International Journal of Tropical Medicine 3 (4): 79-84, 2008
ISSN: 1816-3319

Knowledge of HIV/AIDS and Sexual Behaviour among the Youths in South West Nigeria

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Abstract: The study investigated the relationship between the sexual behaviour and knowledge of HIV/AIDS among the youths in South West Nigeria. The study also investigated the different types of sexual behaviour and whether youths have the knowledge of key basic concept on HIV/AIDS. Using the descriptive research design, a total number of 1,420 undergraduates who correctly filled the self constructed questionnaire in 4 different universities in 4 different states of South West geographical zone of Nigeria were sampled. A self constructed questionnaire which was validated using face, content and construct method of validation was used. The instrument had a construct and a test retest reliability of 0.76 and 0.85, respectively. Pearson Product Moment Correlation and t-test were used in the inferential analysis, while frequency counts and percentages were used in describing the knowledge and sexual behaviour of youths. The result of the analysis revealed that most respondents were sexually active and were engaged in high risk sex such as casual, same sex, multiple sex and sex in exchange for money or favour. It was clear that youths have very high knowledge of key basic concept on HIV/AIDS but many youths have misconceptions about the cure of AIDS. The study recommended that policies and programmes that can transform the sexual life of youths or reduce their risk behaviours should be put in place while prevention message should be consistent, clear and effective to counteract other unreliable sources of information.

Key words: Devastating infection, high risk partners, knowledge of HIV/AIDS and risky behaviours

INTRODUCTION

AIDS stand for Acquired Immune Deficiency Syndrome. It is a pattern of devastating infections caused by the Human Immunodeficiency Virus or HIV, which attacks and destroys certain white blood cells that are essential to the body's immune system. According to UNAIDS (1999), more than 70% of people who have contacted HIV live in sub-Saharan African. Nigeria has entered a stage where the epidemic could increase at an exponential rate unless adequate national and regional responses are mounted to stem the spread of HIV/AIDS.

In an attempt to eradicate HIV, there is a need to educate people, most especially the youths who are very sexually active. According to Kaiser Family Foundation (2005), teens and young adults are in the centre of the epidemic because young people ages 15-24 account for approximately half of new adult HIV/Aids infections and 28% of the global total adults living with HIV/AIDS. Also, United Nations Population Fund (2007) confirmed that young people are at the centre of the HIV/AIDS epidemic in terms of rates of infection, vulnerability and of the 1.5 billion young people worldwide, 11.8 million are estimated to be living with HIV. It is also reported that everyday between 5,000-6,000 young people (ages 15-24) contract HIV and that many of them still lack comprehensive and correct knowledge about to prevent the infection. In HIV education, knowledge is very important. However, studies of researchers like Diclement *et al.* (1992) have also reported a poor correlation between knowledge and sexual behaviour since knowledge have been shown not to be enough, studies have shown that people practice unsafe sex despite their knowledge of HIV/AIDS.

According to, Adegbola *et al.* (1995) knowledge essentially is the recall recognition of specific and universal elements in a subject area. In the context of HIV/AIDS, having knowledge implies ability to recall facts concerning causes, transmission, prevention, concerning HIV/AIDS.

It is expected that when one has the knowledge of HIV/AIDS, the accompanying behaviour would be logical. That is having the knowledge of prevention, transmission and other facts would motivate logical safe sex behaviour. In relation to HIV/AIDS; the possibility that

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the possession of adequate and correct knowledge is highly correlated to preventive efforts is a strong motivating factor in most educational projects since it is assumed that knowledge will help to overcome fear, denial and also contribute to behaviour modification.

The power of increased knowledge to motivate logical sexual behaviour to reduce HIV infection and modify sexual behaviour change constitutes the crux of most HIV/AIDS education campaign. The ongoing and past HIV/AIDS programmes have provided information and education on radio and television, while other primary prevention, intervention have continued all over the different South West States. The process of provision of information and education is based on assumption that youths would practice safe sex. However, it seems there is lack of balance between the knowledge of HIV/AIDS and the advancement in sexual behaviour of many youths.

According to, National Aids Reproductive Health Survey (NARHS) (2003) accurate knowledge on key basic information on HIV/AIDS which is the pre-requisite for taking preventive and care actions was generally low. As reported by Ogundana (2002) a high level awareness of HIV/AIDS is observed among the population in Nigeria. However, Ogundana (2002) reported that a quarter of respondents acknowledged that they often had unsafe sex with high risk partners.

The findings of Adedimeji (2003) revealed that a 100% awareness rate was available among respondents. However, Adedimeji (2003) reported that among those who are aware of the consequences of HIV infection, no serious preventive efforts are taken towards avoiding infection for instance, while almost all those interviewed acknowledged the efficacy of the condom as a barrier method for infection <20% of male and 5% of female mentioned, did not use condom in sexual encounter with someone they are meeting for the first time.

Omorepie (2003) reported that majority of youths are aware that HIV/AIDS exist, there exists an underestimation of personal risk. In Osho and Olayinka (1999), knowledge of correct routes for HIV transmission appears to have played a role in condom use frequency. To some extent Osho and Olayinka (1999) reported that knowledge of HIV/AIDS is being put into practice in south west Nigeria through condom use. Odu (2003) found a high level of knowledge of risk reduction of HIV/AIDS and HIV testing in Nigeria. Olawale (2001) opined that perception, thinking pattern, attitude and belief about an issue can have an impact on observable behaviour. Master's and Johnson (1979) reported that human sexual behaviour is largely as a result of sexual script and also Achebe (1988) reported that thought processes could influence human behaviour and how individual privately views situation and acts towards an event.

It could be seen therefore, that knowledge and perception of individuals should be taken into consideration in determining the sexual behaviour.

The purpose of the study was to therefore investigate the relationship between the knowledge of HIV/AIDS and the sexual behaviour of youths. Two general questions and two research hypotheses were raised to pilot the study.

- What are the different sexual behaviours of youths in South West?
- Do youths have knowledge of key basic concepts on HIV/AIDS?
- Knowledge of HIV/AIDS will not be significantly related to the sexual Behaviour of youths.
- There is no significant difference in the knowledge of HIV/AIDS of youths who live in urban and those who live in rural locations.

MATERIALS AND METHODS

Descriptive research design of the survey type was used. The plan of the study involved the use of questionnaire to collect data in order to test hypotheses and answer the general questions raised in the study. The study was conducted between 2002-2005 in south west, Nigeria.

The target population for the study consisted of all undergraduate youths in South West Nigerian University. The sample consisted of 1,420 undergraduate youths age 15-30 years who correctly filled the copies of the questionnaire. Out of six states in the South West region, four were randomly chosen. The sampling procedure was a combination of stratified and simple random sampling techniques. Faculty, (school) religion, sex, age were used as stratas. One university each from Ondo, Ekiti, Oyo and Ogun was chosen.

The research instrument was titled 'Sexual Behaviour and Perception of HIV/AIDS Questionnaire, (SEBPHIV/AIDS Q). The instrument consisted of three sections, the first section consisted of items that measured the background characteristics, while the second and third measured sexual behaviour and the knowledge of HIV/AIDS, respectively.

The methods used in validating the instrument were face, content and construct validities. For face validation, the experts determined at face value the appropriateness of the instrument in measuring up with what was studied, to assertion if the instrument contained the appropriate items that could actually elicit the intended responses on sexual behaviour and knowledge of HIV/AIDS.

Experts' judgements were used in determining the content validity. The experts checked the extent to which the items were representative of the content and the behaviours specified by the theoretical concept being measured. The scores of the test administration of 30 undergraduate youths were correlated with that of the National HIV/AIDS and using Pearson Product Moment Correlation, a correlation coefficient of 0.762 was obtained. This indicated that the SBEPHIV/AIDS clearly measures the same construct with NARHS (2003).

A reliability test was also carried out on 30 youths aged 15-30 years using Pearson Product Moment Correlation. A reliability coefficient of 0.85 was obtained. The principal investigator and research assistants did the administration of the copies of the questionnaire. Out of 1600 copies of questionnaire administered 1,420 were correctly filled. The data generated were analysed using frequency counts, percentages, standard deviation and means in the descriptive analyses, while Pearson Product Moment Correlation was used in testing the hypotheses generated. The two hypotheses were tested at 0.05 level significance.

Descriptive analysis

Question 1: What are the different sexual behaviours of youths in South West Nigeria? In analyzing this general question, scores of sexual behaviours were used. The data were collected and the analysis was made on the basis of the responses of the respondents using frequency counts and percentages. The findings are shown in Table 1.

Table 1 shows that a greater percentage of youths are sexually active and are already engaged in high-risk sexual behaviour such as non-regular, same sex, sex with multiple sexual partners and sex in exchange for money or favour. There is also a low level condom use among youths while a greater percentage do not use condom because condom interferes with sexual pleasure and because their partners were opposed to condom use. Few respondents reported condom is not reliable and that they do not use condom because of religious reasons. A very large percentage of respondents use condom to either prevent HIV/AIDS while some gave no reason for not using a condom.

Question 2: Do youths have knowledge of key basic concept on HIV/AIDS? In answering this question, data on scores of knowledge of basic key concept of HIV/AIDS were used in answering the question, based on the choice of responses of the respondents as shown on Table 2.

Table 2 shows that it is clear that youths have a very high knowledge of key basic concept on HIV/AIDS but many youths are still confused about cure of AIDS by spiritual, medical, or traditional practitioners or whether AIDS has a cure. Hence youths still have some misconceptions about the key basic concept on HIV/AIDS.

Ho 1: There is no significant relationship between the youths perception of HIV/AIDS and their sexual behaviour: In testing this hypothesis data on perception

Table 1: The different sexual behaviours of youths in south west Nigeria

		Yes		No	
	Sexual behaviour	N	(%)	N	(%)
1	Ever had sexual intercourse	1029	72.5	391	275.0
2	Sex in exchange for money, gift or favour.	535	37.7	885	62.3
3	Given money to someone in exchange for sex	422	29.7	998	70.3
4	Sex with non-regular sexual partner	782	55.1	638	44.9
5	Sexual relation with more than one sexual partner	841	59.2	579	40.8
6	Regular sexual intercourse with sexual partner	767	54.0	653	46.0
7	Engaged in anal sex	479	33.7	941	66.3
8	Sex with same sex partner	437	30.8	983	69.2
9	Engaged in oral-genital sex	504	35.5	916	64.5
10	Do you often engage in touching	1149	80.9	271	19.1
b	Do you often engage in kissing	1068	75.2	352	24.8
c	Do you often engage in hugging	904	63.7	516	36.3
d	Do you often engage in folding	820	57.7	600	42.3
e	Do you often engage in breast stimulation	838	59.0	522	41.0
11	Do you use condom	703	495.0	713	50.5
12	If you don't use condom, why are you not using it?	-	-		
a	Partners opposed	-	-	252.4	35.2
b	Condom is not reliable	-	-	86.8	12.1
c	Religious reasons	-	-	40.2	5.6
d	Condom interferes with sexual pleasure	-	-	278.9	38.9
13	Why do you use condom?				
a	To protect myself from HIV/AIDS	213.7	30.4	-	-
b	To protect myself from pregnancy	187.7	26.1	-	-
c	No reason	213.7	30.4	-	-

Table 2: Responses of youths on knowledge of key, basic concept on HIV/AIDS

Knowledge of HIV/AIDS	Incorrect	(%)	Correct	(%)
A pregnant woman can transmit the virus to her unborn child	531	37.3	889	62.6
One can get HIV by sharing a meal with an HIV infected person	558	38.9	870	61.6
Transfusion of unscreened blood can transmit HIV infection	142	10.0	1278	90.0
HIV can be transmitted through unprotected sex	131	9.20	1289	98.8
Can a person get HIV through using already used injection needle	429	30.2	991	69.8
A person can get HIV by shaking hands with infected person	491	34.6	929	65.4
Can a healthy looking person be HIV positive	507	35.8	913	64.3
A person can get HIV by talking to an infected person	349	24.6	1071	75.4
AIDS can be cured by traditional means	936	65.9	590	41.6
AIDS can be cured by spiritual means	995	70.0	425	29.9
AIDS can be cured by medical doctor	486	34.2	934	65.8
AIDS is not curable	683	48.1	737	67.9
AIDS is a fatal disease	238	16.8	1182	83.3

Table 3: Correlation between perception of HIV/AIDS and sexual behaivour of youths

Variables	No of cases (N)	r-value	r-table	Level of significance
Perception	1420			
Sexual behaviour	1420	0.422	0.195	$p<0.05$

Table 4: T-test analysis of knowledge of HIV/AIDS of youths who live in urban and rural locations

Variables	N	Mean	S.D.	d.f.	t-cal	t-table
Urban	1053	56.33	12.327			
Rural	367	57.84	16.200	1418	1.851	1.96

of HIV/AIDS and the scores on sexual behaviour of youths were correlated using Pearson Product Moment Correlation to determine the relationship between perception of HIV/AIDS and the sexual behaviour of youths. Table 3 shows the result of the analysis.

Table 3 shows r-value 0.422 and r-table 0.195 at 0.05 level of significance, Ho is rejected, since r-value is greater than r-table. Therefore, there is a significant relationship between the perception of HIV/AIDS in youths and their sexual behaviour. Whatever perception youths have about HIV/AIDS would influence how they behave sexually. This implies that there is a significant positive relationship between perception of HIV/AIDS and the sexual behaviour of youths. The way youths label, interpret, think and imagine issues related to HIV/AIDS is responsible for the abnormal mode of sexual behaviour or a behaviour which deviates from the norms and value of the society such as casual, anal, sex in exchange for money and same sex partnership which is observed in this study.

Ho 2: There is no significant difference in the knowledge of HIV/AIDS of youths who live in urban and those who live in rural location: This hypothesis was analyzed using t-test. The mean score of knowledge of HIV/AIDS of youths who live in urban and those who live in rural locations were subjected to t-test analysis. The result of the analysis is shown in Table 4.

Table 4 shows t-cal 1.851 and t-table 1.96 at 0.05 level of significance. The null hypothesis is therefore accepted. Therefore there is no significant difference in the knowledge of HIV/AIDS of youths, who live in rural and those, who live in urban locations. This implies that youths have equal access to HIV/AIDS knowledge, whether they live in urban or rural locations. The location of one's residence does not influence the level of knowledge of a youth.

RESULTS AND DISCUSSION

The study has examined the relationship between the sexual behaviour and the perception of HIV/AIDS among youths in South West Nigeria. The findings of this study based on thorough examination of the sexual behaviour of youths using the percentage responses on their sexual behaviour, showed that a greater percentage of youths are sexually active and are already engaged in high risk sexual behaviour such as casual, anal, multiple, same sex as well as sexual in exchange for money or favour. The frequency of sexual contacts with the opposite sex, casual, regular, anal, multiple and sex with individuals whom they are not sure are having HIV/AIDS, wearing of the cloth of the opposite sex and watching of sexual films to stimulate sexual urge is very high among the youths in South West Nigeria.

Question 2: Seeks to find out if youths have the knowledge of basic concept on HIV/AIDS. The finding of this study shows that youths have very high knowledge of key basic concept on HIV/AIDS, however many youths are confused about cure of AIDS by spiritual, traditional or medical practitioners. Hence, youths still have some misconception about cure of HIV/AIDS.

The findings of an aspect of this study, which reported a high level of knowledge is supported by Odu (2003) who found that Nigerians have high knowledge of HIV/AIDS and risk reduction, but most people still lack knowledge of key basic concept. However, report from the National HIV/AIDS Reproductive also indicates that

accurate knowledge on key basic information on HIV/AIDS, which is a prerequisite for taking prevention and care action, is generally low.

The findings of the study is fully supported by Ogundana (2002) who reported that nearly all respondents got to know about HIV/AIDS through information provided by government and non governmental agencies. However, the message appears less effective in depicting AIDS particularly as an incurable disease.

The finding of the study about a belief in the possibility that a spiritual, medical or traditional practitioner can cure AIDS is not surprising at all, this is partly because Nigerian newspapers frequently report the discovery of cures especially by indigenous medical practitioners, spiritualists and traditional healers. Little wonder youths believed that there is a cure for AIDS.

Hypothesis one sought to find out if a significant relationship exists between the perception of HIV/AIDS in youths and their sexual behaviour. The result of the hypothesis shows that there is a significant relationship between the perception of HIV/AIDS in youths and their sexual behaviour. This result was supported by the findings of Masters and Johnson's (1979), that human sexual behaviour is largely a result of sexual script. These mental representations or schemata help to guide the individual through a sexual episode. These sexual scripts that a person comes to adopt or has, is influenced by belief, attitude, values or perception. In the view of Olawale (2001) perception, thinking pattern, attitude, belief about an issue, object or an idea can have an impact on observable behaviour, the role of perception in controlling behaviour cannot be over emphasized, the way in which people perceive, label, interpret, think and imagine events determine how they behave. When people perceive or interpret wrongly they may behave in a particular manner, which may be unacceptable or acceptable to the society. Furthermore the study agrees with the view of Achebe (1988), which reported that the thought processes, influence human behaviour. Our belief or thought process determines how an individual privately views situations, an event and therefore how he acts towards the situation or events. The thought processes explain an individual's attitude towards an institution, a group of people and the value system he has developed.

A possible reason for the observed relationship between perception of youths and their sexual behaviour may be that there are a number of barriers to behaviour change such as belief, a range of traditional practices and socio-cultural norms which allow sexual experimentation in testing the fertility of a lady one wants to marry, a belief in cure of AIDS and irrational thoughts inherited from the process of socialization or day by day interaction with peers or other unreliable sources of information on sexuality. This is because the traditional Yoruba Cultural norms permits or allows men some exception from premarital sex abstinence but favours premarital chastity for unmarried girls (Ogundana, 2002).

The finding of hypothesis two shows there is no significant difference in the knowledge of HIV/AIDS of youths who live in rural and those who live in urban locations. The finding of this study disagrees with which reported that, the knowledge of HIV/AIDS in youths in urban areas were higher than those in the rural.

This could be because those youths from urban or rural locations could have come from similar types of educational and socio-economic, background, their knowledge might therefore be similar, it may also be because everybody has equal opportunity to listen to jingles on radio, or may be because in most societies in South West, electronic and print media provide equal opportunities for HIV/AIDS messages both in rural and urban locations.

CONCLUSION

This conception about cure of AIDS exists in Nigeria and therefore it can be concluded that misconception about cure of AIDS is a factor militating against the adoption of safe sex. It can also be concluded that the continuous educational efforts in the wake of UNAIDS has only contributed to some amount of awareness of HIV/AIDS and very little behavioural change. The messages have not motivated the expected logical behavioural change among youths.

RECOMMENDATIONS

The study recommended that Government and Counsellors should fashion out strategies to end HIV infection through a more appropriate behavioural change programme. This is to modify the needed sexual behaviour change among youths. The government should allow the entrenchment of sexuality education into the curriculum of all the schools in Nigeria. A well developed sexuality education will promote healthy life style among the youths and all children. Accurate information that will counteract inaccurate information will be provided. Youths will be able to make the right choices. Sexuality education will make youths to develop objective attitude to sex and make youths understand that there is no cure for HIV/AIDS.

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