

Effect of HIV/AIDS awareness towards healthy living among adolescents: A case of Ekiti state, Nigeria

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This study investigated effect of HIV/AIDS awareness towards healthy living among adolescents in Ekiti State. The population was all secondary school students in Ekiti State and the 400 subjects sample were selected through stratified simple random sampling technique. Two null hypotheses were formulated to guide the study. Simple percentage and t-test were used as statistical tools to analyze the data collected. The result of the findings showed that there was significant difference in the awareness of HIV/AIDS among male and female students in Ekiti State. One of the hypotheses was rejected and the other accepted. It was concluded that some more efforts would be needed to put in place to ensure that everybody including (students) in the state could be fully aware of living a healthy form of life. Based on the findings some recommendations were made.

Keywords: HIV/AIDS awareness, adolescents

HIV/AIDS was discovered in 1981, and it was found in Nigeria in 1983 and the infection has been affecting people up till date. Statistics show that Nigeria is the third country in Africa with high level of HIV/AIDS infection, particularly with adolescents. This situation prompted many organizations to carry out a heavy awareness campaign against the spread of the virus. These activities commenced by establishing HIV counselling centres in various health centres, and training of health personnels was intensified to provide people with HIV counselling in order to enable them attain pre-test, post-test, follow-up and adherence counselling all of which have helped to bring the infection level down

Human Immunodeficiency Virus (HIV) is a virus that enters the blood stream and attacks the helper cells in the blood (white blood cells). Once these cells are damaged, the defense system, which keeps people healthy, becomes weak. HIV can be present in the blood, breast milk, urine, faeces, semen, and vaginal secretions, of a person. The major mode of transmission of the virus in Africa is through heterosexual intercourse and blood transfusion. Other forms of transmission are mother-to-child infection during birth and also through breast milk. The signs and symptoms of HIV infection include: extreme weight loss, severe pneumonia, diarrhea, tuberculosis and brain damage. Once infected, some people may stay healthy for as long as ten years or more before symptoms appear while in some people, the illness may begin within 6-12 months. These sicknesses mark the beginning of AIDS in such individuals (UNICEF, 2001).

Acquired immunodeficiency syndrome (AIDS) is the illness stage of an individual that is infected with HIV. AIDS is a disease, which indicates that the body's natural immune system has broken down totally, to the extent that it can no more fight infection and other diseases (UNICEF, 2001).

The joint United Nations Programme on HIV/AIDS (UNAIDS) in its current estimate reported that there are over 42 million people in the world living with HIV/AIDS, with new infections occurring at the rate of 6 million every year.

The first documented case of AIDS in Sub-Saharan Africa was in 1982, (Lahai-Monoh and Ross, (1997). The developed countries have been able to control the pandemic in their population through primary, secondary and tertiary levels of prevention. The developing countries, however, appear to be at the primary level of prevention. This is evident in studies that have shown increased sexuality among the adolescents (Osowole & Oladepo, (2000), Oladepo and Brieger (2000), Arowajolu, Ilesanmi et al. (2002), Osakinle (2003), as well as low usage of condom. The younger age group has been identified as bearing half of the burden of HIV worldwide (Arowolo, Ilesanmi et al. 2002). Youths are sexually active at an earlier age and in some cases the age at first intercourse has been reported as below 11 years (Anoche & Ikpeme, 2001). They are more prone to unsafe sex practices and have poor access to contraceptives. Also, Aremo (2008) said that young people between 15 and 24 become infected with HIV worldwide, and that out of the estimated figure of 11.8 million young people aged between 15-24 years who were living with HIV and AIDS in 2001. 7.3 million are women while 4.5 million are men.

In Ekiti State, awareness has been created through the various forms of media, workshops, and peer education. The State Action Committee on AIDS (SACA), Local Government Action on AIDS (LACA) and a few Non-Governmental Organizations (NGOS) e.g. Environmental Development and Family Health Organization (EDFHO), Society for Women and AIDS in Nigeria, (SWAAN), etc. have carried out a lot of workshops, training of trainers (TOTs) in the state on the prevention and the spread of HIV/AIDS among school children, working class, and even the farmers. As far as awareness programmes are concerned, there are IEC materials made in both English and Yoruba languages for easy understanding of the people of Ekiti State. It has, however, been observed, that all the efforts by SACA, LACA and NGOs are in vain as it appears as if the secondary school students are still unaware of the virus and this trend appears very dangerous for the citizens of the state.

It is also observed by the researchers that in Ekiti State, there are some erroneous beliefs by those interviewed orally that HIV is transmitted through insects, shaking of hands, sharing toilet facilities, and even the type of food one eats. It is at this point that the researchers were convinced that the message of HIV/AIDS has not

got to all the nooks and crannies of the state properly. Arowojolu (2002) and Osakinle (2003) in different studies discovered that female undergraduates were more likely to have relationship with older partners than the males. Some of the reasons for this was monetary gains and understanding by older partners.

Akinsete (2002) commenting on HIV/AIDS awareness in tertiary institutions, states that successfully proven approaches to HIV prevention have been identified. He also recognized that community (i.e. campuses) mobilization is the core strategy on which success against HIV has to be built. However, the Federal Ministry of Health (2003) in its study found that awareness of HIV/AIDS was slightly higher among males than females. In Mozambique, Machel (2004) found among youths between 13-20 years of age that the boys had more knowledge to preventive means of HIV/AIDS than girls. This study, therefore, is aimed at determining the effect of HIV/AIDS awareness towards healthy living among adolescents in Ekiti State.

Hypotheses of the study

The following null hypotheses were formulated to guide the objective of the study.

H01: There is no significant difference in the awareness of HIV/AIDS according to gender among adolescents in secondary schools in Ekiti State.

H02: There is no significant difference in the awareness of HIV/AIDS according to class level among adolescents in secondary schools in Ekiti State.

Method

Participants

This study is a descriptive survey designed to investigate the effect of awareness of HIV/AIDS among adolescents in secondary schools in Ekiti State. The population of this study comprised all junior secondary III and senior secondary III. The state has sixteen local government areas. According to the statistical data about Senior Secondary School Level, which was obtained from the Federal Ministry of Education (2007) there are twenty two thousand, one hundred and sixty one (22,161) JSSIII and SSIII students. Based on the table for determining sample size from a given population, (Morgan & Krecycie, 1971), 284 will be adequate for a population estimated as (22,161). The size of the sample selected for this study comprised a total of 400 subjects which was randomly selected from four randomly selected local government areas. Schools from two LGA headquarters and two other towns were selected through stratified simple random sampling technique to arrive at the four hundred (400) samples which means one hundred (100) samples from each of the 4 Local Government Areas, based on the stratifications.

Instruments

The instrument for the study was developed by the researcher. It is titled HIV/AIDS Awareness Questionnaire (HAAQ). It had two sections: A and B. Section A was on the bio-data of the subjects and the section B had 20 items relating to the awareness of HIV/AIDS of the subjects. The instrument was showed to Test and Measurement experts in the Faculty of Education so as to ascertain the face and content validities. It was after then that the instrument was administered on some adolescents in a local government area which would not be part of the study. The questionnaire was administered

twice within two week interval and the scores were correlated using Pearson Product Moment Correlation Analysis. The co efficient r was 0.78. This means that the instrument is valid to be used for the study.

Table 1: General Description of the Awareness level in percentage

Question	Agreed	%	Disagreed	%
What causes HIV	240	60	160	40
Mode of HIV transmission	320	80	80	20
Symptoms	270	67.5	130	32.5
Prevention Strategies	300	75	100	25
Sources of Information	300	75	100	25

The above table reveals that 240 (60%) agreed that virus causes HIV while 160 (40%) disagreed. 320 (80%) agreed that HIV was transmitted through sexual intercourse while 80 (20%) disagreed. Also, 270(67.5%) agreed that one of the symptoms of HIV was loss of weight while 130 (32.5%) disagreed.

To prevent HIV, 300 (75%) agreed that condom could be used, while 100 (25%) disagreed. 300 (75%) agreed that their source of information was radio/television while others 100 (25%) knew through other means. This then means that the effect of SACA, LACA and the NGOS (EDFHO, SWAAN) are in vain some how. They struggle to organize TOTs, Health Educators among these secondary school students but it appears as if as soon as they finish the training everything remains at stand still. The knowledge gained is not put into use. This implies that awareness is not put into practice.

Hypothesis 1:

H01: There is no significant difference in the awareness of HIV/AIDS according to gender among adolescents in secondary schools in Ekiti State.

Table 2: t-test summary of HIV/AIDS awareness according to gender

Gender	N	\bar{X}	SD	Df	t-cal	t-table
Male	195	60.41	10.66	388	2.398	1.960
Female	195	57.66	11.94			

df388 = 1.960 (P<0.05)

Table 2 reveals that number of males was 195, their mean was 60.4 and the standard deviation was 10.66, while that the females was 195 with a mean of 57.66 and standard deviation of 11.94. The degree of freedom was 388 and the t-cal 2.398 was greater than t-table of 1.960. Thus, this indicates that there is significant difference according to gender. Therefore, the hypothesis is rejected. This means there is significant difference in awareness of HIV/AIDS among male and female adolescents in Ekiti State.

Hypothesis 2

H02: There is no significant difference in the awareness of HIV/AIDS according to class level among adolescents in secondary schools in Ekiti State.

Table 3: t-test summary of HIV/AIDS Awareness according to class level

Class level	N	\bar{X}	SD	Df	t-cal	t-table
SSS	259	59.09	11.45	388	0.151	1.960
JSS	131	58.91	11.30			

df388 = 1.960 (P>0.05)

Table 3 above reveals that the number of SSS students was 259 with a mean of 59.09 and standard deviation of 11.45, while the number of JSS students was 131 with a mean of 58.91 and standard deviation of 11.30. The df is 388. The t-cal of 0.151 is less than the t-table of 1.960. Thus, this indicates that there is no significant difference between students according to class level in their awareness of HIV/AIDS adolescents in secondary school in Ekiti State. Therefore, the hypothesis is accepted

Discussion

The study was carried out to investigate the effect of awareness of HIV/AIDS among secondary school students in Ekiti State. The statistical analysis of this study found that most of the students in Ekiti State are aware of HIV/AIDS. Since 300 (70%) agreed that they got to know from radio/TV, while, 240 (60%) also knew that HIV was caused by virus.

One of the hypotheses tested showed significant difference between students in HIV/AIDS awareness according to gender. This could be as a result of the fact that females often get engaged in sex with older partners mainly for monetary needs as a result of poverty. For example they need to meet up with their daily life needs and cost of education. This finding agreed with the findings of Arowojolu (2002), Osakinle (2003) and Aremo (2008) but disagreed with Machel (2004) in a study in Mozambique. Age has an important role to play in class placement. This finding is in support of Arowolo, Ilesanmi et al (2002), Anochie and Ikpeme (2001) that says youths are sexually active at earlier ages and some had first intercourse as early as below 11 years of age. At this age, they are more prone to unsafe sex practice and have poor access to contraceptives.

Conclusion

It could then be concluded that more efforts should be put in place towards the making of every citizen in the state to be fully aware of HIV/AIDS and the prevention of its spread, so that individuals can then live a healthy form of life in the state. After this, the awareness can then be expanded into the federation. Therefore, from the findings of the study it could be established that counsellors in secondary schools need a lot of work to do in the awareness of HIV/AIDS among adolescents in the state.

The rural areas need to be reached and since counsellors are in these schools, they should be given the task to do. Once the course is entrenched in the Curriculum, all students will want to pass it, thereby creating interest in it and will soon be part of them and they will know how to prevent the spread of the virus. Counsellors will expose the adolescents to the ways of avoiding and preventing the spread of HIV/AIDS in the society, thereby promoting healthy living and by so doing the families will live healthily which will then expand to the state at large.

Recommendations

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

- Both society and parents should put more efforts in educating the youths and children about the existence of HIV/AIDS and its effect on individual's life and the society.
- The government at both local and state levels need to put in more efforts so as to make sure that everybody is aware of HIV/AIDS right from the nursery/primary schools to tertiary education levels.
- Adolescents are sexually active, therefore, they should not be exposed to factors like pornographic pictures on the internet, TV stations Magazines, etc.
- Parents and preachers should teach adolescents to understand that sex is for married adults and not for young people. It should, therefore, not to be used as a source of income.
- The society should also provide an enabling productive environment for the youths in different ways. This will help them to avoid sex as source of income.
- The society should come out with dressing code that would prevent body exposure in the public. This will go along way in checking the adolescents that are sexually active.

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