ATTITUDES OF STUDENTS IN SOUTH WESTERN NIGERIA TOWARDS HIV INFECTION: A VERITABLE TOOL FOR SUSTAINABLE DEVELOPMENT IN THE THIRD WORLD NATIONS

Adeboro J.S. (Ph.D)
Science And Technical Education Department,
Faculty Of Education, Adekunle Ajasin University,
Akungba Akoko, Ondo State, Nigeria.

Abstract
This study was designed to investigate the attitudes of students in South Western Nigeria Tertiary Institutions toward HIV infection and their HIV risk practices as a veritable tool for sustainable development in the third world nations. 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; standard deviation; t-test and Pearson Product Moment Correlation Coefficient were used to test the hypotheses with the alpha level set at 0.05. The findings of this study show that: Students in South Western Nigeria have positive attitude towards HIV infection; that the attitudes towards HIV infection among South Western Nigeria students is significantly different from that of the normative population; that the more positive the attitude towards HIV the lower the HIV risk practices of the respondent and that attitude towards HIV is a good predictor of HIV risk practices. Based on the findings of this study, it was recommended that: Health education should be intensified at all levels of educational system so as to sustain the present development and possibly improve on the present attitudes towards HIV infection and that the mass media should be maximally utilized to persuade the people to change their attitude towards HIV infection.

Keywords: attitudes, HIV risk practices, students, sustainable development and third world nations.

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 & Adeboro (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.

Several studies have shown that young people lack knowledge about prevention of sexually transmitted diseases and contraception and often have erroneous ideas about reproduction (Arowojolu et al., 2002; Gordon & Mwale, 2006). Lack of awareness and misconceptions by the public about HIV/AIDS might have contributed to the spread of the disease.
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. Sustainable development simply put is developing for the present and future, the process of ensuring that the present development is sustained and maintained for the future. It focuses on the need to improve lives of citizens for the future, which is, building the nation for the future (Olise, 2010). To achieve and sustain development so far achieved in HIV prevalence; revolutionary, efficient, reliable and potential tools such as attitude towards HIV infection and HIV risk practices must be employed. Hence, in spite of the acknowledgement of the fact that HIV infections are slowing down; yet, there is the need to empirically establish the attitudes and HIV risk practices of this vulnerable group so as to be able to plan reform programs. This study is therefore put in place to empirically establish their level of attitudes and HIV risk practices.

SIGNIFICANCE OF THE STUDY

The result of this study has revealed the attitude of the respondents to HIV infection and that attitude towards HIV infection is a good predictor of HIV risk practices. This is an important tool that will help authorities and organizations in charge of HIV infection control to be able to sustain and improve on the present development in the sector. It will beef up the literature and spur interest for further research into related areas of HIV infection.

RESEARCH QUESTIONS

The following research questions were raised to guide the study:

1. What is the attitude of students in South Western Nigeria towards HIV infection?
2. Is attitude towards HIV related to HIV risk practices among students in South Western Nigeria tertiary institutions?

HYPOTHESES

The following hypotheses were formulated and tested:

1. The attitudes of students in South Western Nigeria towards HIV infection are not significantly different from that of the normative population.
2. Attitude toward HIV is not a significant predictor of HIV risk practices among students in South Western Nigeria tertiary institutions.

METHOD OF THE STUDY

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 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 were 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 negative and the values were 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.

RESULTS

Research Question 1: What is the attitude of students in South Western Nigeria towards HIV infection?
The respondents’ attitudes toward HIV infection was subjected to t-test analysis and the value of 23.268 as revealed in table 2 is significant (.00<.05) at the 0.05 alpha level and 449 degree of freedom necessitating the rejection of the null hypothesis. Hence, the attitudes of South Western Nigeria Students toward HIV infection are significantly different from that of the normative population.

Table 1: Respondents’ attitudes toward HIV infection.

<table>
<thead>
<tr>
<th>Attitudes towards HIV</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>450</td>
<td>45.7244</td>
<td>5.21900</td>
<td>.24603</td>
</tr>
</tbody>
</table>

Table 1 revealed that the mean score of 45.7244 is above average with the maximum score of 60 hence, it could be said that the students in South Western Nigeria have positive attitudes toward HIV infection.

Hypothesis 1: The attitudes of South Western Nigerian Students towards HIV are not significantly different from the normative population.

Table 2: t-test analysis of respondents’ attitude towards HIV infection

<table>
<thead>
<tr>
<th></th>
<th>t</th>
<th>df</th>
<th>Sig. (2-Tailed)</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes towards HIV</td>
<td>23.268</td>
<td>449</td>
<td>.000</td>
<td>5.72244</td>
</tr>
</tbody>
</table>

The respondents’ attitudes toward HIV infection was subjected to t-test analysis and the value of 23.268 as revealed in table 2 is significant (.00<.05) at the 0.05 alpha level and 449 degree of freedom necessitating the rejection of the null hypothesis. Hence, the attitudes of South Western Nigeria Students toward HIV infection are significantly different from that of the normative population.

Hypothesis 1: The attitudes of South Western Nigerian Students towards HIV are not significantly different from the normative population.

Table 3: Correlation matrix between Attitudes toward HIV and HIV risk practices

<table>
<thead>
<tr>
<th></th>
<th>HIV risk Practices</th>
<th>Attitudes toward HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson correlation</td>
<td>-.167</td>
<td>-.135</td>
</tr>
<tr>
<td>Sig. (1-tailed)</td>
<td>&lt;.000</td>
<td>&lt;.000</td>
</tr>
</tbody>
</table>

Table 3 revealed that the relationship between attitudes toward HIV and HIV risk practices has a value of -.167 which is significant (.00<.05) meaning that as attitudes toward HIV improves the lower the HIV risk practices.

Hypothesis 2: Attitudes toward HIV is not good predictor of HIV risk practices

DISCUSSION OF RESULTS

The study revealed that attitudes of South Western Nigeria Students toward HIV infection are positive and significantly different from that of the normative population as their mean score of 45.7244 is above average with the maximum score of 60. When the respondents’ attitude toward HIV infection was subjected to t-test analysis, the t-test value of 23.268 is significant (.00<.05) at the 0.05 alpha level and 449 degree of freedom. This agrees with the finding of (FME, 2006), which discovered during a national survey that the respondents (teachers) have a positive attitude toward HIV.

When the relationship between attitude towards HIV and HIV risk practices was subjected to Pearson Product Moment Correlation Coefficient a value of -.167 which is significant (.00<.05) was obtained meaning that as attitudes toward HIV improves the lower the HIV risk practices. Attitudes toward HIV also has a t-value of -.2.858 and a partial order correlation value of -.135 which is significant (.00<.05) at the 0.05 alpha level, meaning that attitudes toward HIV is strongly related to HIV risk practices among students in South Western Nigeria tertiary institutions. This agrees with the social learning theory (Bandura, 1986) which distinguished between the acquisition of knowledge and the observable performance based on that knowledge (behaviour). In other word, Bandura suggested that we all may know more than we show. In social learning theory therefore, both internal and external factors are important. Environmental events, personal factors and behaviours are seen as interacting in the process of learning. Personal factors (beliefs, expectations, attitudes and knowledge), the environment (resources, consequences of actions, and physical setting), and behaviour (individual actions, choices and verbal statements) all influence and are influenced by each other.

LIMITATIONS OF THE STUDY

Matters related to sexual practices are treated with high confidentiality by adolescents who usually relate to sexual practices as prying into their privacy. Thus they may keep such information from other persons’ knowledge. Furthermore, this study was based on self-reported information, which could be biased by the participants recall ability. The apparent social desirability bias, specifically in subjects’ responses to the sensitive issues like sexual attitude and practice is a considerable potential limitation. Limitations inherent in survey research such as the fact that the entire population could
CONCLUSIONS AND RECOMMENDATIONS

Based on the findings, the following conclusions were deduced:

The students in South Western Nigeria have positive attitudes toward HIV infection and that the attitudes of South Western Nigeria Students toward HIV infection are significantly different from that of the normative population.

The more positive the attitudes toward HIV infection is, the lower the HIV risk practices of the respondent. Attitude toward HIV is a good predictor of HIV risk practices.

IMPLICATIONS FOR HEALTH EDUCATION

The findings of this study have the following implications for health education:
1. Health education is the only way of developing positive health attitudes and behaviour. Hence, efforts should be made to ensure that all students are exposed to health education so as to empower them to develop positive attitudes and to take informed positive health decisions regarding sexuality in future.
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 health decisions.

RECOMMENDATIONS

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

Health education should be intensified at all levels of our educational system so as to sustain and possibly improve on the present attitudes towards HIV infection.

The mass media should be maximally utilized to persuade our people to change their attitude towards HIV infection.

REFERENCES


