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Assessment of Student Risk Perception of HIV/AIDS and Preventive Practices in Aksum University, Northern Ethiopia 2013; A Cross Sectional Study

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Abstract

Although the epidemic is currently declining, HIV/AIDS remains a major developmental obstacle worldwide. Behavioral changes interventions particularly on the adolescent and young population is needed to prevent the disease. The aim of this study was to assess students' risk perception of HIV/AIDS and preventive practices in Aksum University. Cross sectional, institutional based survey was conducted between June to October 2013 using mixed method. The quantitative study

was conducted on 845 students using multistage sampling. The data were collected using self administered questionnaire and SPSS was used for analysis. The qualitative part included two focus group discussions which were analyzed using thematic areas. Two hundred thirty three (33%) of respondents were sexually active, of which 167 (64%) sexual debut was 15 to 19 years of age (mean age 17.2). Among all respondents 99 (41%) had Multiple sexual partners, 49 (21%) male respondents practiced sex with Commercial sex workers and 48 percent used condom consistently. Among 796 participants, only 150 (19%) had positive perception (fear to acquiring HIV infection) and 692(87%) mentioned at least one of HIV preventive practices of which, (48%) abstinence, (23%) faithfulness and always condom use (15%). Moreover, Sixty seven percent were tested and eighty percent had willingness to voluntary counseling and testing. From Multivariate analysis, Chat chewing, ever had sex, and Misconception variables such as AIDS is curable (OR 1.9, AOR 2.3(1.2-4.5) and Premarital sex is indicated for a boy (OR, 2.9 AOR 2.3(1.4-3.7) showed strong association to risk perception of HIV/AIDS. The qualitative data was also in line with these findings. Risk perception for HIV/AIDS was low. Moreover, risky sexual behaviors and misconceptions on HIV/AIDS were observed.

Key words: Aksum University, HIV, risk Perception, risky sexual behavior, practice

Introduction

HIV/AIDS remains one of the leading obstacles to health and development for poor countries even though it is declining. Ethiopia is among the countries most affected by the HIV epidemic with an estimated adult prevalence of 1.5%, it has a large number of PLWHA (approximately 800,000); and about 1 million AIDS orphans [1]. The prevalence rate on the general population in Tigray is almost similar with national prevalence (1.8%) and there were about 56,900 PLWHV in 2012 [2]. Even though enormous progress in prolonging and improving the quality of life of those infected with the virus has been made, there is neither a cure nor a preventive vaccine for this viral infection. Focus upon behavioral intervention and bring behavioral changes particularly on the adolescent and young population is needed to prevent the disease since heterogeneous sexual activity is the main mode of transmission [3].

Young people are particularly vulnerable to HIV infection not only because of the physical social and economic attributes of adolescence but also due to the high levels of risky sexual behaviors, expectations and limitations of the society. Study done in South Africa on perceived factors suggested that young people particularly higher teaching institutions offers great opportunity for HIV to engage in high risk behavior despite high level of knowledge and variety of interventions focusing on the prevention. The experience of risk perception and protective factors for HIV AIDS largely determine a person's risk perception or vulnerability to harm and individuals implementation behavior changes based on the their perception.

According the report by World Bank titled challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS puts that the University in Africa is a high-risk institution for the transmission of HIV. Sexual experimentation, prostitution on campus, unprotected casual sex, gender violence and multiple partners are the risk factors. Studies in higher education institutions in Ethiopia regarding risky behaviors on HIV AIDS also showed similar findings [3].

Statement of the problem

Regarding risk perception and preventive practices the report from United Nations documented that comprehensive, correct knowledge of HIV and AIDS is fundamental to the uptake of HIV services and to behavioral change. It states that 26 per cent among young women and 35 per cent among young men (aged 15-24) in Sub Saharan countries have low knowledge and condom-use rate of 45 per cent or greater among men. Condom use remains low among young women in most countries and Levels of access to HIV testing in the region also remain low particularly among young men. On the other hand, the national study findings showed that the overall awareness attitude and perception of self risk was found to be good towards causative factors and prevention methods of HIV

Significance of the Study

HEIs mission is producing well qualified and skilled man power which plays a great in

the country's economic development. This qualified and skilled man power should be healthy to be productive and use its maximum effort. The University campus life should be a place of gaining knowledge and practice on life skill, sexuality, reproductive health and HIV prevention methods apart from the academic competence. Thus producing HIV competent student will enable the student to increase the capacity to prevent the disease particularly HIV and SRH issues. Considering this, HEIs are trying to implement different strategies to mitigate and prevent HIV AIDs. As Aksum University is one of the HEIs, there are HIV related interventions going on in the campus. Therefore, this survey is expected evaluate the programs of HIV assessing perception and preventive practices in the university and design intervention strategies based on the conclusion and recommendation. Moreover, this study can give baseline data to interested researchers and governmental sectors, such as MOH, whose efforts are directly related to HIV prevention and control programmers.

Methods and Materials

Study Area and Study Period: This study was conducted among regular students of Axum University, which is one of the recently established public HEIs in Ethiopia. It is located in Axum town, about 1010Km north of Addis Ababa, the Ethiopian Capital city. Axum enshrines one of the most impressive archeological and historical areas in the world including the impressive Stele-Aksum obelisk and the Queen of Sheba's bath. The university is found in the western part of the town, in the locality named 'Sefho' in 2006 G.C /1999E.C./. Currently it has six colleges 14 departments and 34 programs. Regarding to the enrollment capacity, it reached 10,000 students with regular, continued education and summer programs in both campuses (Aksum and Shire) where a total of 8454 students are regular students which are our source of population. Study period was from June to October 2013.

Study design, source and study population: An Institutional based cross-sectional study design was conducted. Multistage sampling techniques were used to identify participants from each college in which students' list was obtained from the registrar office and allocated to five Colleges and departments on their population. The source population for the study was all regular AKU students.

The study population was all sampled in regular student.

FGD members were selected and moderated on convenient bases by the principal investigators with the assistance of a trained note taker and a tape recorder.

Eligibility Criteria: All regular AKU students were included in the study. All extension and summer of AKU students and Shire campus were excluded from the study.

Sample size Determination and sampling procedure: The sample size for this particular study was calculated using formula for a single population proportion and considering the following assumptions. Assumptions: A 95% confidence level, margin of error (0.05), By taking the prevalence of high risk behavior among students is assumed to be 50% substituted in the following single population proportion formula. $n = (Z\alpha/2)^2 p(1-p)/d^2$, Z= critical value for normal distribution at 95% confidence level which equals to 1.96 (z value at $\alpha =0.05$) , P= (Prevalence of 50% since there is no similar study done) d= 0.05 (5% margin of error); and non response rate 10%. $= N= (1.96)^2 (0.5 \times 0.5) / (0.05)^2 = 384$ so to decrease design effect we multiplied by two which is equal to **768** then By adding 10% contingency for non responsiveness the total sample size was **845**. Multistage sampling techniques method was used to select students from the list of five colleges and to the departments according to their population size.

Data collection procedure

Quantitative

Data was collected using a self administered structured questionnaire for the quantitative method. The questionnaire was initially prepared in English and then translated in to Amharic. The Amharic version was again translated back to English to check for any inconsistencies or distortions in the meaning of words & concepts. The questionnaire was pre tested prior to the actual data collection on 45 respondents in shire campus in which shire was not included in the main survey. The questionnaire was designed to collect information on variables such as score of

demographic characteristics, sexual behavior, perception and major practices on HIV AIDS.

Qualitative

In order to supplement the data obtained by the use of a questionnaire, a total of two focus group discussions (FGD) which consists of eight individuals in each group, was conducted using semi-structured, open-ended questionnaires in order to provide more insight in to the pattern of sexual behavior and preventive practices of regular students in the study area. The data is not put in a separate result part. Rather it used in the result and discussion part in between the quantitative. The members of each FGD were selected on convenient bases by the principal investigators and moderated by one of the principal investigators with the assistance of trained note taker and tape recorder. Semi-structured questionnaires, which are open ended, were used to guide the discussions.

Study variables: Dependent variables was Perception of risk towards HIV and Independent variables were age, sex, marital status, age of sexual commencement, number of partners and sex with CSW, alcohol, chat and cigarette smoking, HIV awareness, Willingness to VCT, Condom use .

Data management and quality assurance: Data collection instrument was pretested and data collection facilitators were trained prior to data collection. Questionnaires were revised, as necessary, based on the pre-test and time required to fill one questionnaire was determined. The questionnaire was developed by incorporating from different similar studies and contextualized to the study based on the relevant variables to be used. The data collectors was diploma graduated nurses, data collectors was trained on the data collection process. Furthermore, the collected data was reviewed and checked for completeness and relevance by data collection facilitators and principal investigator each day during the field work.

Data analysis, interpretation and operational definitions: Data was entered and analyzed using SPSS version 16 computer soft ware package. Data cleaning and editing was carried out

during data entry. Analysis of frequencies of different variables and chi squared test for some selected variables was done. Odds ratio was calculated to determine the strength of association of selected variables with 95 % confidence interval and multivariate logistic regression was also used. The qualitative part analyzed using thematic areas. Permission was obtained from Aksum University to conduct the research in the regular students. For both qualitative and quantitative data the respondents were informed about the objective and purpose of the study and verbal consent was obtained from each respondent. Confidentiality of the information was assured and information was collected anonymously.

Operational definition

- **Adolescents:** The transition between puberty and adulthood, generally defined as ages 10 to 19. Data on adolescent health, education, employment, and behaviors are often available for ages 15 to 19.
- **Behavior:** various voluntary movement undertaken by the body in response to motives and decision related to HIV preventive methods /can be positive or negative
- **Consistent condom use:** using condom during each and every sexual intercourse
- **Perception:** reception and interpretation of sensory input related to HIV preventive method.
- **Negative perception:** students perceive themselves as not susceptible and do not take preventive measures to reduce the risk
- **Positive perception:** students perceive themselves as susceptible and take preventive measures to reduce the risk
- **Risk:** A situation in which an action will result in an outcome that is not known with certainty, but the set of possible outcomes and their associated probabilities are known or can be estimated.
- **Risk perception:** attitude towards perceiving themselves as susceptible to HIV infection.
- **Risky sexual behavior:** having more than one sexual partner or performing sexual intercourse with non-regular partner without condom

- **Sexual Debut:** Initiation of sexual activity/first sexual intercourse.
- **Youth:** those who are in the age group 15-24 years

Results

A total of seven hundred and six respondents from Aksum University were participated, 497 (60.2%) were males, while 317(39.8%) were female. Majority of the respondents 637 (80%) were between 20-24 years of age, 146(18.3%) were between 16-19 years with mean age of 20.7 ±1.6. Looking at the sample distribution by religion and ethnicity majority of the respondents 691 (86.8%) were Orthodox Christian and 435 (54.6%) were Tigray. The study year of the respondents result showed that 338 (42.5%) first year, 294(36.9) second year and 164 (20.6) were third year and above (Table 1).

When we see sexual attributes of the respondents 263 (33%) of the respondents had practiced sex in the past, of which majority 223(84.7%) were not married. From the total female respondents 19 (6%) have had history of pregnancy, of which only 5(26%) were planned. Perception of respondents on HIV Majority 646(82%) of the respondents had negative perception. Only 18.8 percent of the study participants were thinking that they might be at risk of acquiring HIV infection. Looking at the sexual practices of the students the result showed that multiple sexual partners (in both sexes) was 96(24%), male respondents having sex with CSWs was 25(13%). The study revealed that 263 (33%) were sexually active both sexes during the past (table 2).

The main reason for first sexual encounter includes 'fell in love' 126 (47.9%), sexual desire 66 (25%), peer pressure 22(8.4%) got married' 17(6.4%) and rape 11(4.1%). (Figure1).

In this survey, source of condom for condom users result showed that 108 (41%) health facility48 (18%) private pharmacy, 63(24) Shop18 (7 %) School16 (6%) Hotel and 11(4%) do not know. This shows that most condom users get from health facility (figure 2).

Table:1 Socio-demographic characteristics of respondents in Axum University, Ethiopia, June to August 2013.

| Variable | Categories | Frequency | percentage |
|-----------------------|-------------------|------------------|-------------------|
| Sex | Female | 317 | 39.8 |
| | Male | 479 | 60.2 |
| Age | 16-19 years | 146 | 18.3 |
| | 20-24 years | 637 | 80.0 |
| | Above 24 years | 13 | 1.6 |
| Religion | Orthodox | 691 | 86.8 |
| | Muslim | 54 | 6.8 |
| | Protestant | 51 | 6.4 |
| Ethnicity | Amhara | 252 | 31.7 |
| | Oromo | 54 | 6.8 |
| | Tigray | 435 | 54.6 |
| | Others | 55 | 6.9 |
| Study year | First year | 338 | 42.5 |
| | Second year | 294 | 36.9 |
| | Third & above | 164 | 20.6 |
| Marital status | single | 720 | 90.5 |
| | Married | 76 | 9.5 |

From the sexually active respondents, ever used condom was 68 percent and consistent condom use in the last 12 months was 48 percent. Reasons for non use of condom were not available (17%) , I trust my partner(13%), decreases satisfaction (10%) religious prohibition (8 %) and ashamed to buy (7%) . The main reason for using condom among the respondents was to avoid STI 95(58%),avoid Pregnancy 40 (24%), not trust partner 8(4.9%), do not know partner well 11(7%)

Table 2: Distribution of Sexual and drug Characteristics of respondents; Aksum, Ethiopia, June- August 2013.

| Variable | Categories | Positive perception | | Negative perception | |
|---|--------------------------|---------------------|------|---------------------|------|
| | | Frequency | % | Frequency | % |
| Age at first sex commencement | <15 years old | 2 | 0.8 | 4 | 1.5 |
| | 15-19 years old | 54 | 21.0 | 116 | 44.0 |
| | >19 years old | 24 | 9.0 | 63 | 24.0 |
| Type of sexual partner During first sexual intercourse | Boy/girl friend | 48 | 18.5 | 115 | 44.2 |
| | Casual partner | 28 | 10.4 | 53 | 20.4 |
| | Husband/wife | 7 | 1.2 | 8 | 2.7 |
| Age of sexual partner During first sexual intercourse | Same age with respondent | 45 | 17.4 | 105 | 39.6 |
| | >5 year old | 13 | 3.8 | 28 | 11.3 |
| | <5 year younger | 12 | 2.5 | 17 | 6.4 |
| | I don't know | 12 | 4.5 | 28 | 10.5 |
| Total no of sexual partner From sexual initiation | One partner | 43 | 16.7 | 118 | 45.3 |
| | Two or more | 36 | 14 | 60 | 23.7 |
| Total no of sexual Partner last 12 month | One partner | 57 | 23.7 | 131 | 54.4 |
| | Two or more | 20 | 8.3 | 33 | 13.7 |
| Having sex with CSW (male respondents) | Yes | 22 | 11.5 | 3 | 1.5 |
| | No | 152 | 79 | 24 | 12.5 |
| History of pregnancy (female respondents) | Yes | 9 | 17.3 | 10 | 3.8 |
| | No | 43 | 82.7 | 253 | 96.2 |
| Was the pregnancy Intended | Yes | 4 | 21 | 1 | 5.2 |
| | No | 11 | 57.8 | 3 | 15.7 |
| Ever drunk alcohol | Yes | 320 | 40.2 | | |
| | No | 476 | 59.8 | | |
| Ever smoked cigarettes | Yes | 162 | 20.3 | | |
| | No | 634 | 79.7 | | |
| Ever chat chewing | Yes | 38 | 4.8 | | |
| | No | 758 | 95.2 | | |

and other reasons 10(6%). Respondents who did not use condom gave their main reasons were not available (17%), I trust my partner (13%), decreases satisfaction (10%) religious prohibition (8 %) and ashamed to buy 7 percent (table 3).

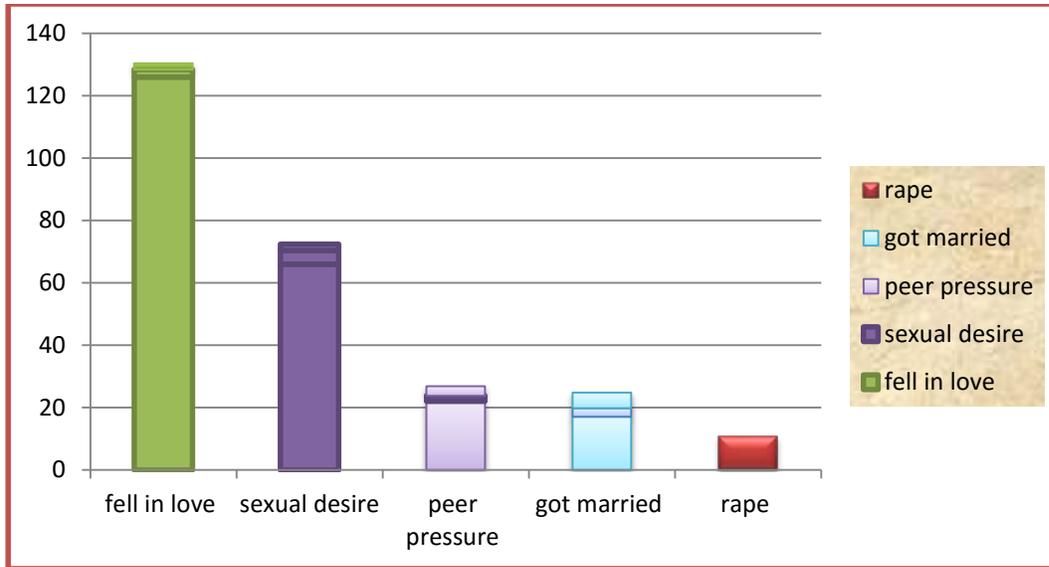


Figure 1: Distribution of Reasons of respondents for having sex; Aksum, Ethiopia, June to August 2013.

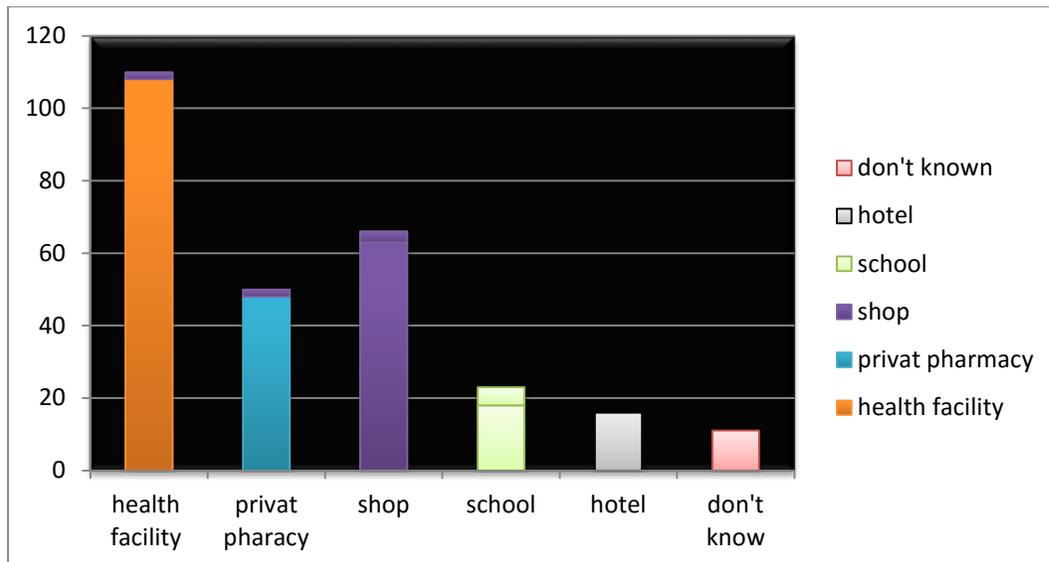


Figure2: source of condom among condom users; Aksum, Ethiopia, June to August 2013.

Table 3: Distribution of Condom utilization among respondents Aksum, Ethiopia, June to August 2013.

| Variable | Categories | Frequency | Percent |
|----------------------------------|-----------------------|-----------|---------|
| Ever had sex | Yes | 263 | 33.04 |
| | No | 533 | 66.96 |
| Ever used condom | Yes | 164 | 62.4 |
| | No | 99 | 37.5 |
| Used condom in the last 12 month | Always | 80 | 48.8 |
| | Sometime | 84 | 51.2 |
| Type of partner used condom | Regular partner | 122 | 74.4 |
| | Casual partner | 36 | 22 |
| | CSWs | 6 | 3.6 |
| Reason not used condom | Not available | 21 | 17.2 |
| | Ashamed to ask or buy | 13 | 9.0 |
| | | 11 | 11.0 |
| | Want to get pregnant | 13 | 13.1 |
| | I trust my partner | 5 | 3.0 |
| | I was drunk | 10 | 10.1 |
| | It decrease pleasure | 8 | 8.0 |
| | My religion prohibits | 10 | 10.1 |
| Reason for using condom | Others | | |
| | Avoid STI | 95 | 57.9 |
| | Avoid pregnancy | 40 | 24.4 |
| | Don't trust partner | 19 | 7.9 |
| | Others | 10 | 6.0 |

Regarding the multivariate analysis Sex, age, religion, marital status, ethnicity, residence and cigarette smoking were not found to have association with students 'perception on HIV prevention (table 4).

Discussion

No study has been explored about the risky behavior, major preventive practices and factor associated to HIV/AIDS in the context of Aksum University. Thus, this assessment will help policy makers, service providers, and program implementers to design intervention strategies based on the conclusion and recommendation.

Table 4: Factors associated with risk perception among respondents on HIV Aksum, Ethiopia, June to August 2013.

| Variable | Categories | Negative Perception | Positive perception | OR 95% CI Crude Ratio | OR 95% CI Adjusted Ratio |
|---|--------------|---------------------|---------------------|-----------------------|--------------------------|
| Ever had sex | Yes | 182(28.2%) | 31(34.0%) | 0.3(0.2-0.3) | 0.4(0.3-0.6) |
| | No | 464(71.8%) | 69(46.0%) | 1* | 1* |
| Study year& ever had sex | First yr | 290(44.9%) | 48(32%) | 2.0(1.2-3.1) | |
| | Second yr | 232(35.9%) | 62(41.3) | 1.2(0.8-2.0) | |
| | Third yr | 124(19.2%) | 40(26.7) | 1* | 1* |
| Chat chewing | Yes | 24(3.7%) | 14(9.3%) | 0.4(0.2-0.7) | 0.3(0.2-1.00) |
| | No | 622(96.3) | 136(90.7%) | 1 | 1 |
| Believe HIV can be transmitted by working together | Yes | 128(19.8%) | 47(31.3%) | 1* | 1* |
| | NO | 518(80.2) | 103(68.7%) | 1.9(1.2-2.7) | 1.5(1.0-2.4) |
| Believe healthy looking person can have HIV/AIDS | Yes | 241(37.3%) | 72(48%) | 1* | 1* |
| | No | 405(62.7%) | 78(52%) | 1.3(1.1-2.2) | 1.4(1.0-2.1) |
| HIV/AIDS pt Can easily identify careful observation | Yes | 149(23.1%) | 55(36.7%) | 1* | 1* |
| | No | 497(76.9) | 95(63.3%) | 1.9(1.3-2.8) | 1.5(1.0-2.3) |
| Think HIV/AIDS can be cure | Yes | 107(16.6%) | 40(26.7%) | 1* | 1* |
| | No | 459(71.1) | 94(62.7%) | 1.8(1.2-2.8) | 1.5(1.0-2.4) |
| | I don't know | 80(10.7%) | 16(10.7%) | 1.9(1.0-3.6) | 2.3(1.2-4.5) |
| Used condom practically to protect HIV | Yes | 368(57%) | 94(63.1) | 1* | 1* |
| | No | 206(31.9%) | 34(22.8) | 1.5(1.0-2.3) | |
| | I don't know | 72(11.1%) | 21(14.1%) | 0.9(0.5-1.5) | |
| Premarital sex is indicative for boys | Agree | 85(13.2%) | 39(26%) | 1* | 1* |
| | Not sure | 98(15.2%) | 37(24.7%) | 1.2(0.7-2.1% | 1.1(0.6-1.9) |
| | disagree | 463(71.7%) | 74(49.3%) | (2.9(1.8-4.5) | 2.3(1.4-3.7) |
| Willing to undergo for VCT | Yes | 537(83.1%) | 109(16.9%) | 1* | 1* |
| | No | 11(74%) | | 39(26% | 0.6(0.4-0.9) |

P<0.05

From the female respondents 19 (6%) have had history of pregnancy, of which only 5(26%) were planned. This finding was also supported by the FGD that most participants mentioned that some students get dismissal or delay in their academic performance due to unplanned pregnancy. One discussant said that “Female students who are having boyfriends in this campus do not worry about acquiring HIV AIDS rather they care about unwanted pregnancy. It is good now that there is a post pill which will prevent pregnancy.” Majority 172(67%) of those who are sexually active started sex in the age between 15 to 19 years of age. The result was not supported with FGD result. Most discussants in the FGD said that it is difficult to put cut off point for sexual commencement but they agreed that the most common age at first sexual intercourse nowadays in their experience is at high school level between 14 to 16 years. Whereas Seventy-three percent of all Liberian women ages 15 to 19 have had intercourse, as have 53 percent of Nigerian, 49 percent of Ugandan, and 32 percent of Botswana women. According to Araya et al lecture note, from FGAE sexual commencement was reported that about 72 % of boys and 71% of girls have had their first sexual contact with in the age range of age 15-17 years while 13% of them started sexual activity between 10 and 14 years of age. But this age is lower in Study done on Sexual risk behaviors among youth in Rwanda which revealed that Forty-one percent of respondents reported sexual onset before age 15. More over it showed that Fifty-eight percent of females had their first intercourse with a partner who was four or more years older than themselves [4]. Studies conducted in different parts of Ethiopia, showed that there are quite a number of young people practice sex at an early age. This was evidenced in the study conducted among youth in Debre berhan and Alemaya University undergraduate students. Apart from early sexual initiation, many studies done in different Universities of Ethiopia also showed that there is unprotected sex evidenced by Gondar, Alemaya, Addis Ababa, Mekelle and Wolaita Sodo Universities. Delaying sexual debut is the pillar of HIV/STIs prevention among young people. This can be achieved by including the education program in curriculum for school youth and repeated community conversation for out of school youth [5] .

The perception for risk of HIV infection was generally low among the students in the sample. Almost one fifth (18.8%) of the respondents think that they are at risk for HIV infection.

This finding is higher than the study done on risk perception and condom utilization among youth in Debre berhan town was 4.5% and Petros in which all category respondents never perceive that they are at risk. This low perception to HIV infection is significant as it may likely influence the behavior and practice of the participants on taking appropriate preventive measures of HIV AIDS. Unsafe sex or unprotected sexual intercourse is widely exercised among youth which is a sign of poor risk perception to HIV exposure. In Malawi, nine out of 10 teenage boys, this shows that they feel invulnerable to HIV. In Nairobi and Abidjan, up to 90% of female commercial sex workers are HIV positive, and adolescent African males are often clients of commercial sex workers. In Zimbabwe, nearly 16 percent of male high school students report having had sex with prostitutes [4]. In a study done on Sexual risk behaviors among youth in Rwanda stated that despite 85% of respondents knowing someone who had died of AIDS, only 31% perceived themselves at risk of HIV infection [4]. A study done on dual protection in the northern part of Ethiopia revealed that seventy-two percent of respondents, reported one lifetime sexual partner and about 2.3% of men and 6.6% of women reported that their spouse or partner had another sexual partner. Moreover, 88.4 percent of respondents considered themselves to be at low risk of HIV [6]. The college environment offers great opportunity for HIV high-risk behaviors, including unsafe sex College students are at risk because they tend to be sexually adventurous, often with multiple partners and do not consistently use condoms. An ever increasing adolescent sexual activity has become one of the major risk factors in the current pandemic of AIDS and its social, economical and health consequences.

From the sexually active respondents, ever used condom was 68 percent and consistent condom use in the last 12 months was 48 percent. Reasons for non use of condom were not available (17%) , I trust my partner(13%), decreases satisfaction (10%) religious prohibition (8 %) and ashamed to buy (7%) . FGD supported this finding. One male discussant stated about condom “I only use condom for new girlfriend for some time then stop using it.” “Having sexual intercourse using condom is like bathing with a cold shower. This oily plastic decreases the pleasure during sex.”Another Female discussant also stated that “Mostly it is difficult to use condom consistently because of partner pressure. If female partner ask condom

male partner will start asking do you mean you do not trust me while staying with you for a long time with relationship. This is one of the main reasons for not using condom among casual friend” Study done in Nigeria among rural youth showed that 90 percent of the respondents ranked abstinence (not having sex before marriage) as the first among the preventive practices they have adopted [7] . In Africa there was a reported condom-use rate of 45 per cent or greater among men. Condom use remains low among young women in most countries. The limited condom use may be linked with restrictions on availability. In SSA, only eight condoms are available per adult male per year.

The result also showed that out of the total respondents, 85% have heard of VCT service, 66.5 % had been tested for HIV/AIDS and more than 80% had willingness to take VCT service. The finding of willingness to undergo VCT goes online with this finding of FGD that all FGD discussants agreed to undergo VCT service in the University. Higher learning institutions need focus in evidence based HIV prevention and control activities since students tend to be involved in risky non sexual behavior mainly substance use [8]. Study done on perception and condom utilization of youth in Debre Berhan town revealed that youth who chew khat experience sex more than those who were not chat chewers. The desire of exploring of new things, feeling free from family control and guidance students of HEIs are likely to be at risk of HIV/AIDS.

Looking at the multivariate analysis the variable ever had sex was found to be 61.5 Percent less likely to have positive perception than those who were not sexually active. This result can be an indicator that promoting abstinence should be considered as a main preventive method during HIV awareness creation events in Aksum University. Study revealed that Chat chewing was found to be statistically significant factor for perception on HIV/AIDS prevention. The national Behavioral Surveillance Survey showed that only 41.8 percent of in school youth who had sex with non-commercial partners reported consistent use of condoms. The finding are slightly consistent with the study done by Yigzaw [9] where prevalence of chat chewing among college students in North west Ethiopia was (8.1%) but lower than study done by Nigatu&

Seman [3] in which the prevalence of Chat chewing among Addis Ababa University was (16.8%) and by Samuel, L [10] of which sexual and substance use risk behaviors for HIV transmission among hosanna health science students was 27.7 %.

Despite majority of respondents were knowledgeable about the various routes of transmission and preventive measures, some of the respondents have some misconceptions about HIV route of transmission and preventive measures. The result of the logistic regression also indicated that there was statistical significance in some of the misconceptions in the finding.

Respondents who did not know whether HIV AIDs is curable or not showed that they were 2.3 times more likely to have negative perception on HIV prevention than their counterparts. From this finding we can observe that there is low comprehensive knowledge on HIV perception and preventive measures. Another finding from the Multivariate analysis showed that those who think that you cannot easily know someone if he/she has HIV by careful observation were 1.5 times more likely to have positive perception as compared to their counterparts. The variable condom use as sign of mistrust to partner was significant in the bivariate analysis in which those who do not believe that condom use as a sign of mistrust was 1.3 times more frequent as compared to those who believe. Disagreement to premarital sex was also 2.3 times more significant, in which those who do not agree with premarital sex were having positive perceptions to prevent HIV AIDs as compared to their counterparts.

Study year found to be statistically significant factor for positive perception on HIV/AIDS prevention. As the bivariate result indicated being third year and above of the students were found to be 1.4 times more likely to have positive perception on HIV prevention than first and second year students. This can indicate that 1st and 2nd year students have negative perception than those of their seniors.

Another important finding from the risk perception variables is having sex with commercial sex workers (13%). Moreover twenty four percent of the study participants

mentioned that they had sex with multiple sexual partners. The overall risk perception finding stipulates that the students are having high risky sexual behavior that special attention is needed in the campus. The survey revealed that there is low utilization of condom among the sexually active respondents. Only 48% of the sexually experienced students used condom consistently (always). Condom use was identified least as an option on the preventive practice. During the survey which indicates that there are low practices of safe sex with students of Aksum University.

Limitations and Strength of the Study

The study was able to assess the HIV/AIDS Perception among students of Aksum University. It tried to point out the factors associated with perceptions and attitudes that hinder HIV prevention using both quantitative and qualitative research tools. It also tried to assess sexual and non sexual behaviors of the students. This study was that it employed complimentary research method; each method addressed the weaknesses of the other. Moreover findings were not compared to other researches done at national and international level due to variable measurement differences and some literatures were not published though they can be accessed from websites. Limitation of the study was major preventive practices and comprehensive knowledge of the students was not assessed in detail.

Conclusion

- The perception for risk of HIV infection was low among the study participants.
- Respondents who do not know whether HIV is curable or not have negative perception on HIV prevention than their counterparts.
- Respondents who disagree to premarital sex have positive perception to prevent HIV AIDs as compared to their counterparts.
- Respondents who were third year and above were found to have positive perception on HIV prevention than first and second year.
- The study participants have high risky sexual behavior including unsafe sexual practices, sex

with multiple sexual partners and unplanned pregnancy.

- There is low utilization of condom (consistent condom use) among the sexually active respondents.
- The major preventive practices against HIV/AIDS among respondents were abstinence and faithfulness
- Willingness to undergo VCT was high among the respondents

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Authors Column



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