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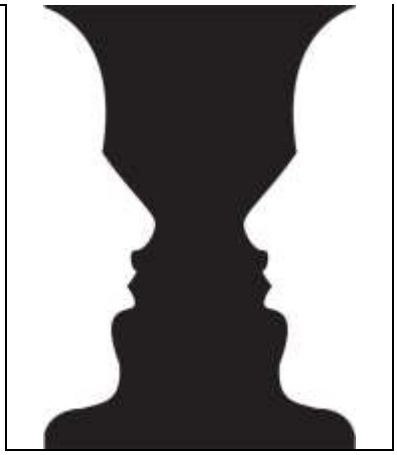

Knowledge and Beliefs about HIV/AIDS among Male and Female Students of Nigerian Universities

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Abstract
HIV/AIDS is one of the biggest problems that has puzzled the medical world, this is because AIDS is life threatening and as of present there is no cure for the disease. The first AIDS case in Nigeria was reported in 1986. Since then, the epidemic has steadily grown. Estimates show the number of people living with HIV/AIDS in Nigeria in 2003 to be between 3.2 and 3.8 million (2003 HIV Sentinel Survey), and the age group 20–24 years having the highest national prevalence (5.6%). The active labour force is greatly affected and this has enormous consequences for the future generation. The present research is aimed at studying the awareness of HIV/AIDS among selected students in tertiary institutions in Nigeria. Specifically, the research investigated the role of traditional and cultural societal norms, on the behavioural patterns of youths in the tertiary institutions. The target population represent the age group in the country which have the highest national prevalence rate. This target group also constitute those that practice risky behaviour, drug addiction and premarital sex, which can increase the chances of the increase of HIV infection. The risk of HIV/AIDS infections among youths in the tertiary Institutions has increased in recent years. The sample consisted of 162 males and 162 females, between the ages of 20 – 24 in 3 Tertiary Institutions. The results of the survey indicate that socio-economic factors, culture and tradition all play a significant role in the differences between female and male perceptions of the HIV/AIDS.

Keywords
HIV/AIDS, youth, gender, tertiary institutions, culture and traditions

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Introduction

The first incident of AIDS was identified in the United States of America in 1981, and since then the epidemic has spread throughout the world, despite the increased biological and epidemiological knowledge about the epidemic. A total number of 36 million people are living with HIV/AIDS worldwide, a staggering 95% are living in developing nations, and off all the regions in the world, Sub-Saharan Africa suffers the most the HIV/AIDS epidemic (UNAIDS, 2008). The first AIDS case in Nigeria was reported in 1986 and since then the epidemic has steadily grown. Estimates show the number of people living with HIV/AIDS in Nigeria in 2003 to be between 3.2 and 3.8 million (2003 HIV sentinel Survey). The HIV prevalence rate has steadily increased from 1.8% in 1991 to 5.8% in 2001 and a slight decline to 4.4% in 2005. Currently Nigeria has a prevalence rate of 5.6% (USAID, 2008). Epidemic estimates according to USAID (2008) reveal that adults in Nigeria aged between 15 – 49 years have a prevalence rate of between 2.3% and 3.8%, while the age group 20–24 years have the highest national prevalence (5.6%). The active labour force is greatly affected and this has enormous consequences for the future generation. As the National Agency for the Control of AIDS (NACA) has predicted that by the year 2015, an estimated number of deaths by AIDS in Nigeria will be up to 8 million. In other to respond effectively to the HIV/AIDS epidemic and understanding of the factors that increase risk and vulnerability to HIV is necessary (Lamptey, et al, 2006). In Nigeria, the group of people most vulnerable to the HIV/AIDS epidemic are women, children/youths and poor people. According to the United Nations Development Fund (2005), in 2002 women constituted 50% of HIV positive people in the world. Today women constitute 57% of HIV positive people, and as the number of HIV infected women increase, so does the number of HIV infected children.

In brief, the modes of HIV transmission occurs through unprotected penetrative sex with someone infected; injection or transfusion of contaminated blood products; donations of semen (artificial insemination); skin grafts or organ transplants taken from an infected person; and sharing of unsterilized injection equipment that has previously been used by someone who is infected. Since AIDS is life threatening and as of present there is no cure for the disease, attention must therefore focus on the only available measure: alteration of those human behaviours essential to transmission of HIV (Becker and Joseph, 1988). Despite the role of Government and Health agencies in the country in bringing about educational campaigns to the general public on HIV/AIDS, the alarming rate of increased HIV prevalence among the youths who engage in high risk behaviours, show that there is a need for an assessment to be conducted to ascertain the existing knowledge, attitudes and sexual practices of youths that fall within the age group of 20 – 24 years. The operational definitions of youth often vary from country to country, depending on the specific socio-cultural and at times political factors, as is the case of the Nigerian society. For the purpose of this paper, the United Nations (UN) definition of youth will be adopted. The UN for statistical purposes defines 'youths' as those persons between the ages of 15 and 24.Also the term 'youths' will be used here to refer to both the male and female students in the Nigerian Universities. This age bracket can be mostly

found in tertiary institutions in the country, and studies have shown that there is a lot of misconception about the knowledge of transmission and prevention of HIV (Okeke and Fortune, 1992). Since statistics have shown that the youths are most at risk of HIV/AIDS, this study investigates the extent of youth knowledge and the risk factors of the epidemic. For this reason, we evaluated the knowledge, beliefs and behavioural practice about HIV/AIDS amongst students in three (N=3) Universities in Rivers State, Nigeria, with an attempt to answer the following questions?

- What are the youth's knowledge and beliefs of the transmission of HIV infection, the risk factors, preventive methods and treatment?
- What are the factors responsible for the high incidence of HIV prevalence amongst youth?
- What specific behavioural imperatives posed by HIV/AIDS have the youths adopted in preventing and further spreading of the epidemic?

Methodology

The methodology of the study consisted of using three (N=3) tertiary institutions in Rivers State, namely: University of Port Harcourt (UNIPORT), Rivers State University of Science and Technology (RSUST), and Bori Polytechnic. Three hundred and twenty four (N=324) undergraduate students from these institutions were sampled, i.e. one hundred and eight (N=108) from each Institution. The sample consisted of 162 males and 162 females, between the ages of 20 – 24 from the three (3) tertiary Institutions. The study used an exploratory and descriptive design. A mixed method approach combining both qualitative and quantitative methods was used. This is due to the sensitive nature of collecting data on HIV/AIDS. The data was collected through Focus Group Discussion (FGD) and questionnaire survey.

Questionnaire and FGD

A survey questionnaire was administered to a purposive selected sample from a few Faculties in each Tertiary Institution. The Heads of Department were asked to select available students from their various departments for the exercise of issuing to them the field questionnaires. The sexes of the respondents were equally distributed, while the ages of the respondents fell between the age brackets of 20-24 years. The survey questionnaire was developed around four topics central to HIV/AIDS and knowledge of HIV/AIDS. The topics centred on types of risky behaviour patterns engaged in by youths in the tertiary institutions; the rate of HIV/AIDS knowledge among the youths in the tertiary institutions; the differential knowledge pattern between male and female students; the differential behavioural pattern between male and female students; and their coping strategies when dealing with the behavioural imperatives imposed by the HIV/AIDS epidemic. The section on HIV/AIDS knowledge was made up of questions regarding knowledge on modes of transmission, preventive measures, and the factors increasing infection risk. The FDG was carried out with a small number of randomly

selected students in each of the three institutions to validate the findings from the questionnaire. The FGD comprised of twelve (12) students in each of the Institutions, making a total number of thirty six (36) students for the FGD.

Research and Analysis

There are various forms of HIV exposure that students may experience which may put them at risk of contracting the HIV infection. These forms of exposure include economic, physical and social exposures. Economic exposure looks at the financial and material needs of the student at any given time. In Nigeria and in other parts of Africa, due to the economic hardship experienced by most people, it is most likely that people in such situations of hardship would engage in risky behaviour or dangerous situations so as to meet their economic needs. Many older men seek out young women and adolescent girls for sexual favours while providing them with school fees, food and highly sought after consumer goods.

Table 1: Forms of HIV exposure experienced by students

Forms of exposure	**UNIPORT**		**RSUST**		**BORI POLY**	
%	M	F	M	F	M	F
Economic exposure	37	38	36	39	36	33
Physical exposure	29	32	26	39	28	40
Social exposure	34	30	38	22	36	27
TOTAL	100%	100%	100%	100%	100%	100%

Source: Field work, 2008

In Table 1, an average of 35% of the female students from the 3 institutions state that they have been exposed economically to HIV. Almost the same percentage of male students experience one economic exposure or the other. Physical exposure includes the experience of violence, coerced sex, intimate partner abuse, rape etc. From the table above, the data shows that both male and female students have experienced some form of physical exposure at some point in their lives, thereby making them susceptible to HIV. The data also shows that the females experienced higher level of physical exposure than the males, as shown where in the University of Port Harcourt, 29% of male student's experienced physical exposure as against 32% of the female students. In the Rivers State University of Science and Technology, 26% of the male students agree that they have been physically exposed to HIV while 39% of the female students agree that they have been raped or had coerced sex in the past. In Bori Polytechnic, 28% of the males state that they have been physically exposed to HIV, while 40% of the females agree that they have been physically exposed to HIV. From the data above, it can be deduced that females are more at risk to violence and other threats, and this limits their ability to protect themselves from HIV/AIDS. They risk violence if they insist on protection. They

may stay in violent relationships because they have nowhere else to go. They may give in to male demands for unprotected sexual relations, even when they know the danger. Rape and sexual abuse make a mockery of the notion of safer sexual relations. (UNIFEM, 2006). Social exposure includes those cultural norms and factors that would facilitate the spread of HIV/AIDS - for example, the practice of Polygyny, a situation whereby one man may have two or more female partners at the same time. Since this practice is very common especially in a patriarchal society like Nigeria, the youths often engage in such behaviour of having multiple sexual partners at a time. This is evident from Table 1 where for example at UNIPORT 34% of the male respondents agree that they engage in such practice, which is even higher than their physical exposure of 29%. From the data above, it can be seen that the female students are involved in the practice, but not as much as the male students.

Table 2: Knowledge and beliefs about HIV/AIDS amongst students

Knowledge and belief about HIV/AIDS	**UNIPORT**		**RSUST**		**BORI POLY**		**Average**
%	M	F	M	F	M	F	
Transmission through unprotected sex with an infected person	85	92	90	93	86	90	89
Transmission through sharing unsterilized equipments	75	80	79	83	85	86	81
Transmission through injection or transfusion of contaminated blood	85	95	89	90	82	95	89
Transmission through physical contact like a handshake with an infected person	25	28	30	36	27	40	31
Do not know/No response	5	7	6	5	5	8	6

Source: Field work, 2008

Table 2 presents answers to the questions concerning knowledge about transmission of HIV. An average of 89% of the respondents from the three institutions was aware of HIV being transmitted through sexual intercourse with an infected person. 81% believed that HIV transmission could be gotten through sharing unsterilized equipments. 89% believe that HIV can be gotten through injection or transfusion of contaminated blood. An alarming fact was also noted that up to 31% believe that they can get HIV through physical contact such as kissing, hugging and giving a handshake to a HIV infected person. While 6% of the respondents did not believe in HIV/AIDS and were unaware about how it could be transmitted. Studies have shown that there is a correlation between level of knowledge and extent to behaviour change. It would seem that the students who are best informed are the most likely to change their behaviour. Despite the high level of knowledge about HIV/AIDS, it can be seen that there still are misconceptions and disbelief about the existence of HIV/AIDS. Similarly Bibikian et al's (2004) study show that

even though students are able to identify some risk factors for HIV infection, there were still many myths reported with regard to the transmission of the virus.

Table 3. Behaviour risk factors amongst students

Behaviour risk factors	UNIPORT		RSUST		BORI POLY	
%	M	F	M	F	M	F
Number of sexual partners	30	30	32	30	35	33
Number of sexual partners of partner	25	20	28	22	28	26
Non-use of condoms and alcohol use	35	40	30	35	29	31
Sharing of unsterilized needles for drug use	5	5	5	3	4	5
Sharing of unsterilized equipment	5	5	5	10	4	5
TOTAL	100	100	100	100	100	100

Source: Field work, 2008

Despite the specific behavioural imperatives posed by AIDS and the more general health enthusiasm for individual behavioural risk reduction, findings from the study which laid more emphasis on sexual behaviour showed that the number of sexual partners and non-use of condoms were amongst the highest risk behaviour factor that students still engaged it, despite their knowledge of HIV/AIDS. A summary of Table 3 shows that non-use of condoms and alcohol was the highest risk factor engaged by student of the 3 tertiary institutions; this was followed by the number of sexual partners and then the number of sexual partners of partners. Based on the analyses it would be correct to state that despite the knowledge of HIV/AIDS, students are willing to have multiple sexual partners, despite their partners having other partners. This is a phenomenon that is pervasive in the Nigerian society, and which may exacerbate the spread of HIV/AIDS. From the table above the use of drugs and unsterilized equipments was lowest on the hierarchy of risky behavioural factors. Findings from the questionnaire, tally with that of the FGD, where it shows that though females have less bargaining power to convince their partners to use condoms, females tend to stop insisting on condom use so as to establish a stronger relationship with a partner. This is a clear case of the culture of submission of females to male domination.

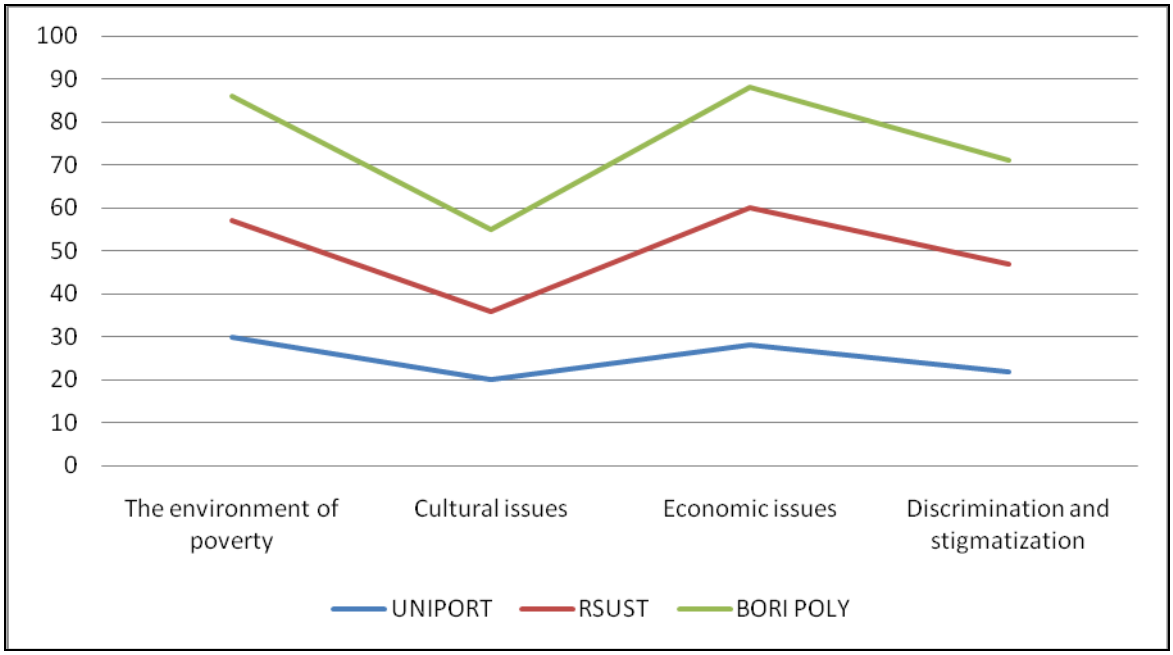

Fig. 2: Socio-economic challenges of HIV/AIDS

There are several socio-economic challenges surrounding the problem of HIV/AIDS, and these challenges make it difficult for there to be behavioural changes which could mitigate against the increase of HIV infection amongst the youths in the tertiary institutions.

Table 4: Socio-economic challenges of HIV/AIDS

%	UNIPORT	RSUST	BORI POLY
The environment of poverty	30	27	29
Cultural issues	20	16	19
Economic issues	28	32	28
Discrimination and stigmatization	22	25	24
	100	100	100

Source: Field work, 2008

From Table 4 above, it was revealed that despite the knowledge and awareness of HIV/AIDS and the consequences of engaging in risky behaviour, the environment of poverty (28.6%) and economic issues (29%) are some of the major factors which would make it difficult for there to be change in habituation of the youths. This is because studies have shown that people would engage in deviant behaviour in other to satisfy their material needs (Iwarimie-jaja, 2005: Onyige, 2004). The feminisation of poverty theory simply states that women are the poorest people in the world, and that a woman would do whatever it takes to put food on the table. In other words, despite the risk

involved with engaging in unprotected sex, a female student would engage in unprotected sex in other to meet her financial and material needs. Furthermore, in other to escape from ones problem, students would engage in use and abuse of drugs, thereby increasing their chances of contracting HIV/AIDS.

Discrimination and stigmatization is an issue that bothers the youths in the Nigerian tertiary institutions. Due to the kind of discrimination a person living with HIV is given, you find out that most youths will not have the courage to go for HIV testing, even when there are youth friendly centres situated in their Universities. Discrimination can be defined as the practice of treating one person or group of people less fairly or less well than other people or groups. Discrimination is a serious psychological problem that affects the totality of a being. Discrimination and stigmatization is one of the greatest problems a person living with HIV encounters in Nigeria, and this is experienced in virtually every facet of human endeavour, such as in the hospital, workplace, accommodation, schools and the home (Ebeniro, 2008). Furthermore, if a student does not know his/her HIV status and does not want to know because of the fear of discrimination and stigmatization, such a person is likely to spread the disease amongst other youths in the University. Table 4 above shows that averages of 24% of the respondents in the tertiary institutions have a fear of discrimination and stigmatization surrounding the HIV/AIDS epidemic. Traditional and cultural issues is another socio-economic challenges of HIV/AIDS which would impact on any program that is put in place to check mate the spread of HIV in the Nigerian tertiary institutions. 18% of the student respondents agree that some of the cultural and traditional practices have a role to play in the way they behave and respond to certain issues in society. Traditions are a set of social practices which seek to celebrate and inculcate certain behavioural "norms and value" implying continuity with a real or imagined past, and usually associated with widely accepted rituals or other forms of symbolic behaviour. The concept of culture can be seen as the totality of learned, socially transmitted customs, knowledge, material objectives and behaviour. The culture of a society is the way of life of its members, the collection of ideas and habits which they learn, share and transmit from generation to generation (Harlambos and Holborn, 2005). Culture has two essential qualities, firstly it is learned and secondly without it, there would be no human society. To a large extent culture determines how members of society think and feel and it directs and defines their outlook on life. The persistence of some cultural and traditional practices are detrimental to the health of our youths in this era of HIV/AIDS. Such cultural practices include but are not limited to: men having several sexual partners and in marriage, polygamy; the culture of silence by women, in terms of speaking about sexuality and things related to it, such as rape and violence; the culture of female subjugation and domination, thereby accepting and tolerating a relationship where a man is having multiple partners; the culture of silence where a woman is raped and being and abused physically and emotionally, but she cannot express herself because she would be blamed by the society; the culture of genital mutilation and circumcision and etc. Cultural or social norms often restrict women's access to basic information about sexual and reproductive health. Even if women have access to information and commodities (e.g. condoms), gender norms

that prescribe an unequal and more passive role for women in sexual decision making undermine women's autonomy, expose many to sexual coercion, and prevent them from insisting on abstinence or condom use by their male partners (UNAIDS, 2008). Such cultural practices should be questioned and even made extinct, if we are to meet up and achieve the Millennium Development Goals (MDG) by 2015 and if we are to save the lives of our youths. Measures must be taken to provide services which promote health consciousness among the youths, with emphasis on their health needs through promotion of awareness of HIV/AIDS.

Discussion

Findings from the study indicate that the knowledge and awareness about HIV/AIDS transmission is generally high among students due to the fact that in most Nigerian Universities there are lots of HIV/AIDS awareness campaigns in the form of billboards which advertise safe sex, abstinence and the deadliness of the disease. Furthermore, the provision of youth friendly centres and counselling centres help spread the word across to some of the youths, and gives them the opportunity to test for STD's and HIV, as well as a place for them to be counselled. Although the knowledge and awareness of HIV/AIDS may be high amongst students, there were a good number of students who had misconceptions on the modes of transmission. For example during the FGD, the youths revealed that they believed HIV could be easily detected by just looking at someone. They believe that they would know someone who had the virus by their physical appearance. Although the knowledge of HIV/AIDS is significantly higher in the female students, findings from the FGD reveal that women are less able to negotiate safer sex with their partners due to cultural norms of masculinity and femininity which ascribe ideas about normal behaviour for men and women. Economically dependent women cannot negotiate for safer sex or condom use, and this puts women in a very vulnerable position in terms of HIV infection. Due to the patriarchal nature of the society, a man may have many sexual partners and be praised for his escapades, but if a woman engages in such behaviour, she will be labelled a deviant or irresponsible and perhaps a prostitute. Perceived vulnerability was assessed by asking students if they were worried about getting AIDS. More females than males were personally worried about contracting AIDS.

Findings from the study also reveal that a majority of the students started having sex at an early age, some as early as 12 years old. Experiencing sex early exposes the youths to the risk of HIV. They also believe that they are invisible, which is understandable for their age. The belief that HIV could happen to some people and not themselves is a prevalent thought amongst the students. This attitude and belief may account for the high non-use of condom during sexual intercourse by most students as well as multiple sex partners by the students.

Although it is obvious that the prevention of HIV transmission is dependent on the alteration of behaviour, most would agree that appropriate knowledge and attitudes are prerequisite for such changes (Becker and Joseph, 1988). Control of HIV transmission

requires a change in behaviour. The role of culture should be considered as having an impact on the reduction or the spread of HIV/AIDS in terms of practice. HIV/AIDS risk reduction approaches that are ethnic, cultural and gender appropriate are separately essential (Braithwaite and Thomas, 2001). HIV/AIDS campaigns in tertiary institutions should focus on reducing the spread of HIV infection by changing attitudes and practices related to high-risk behaviours amongst youths. In other for such campaigns to be carried out successfully and implemented, an assessment of the existing knowledge and behaviour patterns of the youths should be carried out first. Studies taking into account the epidemiology of HIV/AIDS should be tailored to survey the population at risk, which are the youths. After over two decades of the HIV pandemic, there seems to be little change in the behavioural response to the disease. There is an urgent need for studies which can investigate and understand the behavioural and human response to HIV by youths especially in Africa. Violence, poverty, inequality and the lack of basic rights all need to be addressed if HIV/AIDS is to be brought under control. The need for prevention strategies that reach the youths is urgent. This is especially in the case of adolescent females who face infection rates that are five to six times higher than those of males the same age. There is need for a social change if we are to fight this epidemic in Africa. In conclusion, cautions must be expressed about the comparability and generalization of results from this study due to the fact that the study was carried out on a small number of Tertiary Institutions in Nigeria.

REFERENCES

Aluede, O., Imhonde, H. O., Maliki, A. E., and Alutu, A. N.G. (2005) Assessing Nigerian University Students' Knowledge about HIV/AIDS. *Journal of Social Sciences*, 11(3).

Becker, Marshall H., and Joseph G. Jill (1988) AIDS and Behavioural Change to Reduce Risk: A review. *American Journal of Public Health*, 78(4).

Bibikian, T., Freier, M., Hopkins, G.L., DiClemente, R., McBride, D., & Riggs, M. (2004). An assessment of HIV/AIDS risk in higher education students in Yerevan, Armenia. *AIDS and Behaviour,* 8, 47-60.

Braithwaite, K., & Thomas, V.G. (2001). HIV/AIDS knowledge, attitudes, and risk-behaviours among African-American and Caribbean college women. *International Journal for the Advancement of Counselling,* 23, 115 – 129.

De Waal, A. and Whiteside, A. (2003) *HIV/AIDS, food crisis and governance: 'New variant famine' in Southern Africa*. Draft technical background paper. African Growth and Opportunity Act Forum.

Ebeniro, Chioma D. (2008) Employment Discrimination of HIV affected people in Nigeria. *Nigerian Journal of Interdisciplinary Studies.* Vol. 16, October 2008. Springfield Publishers.

FAO (2006) AIDS a threat to rural Africa. [Online] Available from http://www.fao.org/focus/E/aids1-e.htm (Accessed 6 August 2006).

Green, J.C. et al (1989) Towards a Conceptual framework for mixed-method evaluation designs. *Educational evaluation and policy analysis*. 11(3), 255- 274.

Haralambos and Holborn (2005) *Sociology- Themes and Perspectives*. England, Oxford University Press, Oxford.

Iwarimie-Jaja D. (2005) *Introduction to Criminology*. Springfield Publishers, Nigeria.

Lamptey, P.R, Johnson, J.L, and Khan, M. (2006) The Global Challenge of HIV and AIDS. *Population Bulletin* 61, No. 1. Washington DC. Population Reference Bureau, National Agency for the control of AIDS (NACA) (2009) Nigeria.

Okeke, M.O and D.A Fortune (1992) Nigerian University students and AIDS: a survey of knowledge, attitude and perceived needs for effective AIDS education program. Paper presented at the *Annual meeting of the Population Association of America*, Denver, Colorado.

Onyige, Chioma D. (2004) The Socio-dynamics of victimless crimes (prostitution) as an induced alternative for the unemployed migrant in Port Harcourt. *Journal of Research in National Development (JORIND)* 2(2).

Page, S.L.J & Kormawa, A. (2006) Building resilience to HIV/AIDS among smallholder farmers in Benue State, Nigeria. *Planning workshop report*. 10-11 May, Makurdi, Nigeria.

Schrimshaw, S.C.M (1990) Combining Qualitative and Quantitative methods in the study of intra-household resource allocation. *In intra-household resource allocation, B.L. Rogers and N.P. Schlossman,* Tokyo: United Nations University.

UNAIDS/WHO (2008) *AIDS epidemic update*. [Online] Available at http://www.unaids.org [Accessed May 25, 2009].

UNAIDS (2008) 2008 *Report on the global AIDS epidemic*. [Online] Available at http://www.unaids.org [Accessed May 25, 2009].

UNIFEM (2006) *Women and HIV/AIDS, global report*. [Online] Available at http://www.unaids.org [Accessed December 12, 2006].

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