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Attitude of Youths Towards HIV Test in Nigeria

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Abstract: HIV/AIDS in Sub-Saharan Africa generally is believed to represent about 80% of all deaths. This mind-boggling statistics on mortality resulting from HIV infections may be assumed to be largely a function of the majority of the people living in this region not knowing their HIV status. It is also assumed in this study that if people knew their HIV status (through test) and the associated risk of not taking appropriate action on time, there is a higher probability that deaths resulting from HIV/AIDS opportunistic disease would drastically reduce. Health-related behaviour especially that which would effect change, in any society, seems to depend largely on the people's perceptions, cognitions, beliefs and attitude generally to what is meant by health and disease in that society. This study is an investigation into the attitudes of undergraduates toward testing for HIV/AIDS in a Nigerian second-generation University. Using a simple random technique and with the use of a researcher-constructed questionnaire based on a 4-point Likert type format, relevant information was elicited from respondents drawn from 8 faculties of the University. Data collected were analyzed through univariate statistical analysis. This study has shown the enormous task of changing health-related behaviour, especially in traditional societies, as we have in Sub-Saharan Africa. It has also brought to the fore, the fact that although many people generally want to remain uninfected and probably not to infect their partners, they may not want to learn their infection status in Africa and if they do, they may use such knowledge for several strategic purposes. Stakeholders all over are urged, therefore, to network in the fight against the HIV virus which has become a ghastly disease and great threat to the continued existence of many developing nations in particular and all nations generally.

Key words: Attitude, youth, HIV/AIDS, infection, virus

INTRODUCTION

Health-illness definitions and evaluations implicitly tend to depend on the value-orientations and life situations of the people concerned. Indeed, illness and health behaviours to a large extent can also be better understood within the context of a people's culture (Metiboba, 1996-1999).

Testing for disease, especially an infectious one such as the Human Immunodeficiency Virus (HIV) which causes the clinical syndrome of Acquired Immune Deficiency Syndrome (AIDS) is a kind of health behaviour that can also be located within a people's norms and values, including their attitude. Attitudes are summaries of knowledge about issues, events or objects and go long way to determine what we hear, see think and do. The possession of attitude confers human attribute on individuals. Sometimes, such attitudes may indicate cherished values (Franzoi, 1996).

Indeed attitudes encompass a whole of concepts including motivation, evaluation, emotion, cognition and action. According to Ibrahim (2005) attitudes engender meaning upon the world. If attitudes so reverberate through life, a study in the attitudinal dynamics of sexually transmitted disease such as HIV/AIDS especially in developing societies seems not to be out-of-place.

The need to test for HIV/AIDS in contemporary times has become imperative because this disease has become the modern world's principal pandemic, Sub-Saharan Africa bearing the brunt of the catastrophe (Harries *et al*., 2002) reported that even as far back as 2000, there were 3.8 million HIV infections in Sub Saharan Africa alone and 2.4 million people with HIV/AIDS died, representing 80% of all deaths attributable to AIDS.

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In Nigeria, the figure of the infected is believed to be slightly dropping (from 5.8% in 2001 to 5.0% in 2003). The situation becomes more mind-boggling with the revelation that over 4million Nigerians were already infected in 2004. More disturbing, perhaps, is the fact that the high-risk age bracket constitutes the school-age/workforce of the nation (19-29). About 4.85 million carriers of the HIV/AIDS disease in 2005 is projected to spiral to about 8 million persons by 2012 in Nigeria (Odiwuri, 2004).

In Sub Saharan Africa, the decision whether to test for HIV/AIDS is based on the interplay between several social-cultural factors including the belief system and the attitude of the people to such pandemic. In Nigeria for example, as in many countries in the African continent, supernatural powers are attributed to the epileptics and among some ethnic groups such as the Yoruba, the epileptics are not only regarded as ill or unwell but also as objects of scorn and social prejudice. Some researchers in Tropical Medicine in many parts of Africa have indicated that many Africans do not accept the link between microorganism and disease development and that they do not accept a disease is incurable (Colebunders and Kapita, 1994).

The health belief model is one of the most widely recognized conceptual frame works of health behaviour (Health Bulletin, 2005) and it is considered relevant for this study. This model identifies four aspects that are crucial to health-related behaviours including the following: the level of threat perceived a person's expected fear reduction potential of taking action. Others are: the perception of whether the benefits of the behaviour change outweigh its practical and psychological obstacles and perceived barriers to taking actions.

It is against this background that this study has some crucial research questions to address. These questions include:

- How do Nigerian University students perceive HIV/AIDS disease?
- To which extent can the amount of threat posed by HIV/AIDS trigger health related behaviour such as HIV/AIDS test?
- What is the perception of Unilorin students as to the benefits of testing for HIV/AIDS?
- What are the practical barriers to testing for HIV/AIDS among Unilorin students?
- What implications does testing for HIV/AIDS have generally for the fight against these diseases in developing societies?

MATERIALS AND METHODS

The study area: The University of Ilorin (Unilorin) located in the ancient city of Ilorin, Kwara State Capital, is one of the seven institutions of higher learning established by a decree of the then Federal Military Government in August 1975 (Ipinyomi, 2000). These higher institutions are popularly referred to as Second-Generation Universities in Nigeria. Initially Unilorin was an affiliated College of the University of Ibadan, Nigeria's Premier University. With just about 3 faculties at its inauguration in 1975 and with a scanty student population at its inception, the University has grown in leaps and bounds to a staggering population close to 18,000 drawn from 8 faculties.

Sampling size and technique: In carrying out the study simple random sampling technique was used to select some 581 undergraduates (from a total student population of 17, 707) drawn from the 8 Faculties in the University. The sample size determination was done using the sample size calculator, computer software designed by Creative Research Systems Inc. The required sample size was decided at 95% confidence level and a confidence interval of 4 = 581. The sample size that was finally used for the study, however, dropped to 520 due to non-response and irretrievable questionnaires.

Relevant data were collected using a researcher-constructed questionnaire titled, Attitudes toward HIV/AIDS test (AHIV/AIDS). Section A of the questionnaire sought demographic characteristics of the respondents, section B tried to ascertain the attitudes of the respondents towards HIV/AIDS test, while section C elicited suggestions for enhancing HIV/AIDS test. The scale was constructed on a 4-point Likert type format ranging from Strongly Agree (SA) to Strongly Disagree (SD). To ensure content validity of this instrument, colleagues in a related field of study were requested to vet it. To establish the reliability of the instrument, the scale was tested on some 125 undergraduates from the University of Ibadan (Nigeria's Premier University). A reliability coefficient of 0.85 was obtained. With these properties, the instrument was adjudged suitable enough for the study.

Data collected were analyzed through frequency counts. Simple percentages were used in ranking the attitudinal responses and suggestions for enhancing HIV/AIDS test.

RESULTS

The results are as presented in the tables below (Table 1-3).

Table 1: Demographic characteristics of respondents

Characteristics	Frequency	Distribution (%)
Age (Year)		
Under 21	125	29.8
21-24	180	39.6
25-29	113	21.7
30 and above	72	13.9
Course Level*		
100L	113	21.7
200L-300L	245	47.1
400L and above	162	31.2
Faculty		
Arts	85	16.3
Education	88	16.9
Science	70	13.5
Social science	96	18.5
Agriculture	44	8.5
Engineering	37	7.1
Health science	50	9.6
Law	50	9.6

Source: Field Survey, 2006. *Most of the degree programmes are run for 4 years except Agriculture, Law, Engineering and Medicine

Table 2: Respondents' attitudes towards testing for HIV/AIDS

Variables of interest	Frequency Agreeing/ %N = 520	Frequency Agreeing/ %N = 520
I feel that HIV/AIDS test should be made compulsory for all students in Nigeria Universities	25 (4.8)	95.2
HIV/AIDS test is too costly	453 (87.1)	12.9
Males need to test for HIV/AIDS than females	480 (92.3)	7.7
HIV/AIDS test will not reduce having multiple sexual partners	395 (75.9)	24.1
If one tests positive, it is an unbearable social stigma.	498 (95.7)	4.3
If one's HIV status is positive, ones spouse or prospective spouse may terminate the relationship	492 (94.6)	5.4
Testing for HIV/AIDS is an Euro-American idea, having no relevance for Africa.	487 (93.6)	6.4
Going to a test facility and going back for the result could most frustrating.	513 (98.6)	1.4
Test result will not have any impact on students' sexual behaviour afterwards.	399 (76.7)	23.3
Testing positive will make a significant reduction in students' unprotected sexual relations	398 (76.5)	23.5
Testing positive will reduce promiscuity and unguarded sexual behaviour on campus	175 (33.6)	66.4
Where both partners already know that they test positive, they may take no precautions to protect themselves	155 (29.8)	70.2
Students who are egoists may increase their sexual activity if they test positive	478 (91.9)	8.1
Testing may increase the incidence of AIDS rather than being sure to decrease it	457 (87.8)	12.2
Testing can worsen the HIV/AIDS epidemic and lower people's overall level of well-being.	406 (78.1)	21.9
More men than women may not tell their partners if they test positive	398 (76.5)	23.5
HIV/AIDS has no cure	185 (35.5)	64.5

Source: Field Survey, 2006

Table 3: Respondents' suggestions for enhancing HIV/AIDS test in Nigerian Universities

Suggestions	Frequency Agreeing N = 520	%	Remarks
Seminars and Workshop should organize for students at all levels	480	92.3	3rd
HIV/AIDS should form part of University curriculum.	153	29.4	5th
Professional counselors should handle the incidence of HIV/AIDS on campus	185	35.6	4th
Through flyers, posters, pamphlets, handbills etc. students can be better educated on HIV/AIDS	496	95.3	2nd
Testing for HIV/AIDS test should be totally free.	512	98.5	1st
HIV/AIDS test should be made compulsory for all University students	54	10.3	8th
Knowing one's infection status should be a pre-requisite for University admission	85	16.3	7th
Religious groups, mass media, and non-governmental organizations should join hands with government to create more awareness on the need to test for HIV/AIDS	94	18.0	6th

Source: field survey, 2006

DISCUSSION

Results from the simple statistical analysis of subjects' responses on Attitudes towards testing for HIV/AIDS revealed that almost all the respondents are of the feeling that going to a test facility and going back for the result could be most frustrating (98.6%). Four hundred and ninety eight (95.7%) of the sample are of the feeling that testing positive will produce a social stigma that is not tolerable. To a sizeable proportion, 91.9%, of the respondents feel that students who are egoists may increase their sexual activity if they test positive. This opinion is also in consonance with the response expressed by 87.8% of the sample who hold the opinion that testing may increase the incidence of AIDS rather than decrease it. This attitude is also in agreement with that of Philipsm and Posner (1993) who argued that testing may increase the incidence of AIDS rather than being sure to reduce it. Mechoulan (2003) in a related study also shows that testing can worsen the epidemic and lower people's overall level of well-being (inclusive of their enjoyment of sexual activity).

76.5% of the respondents are of the opinion that more men than women may not inform their partners if they test positive. This view is corroborated by the report of Gersovitz (1999) that an empirical study reveals that in the 1996 Tanzania Demographic and Health Survey, 60% of men and 91% of women who reported having had a conventional sexually transmitted diseases in the previous 12 months claimed to have informed their partners.

Only 25 (4.8%) of the sample have the feeling that HIV/AIDS test should be made compulsory in universities. This position may not be unrelated to the view that HIV/AIDS in the perception of many people in Sub-Saharan Africa does not appear to constitute any serious threat to people's health. This may also have to do with the level of poverty in most of the Nigerian communities, University towns inclusive. It is not surprising therefore that as high as 87.1% of the respondents feel that HIV/AIDS test is too costly.

93.6% of the respondents feel that the idea of testing for HIV/AIDS is an imported one. This view reveals the premium to which most people in Sub-Saharan Africa place on the efficacy of modern medicine. The traditional belief in many communities in Africa is that traditional medicine is more efficacious in the treatment of virtually all diseases than western medicine. Perhaps, this accounts for the 64.5% of the respondents in Table 1 who disagree that HIV/AIDS has no cure. Implied in that view is the tacit assumption that African Traditional Medicine can better handle the diagnosis, prescriptions and therapies of most ailments and disabilities. In the view of Robert, and several researchers in African medicine, treating HIV disease by African healers consists of treating its clinical manifestations such as chronic diarrhea and persistent fever. Underscoring the seeming irrelevance of HIV/AIDS test, 76.5% of the respondents disagree that testing positive will make a significant reduction in undergraduates' unprotected sexual relations. And only 33.6% are of the view that testing positive will reduce promiscuity and unguarded sexual behaviour on campus. It is equally instructive to note that findings from the study indicate that as high as 70.2% of the respondents agree that where both partners already know the test positive, they may take no precautions to protect themselves. One may infer from this that many people in Sub-Saharan African still do not believe in the use of orthodox medicine for the cure of sexually transmitted diseases. Anthony submitted that only some 25,000 of Africa's 23 million HIV-positive individuals receive antiretroviral therapy of any kind.

The Table 3 presents respondents' suggestions for enhancing HIV/AIDS test in Nigerian Universities. Items with the highest number of respondents expressing agreement were items 5,4 and 1. These were ranked respectively as first, second and third, the lowest level of agreement was expressed in item 6. The number of respondents who agreed to this item was just 54 representing 10.3% of the study sample. These responses further confirm the fact that HIV/AIDS test is not a priority issue in a society where poverty has taken 'captive' a majority of its citizenry.

This study has several implications for ascertaining the level of risk in respect of the attitude of undergraduates towards sexually transmitted diseases generally. The study also has serious implications for the sexual values, which university students cherish. It also reflects the influence of socio-cultural factors on the control mechanisms and measures of this human-wasting scourge in Sub-Saharan Africa.

CONCLUSION

This study has shown the enormous task of changing health-related behaviour especially in traditional societies such as we have in Sub-Saharan Africa. Even amongst college or university students, a one-direction

communication approach may not suffice. Today it seems sound health promotion programs via booklets, posters or media broadcasts may not be enough to change people's behaviour in respect of health matters. The social stigma placed on HIV/AIDS victims partly explains the reason for most infected people not wanting to go for test in most developing countries of Africa. Quite often, the victim is divorced by a network of social relationships, which hitherto, had been some source of fulfillment for him. To many, this neglect of victims by kith and kin is a more devastating scourge than the HIV/AIDS pandemic itself.

This study has also brought, to the fore the fact that although many people generally want to remain uninfected not to infect their partners, they may not want to know their infection status. And if they do, they may use such knowledge for several strategic purposes. The study has also demonstrated in eloquent terms that testing for HIV/AIDS poses some tremendous social and psychological trauma and threat to many people in Africa, including University students.

The thrust of this study is that, if testing for HIV/AIDS test is to make a significant reduction or prevention in the spread of the pandemic, much seems to depend on the extent to which health promotion programs can encompass extensive research on relevant audiences, skill-building, multichanneled education and advocacy. This involves using influential persons, positive development, community mobilization and organizational, economic and environmental change. This approach may achieve the much desired success in combating sexually transmitted diseases generally in Sub-Saharan Africa and indeed, all known human societies because it recognizes that human beings live in a dynamic social ecology as well as a physical one.

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