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Knowledge and attitude of Babcock University students on risk behaviours of HIV/AIDS

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ABSTRACT

The rate of HIV/AIDS transmission is alarming and Nigerian youth are at risk because of their sexual tendencies. The objective of this study was to identify the level of knowledge and the kind of attitude that 100 level students at Babcock University have towards risk behaviors that promote the transmission of HIV/AIDS and also to identify the differences between these parameters in the male and female 100 level students of the university. It provides data that will be useful to health workers generally, also health care providers for the university, student hall administrators, the university counselors, and administration will find the results from this very useful as they work with and provide education for the students of the university. A descriptive survey design was utilized and a sample size of 206 respondents was drawn from the population using a purposive sampling technique. The research instrument was a self structured questionnaire that had sessions that measured the level of knowledge and kind of attitude towards risk behaviors that promote HIV transmission. Data analysis was by table presentation and a t-test was used to test the hypothesis. The results showed that the respondents have adequate knowledge of risk behaviors that promote HIV/AIDS transmission, with a significant difference in the level of knowledge between male and female respondents. It is recommended that awareness strategies through seminars and workshops be organized by the health care providers.

Keywords: Knowledge, Attitude, Risk Behaviors, HIV/AIDS

INTRODUCTION

In 2007, the Joint United Nations Program on HIV/AIDS, (UNAIDS) and World Health Organization, (WHO) released updated estimates of prevalent and incident HIV infections worldwide. In same year an estimated 33.2 million people were living with HIV, approximately 2.5 million people became infected, and 2.1 million people died. These estimates represent notable downward revisions of estimated global HIV/AIDS prevalence and incidence. The most recent evidence regarding the state of the global HIV epidemic leads to several conclusions: HIV prevention remains one of the world's most important priorities; the HIV epidemic continues to expand and treatment alone will not reverse it, in Sub-Saharan Africa where the HIV burden is heaviest, programs focusing on individual risk behavior are unlikely on their own to achieve the

level of success needed to reverse the epidemic; meaningful reductions in HIV prevention levels, will require major population-wide changes in social norms, with regard to sexual and relationship norms and gender equity; behavior change remains the driving force for national success against HIV (Global HIV prevention working group, 2008).

The latest report by the Global HIV prevention working group (PWG) focuses specifically on behavior change, surveying the evidence for behavioral HIV prevention to identify what is known and not known about generating and sustaining behavior change. The totality of evidence indicates that available HIV prevention strategies have the potential to significantly reduce the rate of new HIV infections in all regions, among diverse populations and at different stages of national epidemic.

Behavioral HIV prevention programs promote accurate individual knowledge and perception of risk and increase individual motivation to avoid risky behavior. Within households, HIV prevention programs aim to decrease the stigma associated with both HIV and sexuality, to promote open discussion about sexuality and drug use, and to influence gender roles and norms. At community level, effective preventive programs seek to increase the value associated with safer behaviors, to support community members to reduce their risk and to reinforce new norms. HIV infection is invariably the result of human behavior; change in behavior has long been understood as essential to curbing the spread of infection.

Hou (2004) conducted a study to understand how behavior risk factors influencing HIV risk perception can play a role for developing effective HIV prevention and education programs and found out that among the college students studied, despite prevalent risky sexual behaviors, the overall perception of HIV infection was low. As such educational messages addressing the number of partners and its relationship with actual risk of HIV infection could be an effective strategy to increase risk perception. Another consideration on the issue of HIV prevention is the factor of perceived vulnerability. Perceived vulnerability encouraged an individual, family, or community to be receptive to prevention programs that promote less risk behaviors. In a study of perceptions of vulnerability to HIV/AIDS among African American college-age males, some researchers came up with suggested factors to consider for inclusion in the development and implementation of effective educational programs and counseling interventions that are race and gender specific and also promote the use of AIDS risk-reduction practices among college-age males. They acknowledged that any effort to prevent the spread of the disease among men in the African American community studied must (a) evaluate existing prevention strategies used with a similar population (b) utilize activities that focus on collaborative cultural experiences (c) utilize activities that enhance communication and accent collaborative participation (d) utilize strategies that focus on acceptance of sexuality (e) include messages which consistently emphasize the potential benefit and gains of community, to mention just a few (Stephens, Watkins, Braithwaite, Taylor, James, and Durojayie, 1997).

Another study on college student's attitude to HIV revealed that over 15 years of study, overall tolerance of HIV and people living with AIDS increased, with

females expressing more tolerant attitude than males. Concerns about HIV being contagious are diminishing and knowledge about HIV increased over time, perceptions about personal susceptibility to HIV remained low. These data is useful to help refine HIV prevention programs for college students and provide an example of useful approach to monitor changes in attitude over time (Bruce and Walker, 2001).

In Nigeria, an estimated 3.1 percent of adults between ages 15-49 are living with HIV and AIDs. Approximately 170,000 people died from AIDS in 2007 alone. With AIDS claiming so many lives, Nigerians' life expectancy has declined significantly. Life expectancy in 2007 is 46 years for women and 47 years for men. Despite positive intentions for tackling the epidemic, in 2006 it was estimated that just 10% of HIV-infected women and men were receiving antiretroviral therapy and only 7% of pregnant women were receiving treatment to reduce the risk of mother-to-child transmission of HIV. In Nigeria HIV is primarily transmitted through heterosexual sex. Blood transfusion accounts for 10% of new HIV infections. Another route is mother-to-child transmission; an estimated 220,000 children are living with HIV, most of who became infected from their mothers. Factors contributing to these methods of spread in Nigeria include lack of sexual health education and information because sex is seen as a private subject, existence of many misconceptions about sex and HIV, stigma and discrimination of the infected person, lack of voluntary and routine HIV testing, poor healthcare system and lack of motivated health care providers. Cultural practices also contribute to the spread of HIV/AIDs in Nigeria. Women account for 58% of all adults aged 15 and above living with HIV. Women traditionally marry young in Nigeria and so lack the knowledge on reproductive health and power to insist upon the use of a condom during sex coupled with the high probability that the husband will be significantly older than the girl and therefore is more likely to have had more sexual partners in the past, so young women are more vulnerable to HIV infection within marriage (AVERT, 2009).

One study from 738 secondary schools in Calabar, Nigeria, where we have young people, showed that the respondents had a fair awareness of HIV with mass media as the highest medium for the information. Input of parents and teachers were less than 40% of the cases studied. 30% of the respondents did not know that HIV existed in Nigeria. Most of them knew the causes and risk behaviors that led to HIV/AIDS transmission and

about 61% of the respondents were unaware that no cure exists for AIDS. This calls for health professionals to help disseminate accurate information with the support of parents, teachers, and youths (Asindi, Iba, and Young, 1992).

Chng, Eke-Huber, Eaddy and Collins (2005) examined HIV knowledge, perceived risk and sexual behaviors of 370 undergraduate in selected universities in southern Nigeria. They found out that female students had a higher overall knowledge on HIV than males, the students had many misconceptions about HIV; its mode of transmission and treatment methods. Some thought antibiotics could cure HIV. Their results also showed that male students engaged in more risky behaviors than female students and were significantly more susceptible by their behavior than female students.

Uwalaka and Matsuo (2002) examined the impact of knowledge, attitude and beliefs about AIDS on sexual behavior change among college students in eastern Nigeria. They found a positive correlation existing between the knowledge of respondents with change of sexual behavior, attitude towards AIDS patients had a positive correlation with beliefs of susceptibility but a negative correlation with change in sexual behavior. This means that those who have liberal attitude towards AIDS patients have higher beliefs that they will not contact AIDS and would show less risky sexual behaviors.

A recent study by Abdulraheem and Fawole (2009) showed that young people in a Nigerian university were significantly sexually active (74%) and having multiple sexual partners (66.4%) only 38.1% used condoms always during sexual intercourse. The study also correlated positive attitude towards condom with consistent use. They further recommended increased effort to be exerted to deal with the identified predisposing factors, in view of the magnitude of high-risk-HIV-related behaviors.

The review above show that Nigerian youths especially college students have a moderate awareness of the existence of HIV, though some in the past did not know of its existence in Nigeria. There was gross display of misconceptions on HIV, its mode of transmission and treatment methods. Perceived susceptibility is a point of concern as it was inconclusive, whereas the studies showed of high risk behaviors being exhibited more by the male students than the female students. This means that preventive measures should involve deliberate and efficient education and enlightenment by health care providers followed by evaluation of the level of knowledge and attitude of youth towards HIV and

risk behaviors. This is because the youths are more involved in sexual activities, with multiple partners and drug use and abuse.

Statement of the Problem

The statistics on HIV/AIDS transmission in Nigeria is alarming, coupled with the fact that adults, adolescents, and children are all at risk in Nigeria given the already established factors that contribute to the spread of the disease. Lack of information, misconceptions, stigma and discrimination, lack of voluntary testing are some of the contributing factors. Sex is the primary route of transmission in Nigeria as it had been established. The bulk of Babcock University students are mainly teenagers, leaving secondary schools with restrictive rules and regulations that bears on their sexual behaviors. These students are probably going to be faced with situations and circumstances that require informed decision on how to lead a sexually-responsible life. How much knowledge do they have on risk behaviors that promote HIV/AIDS transmission and what kind of attitude do they have towards these risk behaviors are the interest of this study.

Objectives of the Study

This study will identify the following:

- a. The level of knowledge of the students of Babcock University on risk behaviors that promotes HIV/AIDS transmission.
- b. The differences between the level of knowledge of male and female students of Babcock University on risk behaviors that promote HIV/AIDS transmission.
- c. The kind of attitude students of Babcock University has towards risk behaviors that promote HIV/AIDS transmission.
- d. The differences between the kind of attitude of male and female students of Babcock University towards risk behaviors that promote HIV/AIDS transmission.

Significance of the Study

This study will identify and compare the level of knowledge and kind of attitude of male and female students of Babcock University have towards risk behaviors that promote HIV/AIDS transmission. The findings of this study might provide useful data for health care providers of the university, teachers at the university, student support personnel at the university, and the university administration, with

which to design appropriate intervention and programs that will promote HIV/AIDS risk behavior reduction among the students, as they spend their life within and outside the university community.

Research Hypotheses

The following hypotheses were tested in this study:

- a) Students of Babcock University have no adequate knowledge on risk behaviors that promote HIV/AIDS transmission.
- b) There is no significant difference in the level of knowledge that promotes HIV/AIDS transmission between male and female students of Babcock University.
- c) Babcock University students have no positive attitude towards risk behaviors that promotes HIV/AIDS transmission.
- d) There is no significant difference in the attitude of male and female students of Babcock University towards risk behaviors that promote HIV/AIDS transmission.

Methodology

A descriptive survey design was used for this study. The population for this study comprises of all 100 level students of Babcock University, totaling 1871 students (Babcock University registry). This study uses purposive sampling technique in taking its sample size from 100 level students of Babcock University. These categories of students are teenagers who are yet to be properly integrated to the university system. They may not be able to make informed decision on matters relating to sexuality. The female students of this group of students are very much vulnerable to love request from the male stallite students that is male students in higher levels. All the four schools of the university were used for the study. Ten percent of the 100 level students of each school added up to make the sample size of the study. This brings the sample size to 206 students. The students were drawn during one of their general education class session to fill out the questionnaires.

Table I

Table for selection of respondents

SCHOOLS	100 level population	10% population of 100 level
School of Science and Technology	593	65
School of Education and Humanity	354	39
School of Management and Social Science	756	83
School of Law and Securities	168	19
Total	1871	206

The instrument for data collection is a self structured questionnaire. The questionnaire has two sections; Section A comprises of the personal data of the respondents while section B contain items that measures the level of knowledge and attitude of the respondents on HIV/AIDS transmission. To ascertain the face and content validity of the instrument, the experts in research evaluation and the senior colleagues in the department where the researchers

work scrutinized the research instrument. To establish the reliability of the instrument, a test-retest technique was used to collect data from 100 level students of Olabisi Onabanjo University Ago-Iwoye. Pearson product movement correlation (r) P P M R was used to establish the reliability of the instrument. Ten (10) 100 level students of Olabisi Onabanjo University were used for the pilot study by giving them the questionnaires to fill and the same

respondents were given another ten (10) questionnaires to fill after a week the reliability coefficient was found to be 0.737. The researchers personally administered the questionnaire to the respondent's immediately after a compulsory faculty course lectures in General Education Develop Studies (GEDS).

Data Analysis and Discussion of Findings

Two hundred and twelve (212) questionnaires were administered, however only 209 were properly filled and good enough for data analysis. Based on the sample size calculation of 10% of the 100 level students of each school which added up to make the sample size of the study, 206 questionnaires were then

analyzed. The items for the knowledge of HIV/AIDS were scored as SA=4, A=3, D=2, and SD=1, where SA is strongly agree, A is agree, D is disagree, and SD is strongly disagree. For each the highest score was 36 (4x9) because the knowledge items were a total of nine items and the least score was 9 (1x9). The attitude items was also scored in the same way as for the knowledge items for positive statements while SA=1, A=2, D=3, and SD=4 for negative statements. The highest score for attitude was 32 (4x8) because the attitude items were a total of eight items and the least score was 8 (1x8). These scores were now used for the analysis.

HO 1

Babcock University students have no adequate knowledge of risk behaviors that promote HIV/AIDS transmission.

Table II: Adequate Knowledge Of HIV/AIDS Transmission

ITEMS	SA	%	A	%	D	%	SD	%
1	129	64.5	55	27.5	12	6.0	4	2.0
2	72	36.0	90	45.0	34	17.0	4	2.0
3	166	83.0	30	15.0	1	0.5	3	1.5
4	99	49.5	86	43.0	13	6.5	2	1.0
5	91	45.5	93	46.5	13	6.5	3	1.5
6	135	67.5	51	25.5	9	4.5	5	2.5
7	143	71.5	34	17.0	12	6.0	11	5.5
8	12	6.0	32	16.0	70	35.0	86	43.0
9	13	6.5	4	2.0	45	22.5	138	69.0

The nine items gives information on adequate knowledge of HIV/AIDS, from the table, items 1-7 have higher percentage for strongly agree SA and agree A when combined. These ranges between 81.0% to 98.0%. Items 8 and 9 have higher percentage for disagree D and strongly disagree SD ranging between 78.0% and 91.5%. This shows that the respondents agreed with items 1 -7 and disagreed

with items 8 and 9. It shows that Babcock University students have adequate knowledge of HIV/AIDS.

HO 2

There is no significant difference in the level of knowledge that promotes HIV/AIDS transmission between male and female students of Babcock University.

Table III

t - test table on level of knowledge of male and female.

Sex	N	-	SD	Std.error mean	T	d f	Sig	
Male	75	18.11	3.061	353	3.129	198	.002	
Female	125	16.82	2.643	.236				

From the above table t- values is 3.129 at 0.05 ($p < 0.05$) with df 198 is significant even though the means of male (18.11) and female (16.82) is close. Hence the value calculated is the hypothesis that says there is no significant difference in the level of knowledge that promotes HIV/AIDS transmission between male and female students of Babcock University is rejected. This implies that there is

significant difference in the level of knowledge that promotes HIV/AIDS transmission between male and female students of Babcock University.

HO 3

Babcock University students have no positive attitude towards risk behavior that promotes HIV/AIDS transmission.

Table IV: The Attitude of Babcock University Students towards HIV/AIDS Transmission

Items	SA		A		SA		D	
10	142	71.0	51	25.5	5	2.5	2	1.0
11	41	20.5	83	41.5	51	25.5	25	12.5
12	14	7.0	37	18.5	51	25.5	98	49.0
13	28	14.0	71	35.5	60	30.0	41	20.5
14	41	20.5	89	44.5	45	22.5	25	12.5
15	4	2.0	26	13.0	45	22.5	125	62.5
16	3	1.5	13	6.5	42	21.0	141	70.5
17	86	43.0	72	36.0	16	8.0	26	13.0

The table above shows that items 10, 11, 14 and 17 have higher percentage of strongly agree SA and agree A when combined. The percentages range from 62% to 96% while items 12, 13, 15 and 16 have higher percentage of strongly disagree SA and disagree D when combined. The percentage ranges from 50.5% - 91.5%. This shows that the respondents' attitude is neither positive nor negative hence the hypothesis could not be accepted.

It shows that the Babcock University students' attitude is neither positive nor negative or one can say their attitude towards risk behaviors that transmit HIV is indifferent.

HO 4

There is no significant difference in the attitude of male and female students of Babcock University towards risk behaviors that promote HIV/AIDS transmission

Table V: t – test table on the attitude of male and female.

Sex	N	Means	SD	Std.	T	Df	sig
				Error means			
Male	75	21.27	2.816	.325	2.721	198	.007
Female	125	20.24	2.434	.218			

From the above table t- values is 2.721 at 0.05 ($p < 0.05$) with df 198 is significant even though the means of male (21.27) and female (20.24) is close. Hence the value calculated is the hypothesis that says there is no significant difference in the level of knowledge that promotes HIV/AIDS transmission between male and female students of Babcock University is rejected. This implies that there is significant difference in the level of knowledge that promotes HIV/AIDS transmission between male and female students of Babcock University.

Discussion of Findings

Hypothesis One: Babcock University students will have no adequate knowledge of risk behaviors that promote HIV/AIDS transmission. This hypothesis was rejected; this implies that they have adequate knowledge of risk behaviors that promote HIV/AIDS transmission. This findings also agreed with Asindi, Iba & Young (1992) who found out in their study that most Secondary School students in Calabar, Nigeria knew the causes and risk behaviors that led to HIV/AIDS transmission. The students' good knowledge of HIV/AIDS risk behaviors of transmission could be ascribed to the good publicity through media in Nigeria and Ogun State in particular.

Hypothesis two: There is no significant difference in the level of knowledge that promotes HIV/AIDS transmission between male and female students of Babcock University. This hypothesis was rejected. This means that there is significant difference in their level of knowledge of male and female students of Babcock University. The difference in the level of knowledge could be as a result of many factions such as students' background, the awareness campaigns strategies employed by the federal, state and local governments and other health related NGOs. Since female seems to be more vulnerable to HIV/AIDS, the difference in the students level of knowledge may

also be due to the fact that female students might be very careful on issues that relate to sexuality and HIV/AIDS. This is corroborated by Chng, Eke-Huber, Eaddy and Collins (2005) who found out that female students had a higher overall knowledge on HIV than males in their study.

Hypothesis three: Babcock University students have no positive attitude towards risk behaviors that promote HIV/AIDS transmission. This hypothesis could not be accepted because the finding shows that the attitude of Babcock University students was neither negative nor positive. This finding did not agree with Bruce and Walker (2001) who reported in their study that female college students express more tolerant attitude than male.

Even though this study reported that the students have adequate knowledge of HIV/AIDS transmission, it seems as if there is no correlation between the knowledge and attitude of the respondents in this study. Therefore the finding of this study did not agree with Uwalaka and Matsuo (2002) who reported that positive correlation exist between knowledge, attitude and beliefs of respondents toward HIV/AIDS transmission risk behavior.

Hypothesis four: there is no significant difference in the attitude of male and female students of Babcock University towards risk behavior that promote HIV/AIDS transmission. This hypothesis was rejected. This study establishes that there is significant difference in the attitude of male and female respondents towards risk behaviors that promote HIV/AIDS transmission. This findings did not agree with Bruce and Walker (2001), Uwalaka and Matsuo (2002) and Chng, Eke-Huber, Eaddy and Collins (2005) who reported that female respondents expressed more tolerant and liberal attitudes than the male respondents and that positive correlation exist between the knowledge, attitude and beliefs of the respondents on HIV/AIDS risk behaviors.

CONCLUSION

This study establishes the following

- a. The respondents have adequate knowledge of risk behaviors that promote HIV/AIDS transmission.
- b. There is significant difference in the level of knowledge between male and female respondents on risk behaviors that promote HIV/AIDS transmission.
- c. The attitude of the respondents on risk behavior that promote HIV/AIDS is neither positive nor negative.
- d. There is significant difference in the attitude between male and female respondents on risk behaviors that promote HIV/AIDS transmission.

RECOMMENDATIONS

The following recommendations are made hence:

- a. Babcock University should intensify more on HIV/AIDS awareness strategies in order to create appropriate awareness on HIV/AIDS risk factors.
- b. The University Counselors in conjunction with the Students' Affairs Unit should frequently organize seminars/lectures and workshops on HIV/AIDS risk transmission.
- c. The University management should make the university environment (campus) conducive for actions (behaviors) that could promote sexual immorality.

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