
Youths Perception of Their HIV Status in Enugu Metropolis: A Case of Enugu State University Enugu, Nigeria

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Abstract

The study ascertained the current perception of youths towards their HIV status in universities in Enugu metropolis: A case of Enugu State University of Science and Technology Enugu, Nigeria. A sample of 330 respondents was drawn from 11 departments in the university through proportionate stratified sampling technique. Descriptive survey design was employed. Researchers developed a 24-item structured questionnaire built on two point rating scale was used in data collection. It was validated by three experts, two experts in Community Medicine and one in Measurement and Evaluation all from University of Nigeria Nsukka (UNN). Internal consistency reliability test was established through a trial test, analyzed with Cronbach Alpha reliability technique. Frequency counts and percent were used to present the results. findings among others revealed that a significant number of youths do not have accurate information on HIV and all the modes of transmission of the disease while a few are not aware of any route of transmission; the media was the major source of information on HIV for these youths; need for increased sensitization for attention towards youths especially in ensuring the availability of accurate information on HIV and its routes of transmission. Based on the findings, it was recommended that increased publicity of HIV as a disease and its routes of transmission should be encouraged. It is also essential to ratify the information being disseminated through the mass media and internet to ensure that it is correct, current and adequate with regards to HIV.

Keywords: HIV status, Youths' perception, Enugu Metropolis, Enugu state university

Introduction

The significant position of HIV/AIDS in challenging efforts towards attainment of national and global sustainable health indices in 21st century cannot be over emphasized. HIV/AIDS are acronyms representing Human Immune Deficiency Virus or Acquired Immune Deficiency Syndrome. It is one of the most dreaded sexually transmitted diseases (STDs). HIV that causes

AIDS is a retro virus confirmed to be of two different types HIV-1 and HIV-2. Esbjörnsson (2019) acknowledged that two HIV virus types exist: HIV-1 is pandemic and aggressive, whereas HIV-2 is confined mainly to West Africa and less pathogenic. Despite the fact that it has been almost 40 years since the discovery of AIDS, it still appears that there is no cure for or vaccine against HIV.

The origin or the first incidence of HIV/AIDS was identified in the United States of America (USA) in 1981 and since then, the epidemic has spread throughout the world despite increased biological and epidemiological knowledge about the disease. Robert Gallo of the USA National Cancer Institute in 1984 confirmed the existence of HIV/AIDS. The first case of HIV/AIDS in Nigeria was reported in 1986 (Ebeniro, 2010). According to Wilkins (2013), the origin is traced to non-human primate simian virus which probably passed from chimpanzees to humans via bush hunters. In 2011, youths (15 - 24 years) accounted for 40% of all new global HIV infections in persons aged 15 years and older. There was an estimated 5 million youths living with HIV and some 2400 youths newly infected with HIV every day. Among youths living with HIV, 3.6 million (78%) live in sub-Saharan Africa (Joint United Nations Program on HIV/AIDS (UNAIDS), 2011)

Recent research reports reveal the prevalence and status perception of the virus among youths in various locations. Ebeniro (2010) revealed that an average of 89% of youths from three institutions were aware of HIV being transmitted through sexual intercourse with an infected person. 89% believed that HIV could be got through injection or transfusion of contaminated blood. It was also noted that 31% believe they could be got through physical contact such as hugging, kissing and a handshake to HIV positive person while 6% of respondents did not believe in HIV and were unaware of how it could be transmitted. Similarly, a report by National Agency for the Control of AIDS (NACA, 2012) agrees that even though young people are able to identify some risk factors for HIV infection, there are still many misconceptions with regards to the routes of transmission of the virus. According Unadike (2013), in University of Agriculture Abeokuta using 2,000 students in a randomized descriptive study 97.85% had heard about HIV/AIDS and only 2.15% claimed that they were not aware of the disease

Statistics from a study done by Omoyeni (2014) show an awareness-knowledge parity index of 0.39 in South East, 0.55 in the North- West, 0.91 in the South-West, 0.67 in the South-South and 1.49 in the North Central. There is thus need to study current state of affairs of perception of youths, especially undergraduates towards HIV's continuous existence and menacing of lives of those living with HIV within the study area. Research reports of Badru (2017) indicated that youths have a high prevalence of HIV/AIDS and many are still not aware of what HIV is all about. According to White (2021), a good number of people are likely familiar with the virus HIV, but poorly understood how it could affect the body at any given period.

So many related literatures reviewed emphasized the importance of information and knowledge on ones' HIV status in managing the disease. Studies have also shown that there is a correlation between improved level of knowledge of HIV by youths and an extent of positive behavioural

change towards the disease (Badru, 2017). The study of Ajayi (2020) reported that improving young people's knowledge of HIV perhaps through the media as well as other interventions will be critical to substantially improve their attitude towards HIV. Ajayi emphasized need to focus on improving young people's knowledge of HIV, reducing negative stigma belief through media campaigns and increasing access to HIV testing. It against backdrop that the sought to ascertain the perception of youths towards their HIV status in Enugu metropolis, Enugu State, Nigeria.

The problem is that in developing countries like Nigeria today, young people rarely dread HIV probably because it is no longer an overt cause of deaths, probably because they lack information that so many people are still living with HIV and even AIDS. They seem not to be well-informed that HIV which is an acronym for human Immune deficiency virus causes a deadly terminal disease that takes a toll on an individuals' body. They may not understand that individuals who live with it are also at greater risk for debilitating health conditions such as cardiovascular diseases, liver diseases, bone diseases, kidney diseases and many other diseases.

It is very unfortunate that present day generation (young people) that have more quality opportunities to access information on sources of HIV/AIDs (family members, friends, teachers, and the Internet) to improve their HIV knowledge appear not to avail such opportunities. Adequate HIV knowledge is critical for protecting young adolescents from HIV as evidence has shown that they are among the most vulnerable groups (Agyemang, 2012).

Purpose of the study

The study ascertained the perception of youths towards their HIV status in Enugu metropolis: A case of Enugu State University of Science and Technology (ESUT) Enugu, Enugu State, Nigeria. Specifically, the study sought to ascertain the:

1. Level of knowledge of youths in Enugu metropolis towards HIV.
2. Common sources of information about HIV to youths in Enugu metropolis.
3. Common modes of spread of HIV known to youths in Enugu metropolis

Methodology

The study was a descriptive survey design conducted in Enugu State University of Science and Technology [ESUT] a lone state university in the Enugu metropolis and entire Enugu state, South East, Nigeria. It houses a good number of youths as students of varied ages, gender, educational, and socio-cultural- religious backgrounds from various parts of the country.

The population of the study covered all 50,000 students from 60 Departments in nine Faculties in Enugu State University Science and Technology Enugu. A sample of 480 male and female final year students from 24 Departments in five faculties in ESUT which is above 397 minimum sample size for a statistically meaningful deduction Taro Yamane or Fishers formula (Jung, 2014). Inclusion criteria are students within the age range of 15 – to 24 years, enrolled in the chosen departments and willing to participate in the study while the exclusion criteria cover people less than 15 years and greater than 24 years, people not enrolled in the chosen

departments and unwillingness to participate in the study. ESUT was purposively sampled because it has all students' characteristics required in the study. Simple random sampling technique by ballot was used to select five faculties from nine available, which represent more than 50% of the faculties at the first stage. These were faculties of Education (14 departments), Engineering (7 departments), Management Sciences (8 departments), Medicine (5 departments), and Social sciences (4 departments). Proportionate sampling technique was used to select 24 Departments from 38 in the five faculties sampled. All the final year male and female students from the 24 sampled departments were used for the study because they served the purpose (expected most informed and experienced in the school). By convenience non-probability sampling technique was used to draw 20 male and female students (10 male and 10 female) from the 24 departments sampled, giving a total of 480 students.

The instrument for data collection was a 24 item-structured questionnaire built on a two-point rating scale developed by the researchers consisting of four sections (A, B, C and D). Section A sought information on Respondents' bio-data, Section B on Respondents' knowledge of their HIV status, Section C on Respondents' sources of information on HIV, and Section D on Respondents' perception of possible means of transmission of HIV.

The instrument for data collection was validated by three experts, two experts in Community Medicine and one in Measurement and Evaluation, all from University of Nigeria, Nsukka [UNN]. Internal consistency was established with Cronbach Alpha reliability technique with an index value of 0.81.

The research was approved by the ethics committee of University of Nigeria Teaching Hospital, Enugu State. Authorization was gotten from the sampled university and signed consent obtained from respondents before proceeding with the study and administration of the questionnaire. Researchers with the help of five Research Assistants from the five Faculties administered 480 copies of the questionnaire to 480 respondents assisted. The Research Assistants were briefed on what to do. This assisted to achieve 100% return rate. Data collected were used for analysis.

Data analysis was done electronically using Statistical Products and Service Solutions (SPSS) programme, IBM SPSS Statistics for Windows, Version 21 and presented using frequency counts and percent.

Results and Discussions

Respondents' biometric analysis showed that majority of the respondents (58.7%) were between the ages of 20 and 24 years while few (1%) were above 35 years. Majority of the respondents were female (59.5%) and male (40.5%); single (89.3%) and married (10.7%) while Christians (98.3%) and non-Christians (1.7%).

The study sought to examine the current perception of youths towards HIV. Results from the analysis showed that a significant proportion of the respondents (93.3%) were aware of HIV while 6.7% of the respondents had no knowledge of HIV. It corresponds to Asekun (2011)'s

findings in which 98.85 % of the respondents had heard about HIV/AIDS. It also showed that a relatively large proportion of youths are at present aware of the existence of HIV which is most likely due to the amplified publicity of HIV/AIDS. (Badru, 2020) however showed that there is significantly low levels of comprehensive HIV knowledge among young adolescents (9.4%) which may suggest that youths are currently becoming less aware of HIV and there is need to intensify efforts to increase awareness of HIV among these ones as the years go by.

The findings on sources of information about HIV are as follows: friends(28.4%), newspapers(34.2%) ,television (57.9%), radio (40.1%), school programme (33.9%), booklets and pamphlets (17.5%), posters and billboards(18.5%) health workers (26.4%) public rallies (13.7%) internet (26.4%) others(2.7%).The findings also indicated that majority of respondents got information from television which can be attributed to the fact that youths enjoy watching television which is readily available. Public rallies were the least source of information, probably due to the fact that there were a few rallies being carried out with regards to publicity on HIV that were accessible to the youths. The above agreed with Ohanu (2012) findings in a study carried out among in-school adolescents in a suburban community in South-West, Nigeria where electronic media (radio and television) was the most frequent source of information about HIV/AIDS among the respondents (59.9%). Other sources include school programmes (55.1%), parents (35%), peers/ friends (26.7%) and posters and magazine (28.8%).

A survey by (Badru, 2020) also showed youths sources of information on HIV were schools (79.7%), media (31.9%), and friends (20.9%). Other sources of information included religious leaders (7.0%), hospitals (3.6%), and the Internet (1.5%) (Badru, 2020). However, (Bamise, 2011) also ascertained that the most important sources of HIV/AIDS information among youths were the media.

Findings from this study also revealed that majority of the respondents were rightly informed that HIV was a disease that could affect anybody (90.10%) but it is still worrisome that some respondents believed that HIV was a disease of animals (3.10%), a curse sent by God to sinners (5.5%), a lie told to instill fear (0.30%) and a disease of bad people (1%).

Findings on mode of spread of HIV showed that a significant number of the respondents were aware of the major routes of spread, 87.80% through sexual contact, 65.50% through sharing of sharp objects. It was also noted that majority of respondents were not aware of some other important modes of spread, tattooing (14.5%) and breastfeeding (15.9%). It was alarming that some respondents believed that HIV could be transmitted through kissing (10.1%), handshake (0.3%) and mosquito bites (3%) and evil spirits (0.7%). It was intriguing to find out that 2.8% of all respondents do not know any route of transmission of HIV. It confirmed findings of a study done in three tertiary institutions in the eastern part of Nigeria which showed that 89% of the respondents were aware of HIV being transmitted through the major routes as was listed above while about 31% of the respondents believed that it could be gotten through other routes like hugging, kissing and giving handshakes. 6% of the respondents were equally unaware of the routes of transmission of HIV (National Agency for the Control of AIDS, 2012).

A more recent study also concurred with our study that there is still some misconceptions towards HIV in regards to the knowledge of students about modes of transmission of HIV. Majority (82.1%) did not consider that shaking hands with an affected individual could transmit the disease, whereas 16.8% thought that it could. More than two fifths (41%) of the students believed that kissing could transmit the disease; 56% assumed that it was not transmitted by kissing and 2.9% did not give their opinion. Additionally, 58.4% of the respondents felt that sharing barber tools might transmit the disease; 40.8% assumed that it would be not transmitted by such a practice (Alhasawi, 2019).

The high awareness of sexual route of transmission is probably because of strong emphasis laid on sexual contact as the major preventable route of transmission by cultural and religious institutions as well as the media. The high knowledge on the modes of spread of the infection through sharing of sharp objects can be attributed to the recent attention drawn to the practice as a mode of spread by mass media and health institutions. The low knowledge on tattooing, breastfeeding and other means of transmission of HIV may be as a result of inadequate sensitization of the population to these routes of spread of the disease.

It is noteworthy that few respondents believe that it can be spread through kissing, mosquito bites, evil spirits and handshakes. This may be out of misinformation or because of peculiar cultural beliefs.

A significant amount of people believed that HIV infected individuals could be healthy looking and about 3.5% believed that people had to be sickly once they were infected with HIV. This was probably because of inadequate knowledge of some youths to the fact that HIV positive persons could be healthy looking. The above is consistent with another study done in Ibadan which revealed that many of the respondents (78.4%) out of 1902 adolescents believed that a healthy looking person can be infected with the virus (Wilkins, 2013). This agrees with a recent study which also showed that a significant proportion of young people knew that a healthy-looking person can have HIV (Badru, 2020).

There is high awareness of the disease among youths but there are still some significant lacunae in complete understanding of the disease among the population.

Conclusion

From the study, majority of youths in Enugu metropolis are aware of HIV and its common modes of transmission. However, a significant percentage still lack a comprehensive and accurate information of the disease. The media (television and radio) are the major sources of information on HIV to these youths.

Recommendations

The effectiveness of the mass media in correctly disseminating information on HIV is doubtful as evidenced by the obvious erroneous beliefs and information on HIV by the youths shown in the study. An improved multisectorial approach in HIV education of youths is therefore advised. It is also recommended that emphasis on means of improving the knowledge of youths on

HIV/AIDs should be enhanced by the government which can be achieved through increased effective public campaigns and inculcation of appropriate health education in schools. Consequently, professionals concerned with youths can help to positively modify the perception of young people towards HIV by supporting the adoption of programs that properly educate youths on HIV as well as encourage the development, evaluation and replication of programs specifically designed to educate youths on HIV and its routes of transmission. It is also essential to ratify the information being disseminated through the mass media and internet to ensure that it is correct, current and adequate with regards to HIV.

Youths should also be educated on the importance and benefits of being aware of their HIV status with testing services made more easily available, accessible and affordable to youths. This may include taking the testing services to schools and subsidizing the cost of getting tested.

Clearly, these measures do not represent a complete solution to the problems but can be effective components in larger overall strategies to improve youths' perception towards HIV.

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