ROUTINE HIV SCREENING

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ABSTRACT

Background: AIDS is still an incurable disease and is very costly to control. Since the first case of Acquired Immune Deficiency Syndrome (AIDS) in Nigeria was reported in 1986, the human immune deficiency virus (HIV) infection has attained epidemic proportion. In an effort to control this rapid spread, certain preventive measures have been developed. In spite of these and the campaigns to control it, the knowledge and attitudes of youths towards HIV/AIDS leaves much to be desired.

Objective: To determine knowledge and attitude of youths (15 – 25 years) of HIV/AIDS and to Routine HIV Screening.

Study Design: The study was cross-sectional.

Setting: The study was carried out at the University of Benin Teaching Hospital, Benin City, Nigeria, between January and December 2003.

Results: Five thousand three hundred and twenty

Study Population: The knowledge and attitude of youths (15 – 25 years) of HIV/AIDS and to routine HIV screening was assessed, using anonymous questionnaires, among 9500 respondents, 4950 males and 4550 females. 5750 respondents were from the University of Benin with a population of 20,000 students while 3750 were from some of the Secondary Schools (post primary Schools) randomly selected in Benin City, Nigeria. The University of Benin Teaching Hospital where the work was done is adjacent to the University of Benin. The Secondary Schools selected where the work was done were within a radius of 20 kilometers of the Teaching Hospital and were 5 in numbers with average of 750 students selected per school.
Subjects (56%) indicated that they have heard about HIV/AIDS, 4180 (44%) had no knowledge of HIV/AIDS at all. 2240 of 5320 (42.1%) had some knowledge; 1593 (29.9%) had adequate knowledge and only 1487 (28.0%) had sufficient knowledge. 6365 (67%) did not believe it exists and as a result they are not bothered by it. 825 of the 3750 secondary school students had multiple sexual partners. Majority had single partners for those who had at all. While among the University students 2990 (52%) had multiple sexual partners, while others had between one and two sexual partners. Only 36210 (38%) believe it is real and a killer disease frightened about it and are already changing their sexual behaviours; 1900 (20%) believe it is a western propaganda to enslave the developing world. Three thousand nine hundred and ninety respondents (42%) would agree to routine HIV screening and 5510 (58%) would not agree to routine screening. The reasons adduced for rejecting routine HIV screening included psychological trauma, not necessarily high cost of and lack of anti-retroviral drugs, infringement on fundamental human rights, fear of living with positive screening, stigmatization and victimization at place of work if positive.

Conclusion: Intensive massive awareness campaign through Radio, Televisions jingles and education about HIV/AIDS of the population is recommended to alter their current negative attitude to routine HIV testing and increase their knowledge about HIV/AIDS and perhaps help to change their sexual behaviours.

Key words: Youths, HIV/AIDS, Routine HIV Screening

INTRODUCTION

The spread of HIV/AIDS and infection rates is increasingly becoming a burden especially in the developing world. AIDS is still an incurable disease and is very costly to control. Since the first case of Acquired Immune Deficiency Syndrome (AIDS) in Nigeria was reported in 1986, the human immune deficiency virus (HIV) infection has attained epidemic proportion.[1] From that time the number of people living with HIV or AIDS (PLWAS) steadily

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increased and the epidemic moved into a generalized state with an increase of seroprevalence from 1.8% in 1991 to 5.8% in 2001. This meant that Nigeria had 3.5 million infected persons, the third highest in the world.[2]

Conservative estimates put the number of people in the world living with HIV at 40 million, 23.3 million in sub-saharan Africa[3] New infections with HIV are occurring at the rate of almost 16,000 every day and 6 million every year and majority of these infections occur in people under age 25.[4] 2,500,000 children are living with HIV (i.e. 6.25%) of the total global burden; 700,000 new infections each year (14% of total burden); 1900 infection per day and 500,000 deaths per year (16.7% of the total burden[5].After so many years of costly denial by the government and populace, the Nigerian government is finally doing something about the situation[4]. Interventions put in place by the Federal Government include the Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS Initiative, Antiretroviral (ARV) drug therapy initiative, Paediatric Anti-retroviral Treatment to mention a few

Despite the various campaigns and the preventive measures put in place, it appears that not much is being achieved. Youths' life style, especially sexual behaviours have not changed. This study therefore set out to examine the knowledge and attitude of youths (15 – 25 years) of HIV/AIDS and to routine HIV screening.

SUBJECTS AND METHODS:

Nine thousand five hundred youths from the University of Benin and some post Primary Schools (Secondary Schools) in Benin City were surveyed using a structured Questionnaire. 5750 were from the University and 3750 from Secondary Schools. Some secondary school students especially from the Senior Secondary School level were recruited into the study because quite a large number of them are sexually active and their behaviour or lifestyle influenced by their peers who were more exposed. The sample size was calculated using $Pxq/(SE)^2$ where P = prevalence, q = 100-p and SE = sampling error tolerated. The prevalence rate of 50% was used since there was no previous available study. A sampling error of 5% was used.

The questionnaires were distributed to 12,600 teenagers out of which only 9500 completed and returned their questionnaires, during the period of study. No names were recorded to ensure confindentiality. The questionnaire sought such data as subject's age, sex, school, class, course for those in the University, knowledge of HIV/AIDS, sexual history, menstrual history for females, relationship, seen a patient with HIV/AIDS. Counselling, routine HIV screening; if HIV testing has been done, reasons for testing and rejecting routine HIV screening. The result was analysed by simple descriptional method. A copy of the questionnaire is attached.

RESULTS:

A total of 9500 respondents comprising of 4950 (52.1%) males and 4550 (47.9%) females were studied. The male – female ratio was 1.08:1. Their age ranged from 15 – 25 years. 5320 (56%) indicated that they have heard about HIV/AIDS; 4180 (44%) had no knowledge of HIV/AIDS at all at the time of study. 2240 of 5320 (42.1%) who had knowledge had some knowledge; 1593 (29.9%) had adequate knowledge and only 1487 (28.0%) had sufficient knowledge. 8740 (92%) of the respondents were already sexually active at the time of the study both for the secondary school and University students. 825 of the 3750 (22%) secondary school students had multiple sexual partners while majority had single partners and others had none.

However, among the University students, 2990 (52%) had multiple sexual partners while others had between one and two sexual partners.

Only 3610 (38%) believe it is real and a killer disease frightened about it and are already changing their sexual behaviours. 1900 (20%) believe it is a western propaganda to enslave the developing world. Some respondents 6365 (67%) do not even believe that the HIV exists. Three thousand, nine hundred and ninety respondents (42%) would agree to routine HIV screening and 5510 (58%) would not agree to routine HIV/AIDS screening. Reasons adduced for rejecting routine HIV/AIDS screening included psychological trauma, infringement on fundamental human rights, fear of living with positive screening, stigmatization and victimization at place of work if positive, other reasons include that it is not necessary, only for sex workers (Table 1)

Prevalence of HIV Screening

Out of the 5320 respondents who have heard about HIV/AIDS, only 853 (16.0%) had been screened for HIV. The screening was done for blood donation in 458 (53.7%) and 65 (1.6%) for anxiety with illness. Among the subjects who have not heard about HIV/AIDS before, 4180 (44%) only 962 (23.0%) indicated willingness to be screened for HIV in future.

Table 1: **Reasons for Rejecting Routine HIV Screening for those who have heard about it ((5320)**

REASONS	(%)
Fear of being positive	2820 (53%)
Psychological trauma	702 (32%)
Not Necessary	370 (7.0%)
Infringement on human rights	53 (1.0%)
Victimization at work	79 (1.5%)
For only sex workers	80 (1.5%)
Stigmatization	216 (4.0%)

DISCUSSION

The percentage of youths who had no knowledge of HIV/AIDS at all is high (44%) in spite of the increased prevalence of HIV infection currently reported in Nigeria.[1,6] These segments of the population who are sexually active and have multiple sexual partners are likely to increase the rapid spread of HIV/AIDS. This is all the more serious since a large proportion of them do not even believe that the disease exists. Hence they are unlikely to change the pattern of their sexual behaviour. It is no wonder then that in the last couple of years, the prevalence of HIV infection has been on the increase.[5,7] The lack of knowledge demonstrated by many of the youths about HIV/AIDS has put to question the success of the various campaigns and sensitization measures carried out by the government of the country, other agencies and non-governmental organizations (NGOs) What is even more worrisome is the life style of the youths. This may actually help in increasing the spread of the infections. The unwillingness shown by those youths to go for voluntary routine HIV screening will also make it difficult to detect those who might be positive early in order to start anti-retroviral drugs. It should be noted that these youths will actually form the major work force of the population in the very near future. One can only imagine that if a significant proportion of them become infected, the consequences of this would be rather grave. The study also showed that fear of being positive prevented a lot of them coming for routine screening. Stigmatization and victimization also contributed to the rejection of routine HIV screening. This fear is reinforced when in certain circumstances, students are refused admission or workers not given appointment on the basis of their HIV status. Vigorous campaigns need to be mounted to reduce stigmatization and victimization of HIV positive individuals.

The only way to reduce infection rate and control the spread of HIV/AIDS is to embark on vigorous sensitization. Campaigns about HIV/AIDS emphasizing the benefits of voluntary confidential counseling test (VCCT), early routine HIV screening, making available anti-retroviral drugs at affordable prices for those positive and influencing positive sexual behavours amongst the youths.

Government should also be bold enough to enact laws to remove discrimination, stigmatization and victimization from the polity. We believe with these measures instituted, people will be encouraged to come forward for voluntary routing HIV screening which can lead to early detection and treatment. Health education of the populace is recommended. This may alter the people's negative attitude to routine HIV screening

Lastly, provision of cheap qualitative anti-retroviral drugs for treatment will encourage voluntary HIV screening.

CONCLUSION:

This study showed that many of our youths still have no knowledge of HIV/AIDS. Some do not even believe that the infection exists. Hence they have multiple sexual partners and engage in an unwholesome sexual behaviours. Consequently, they don't believe in routine HIV/AIDS screening and of course are rejecting it for various reasons adduced earlier. The way forward is increased awareness campaigns, sensitization and education of the entire populace including the youths about HIV/AIDS. All the stakeholders should find ways of reducing the stigmatization and victimization associated with HIV/AIDS. All these will perhaps reduce or curtail the spread of HIV/AIDS.

ACKNOWLEDGEMENT

We are grateful to the Principals and students of the Secondary Schools we used and the University students who voluntarily took part in this exercise.

We are also grateful to our Residents who helped with administering the questionnaires. Gratitude also go to Mr. Oyinbo and Mualim M. B. S. Momoh for the type-setting. Lastly, Glory to the Almighty God for giving protection, courage, and spiritual strength to complete the job.

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