Environmental and Personality Factors Influencing the Exposure to HIV/AIDS Prevention Messages among the Students in Public Tertiary Institution in Ondo State, Nigeria

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Abstract: The study examined the environmental and personality factors influencing the exposure to HIV/AIDS prevention messages among the students in public tertiary institutions in Ondo state. The researcher used descriptive survey research design when carrying out this study. Random sampling technique was used first to select three public tertiary institutions in the state. Second random technique was used to select One hundred respondents from Rufus Giwa Polytechnic Owo, School of Nursing Akure, Adeyemi College of Education Ondo and University of Science and Technology, Okitipupa. The researcher develops questionnaire instrument to gather information and letter generate data for the study. The data generated was analyzed using percentage and mean score of the respondents compared with the criterion mean for the study to interpret results. Five research question and hypothesis were formulated to guide the study at 0.05 level of significance. Based on the findings the following results show that there is a significant relationship between the students age, level of awareness, attitudinal disposition of students, gender difference, and level of awareness to HIV prevention messages among the students in public tertiary institution in Ondo State. Due to this, recommendations were made.

Keywords: HIV/AIDS, knowledge, personality, Attitude, Behaviour.

I. BACKGROUND TO THE STUDY

Sexually transmitted diseases (STDs) are major health problem affecting mostly young people not only in developing, but also in developed countries. Human immunodeficiency virus (HIV)

On the other hand, has been described as the pandemic of our time and has been receiving a lot of attention worldwide. Globally, 33.2 million people were estimated to be living with HIV and 2.5 million newly infected with HIV in 2007 (WHO, 2008). As the HIV epidemic spreads, younger age group are becoming exposed to the risk of infection (UNAIDS, 1999)

Ten million youth (ages 15-24) worldwide are living with HIV and every day, an estimated 6,000 youth are infected with the virus. Although they could be found in countries on all continents, most of them lived in sub-Saharan Africa (UNPA, 2005).

The 2008 HIV/syphilis sentinel survey in Nigeria revealed that 3.3% of young people aged 15-19 are infected with the HIV virus (Federal Ministry of Health, Nigeria, 2008). Sexual intercourse is the most predominant mode of transmission of HIV in sub-Saharan Africa, accounting for approximately 90% of all infections (Dekock, Ekpini & Gnaore, 1994). Young people are particularly vulnerable to HIV and STD infection because of the physical, psychological, social and economic attributes of adolescence (Earl, 1995) and are also at risk due to the high levels of risky sexual behaviors and the attitudes, expectations and limitations of the societies in which they grow up (population Reference bureau, 2000).

Adolescents are known to be adventurous group; and indulge in sexual activities just the reason of experimentation and peer influences, owing to a wealth of uncensored information they are exposed to, through an intensifying wave of westernization, the internet, and electronic media coupled with a shallow knowledge and nonchalant attitude about the dreaded HIV virus and STD infection. These risky behaviours predispose adolescents to the risk of HIV/STD infection. Several studies have reported high rate of pre-marital sexual activities among Nigerian adolescents (Feyisetan & Pebley, 1989) over 16% of teenage females reported fist sexual intercourse by age 18. Studies have shown that, adolescents who begin sexual activity early are likely to have sex with more partners...
who have been at risk of STD and HIV exposure (who, 2002). Thus, a major goal of HIV and STD prevention programs is to delay sexual debut.

II. STATEMENT OF PROBLEMS

Despite all the effort of Nigerian government and stakeholders in introducing Sexuality Education into the school curriculum as well as the likely risks that young people in Nigerian are facing in the area of productive health, adolescents and young adults to whom student of tertiary institution in Ondo state belongs are the most vulnerable as well as the group that seem most misinformed about HIV/AIDS, yet they take the most risks about sexual active

In Nigerian, moral and religious instructions are virtually absent on most educational instructions and such help to promote moral decadence. Socio-cultural values are lopsided, the society is not concerned with virginity as it is generally believed that adolescents and young adults as students are sexually active. This focus population constitution the force that drivers the epidemics because of the recent trend of dressing, in which girls wear clothes that expose sensitive parts of their body, the free access of male visitors to female hostels or rented apartment where they live together as unmarried couples (cohabiting) increased sexual harassment by male students, request for money and material things which has brought about female works in tertiary institution resulting to moral breakdown that bring about HIV new infection on daily basis.

However, few studies if at all have ever tried to look at the effect of school type, student attitude and knowledge on regular health care, it is against this backdrop, the researcher empirically establish the environment and personalities factor influencing the exposure to HIV/AIDS prevention messages. (WHO, 1993) opined that HIV/AIDS prevention messages are the instrument the assist the adolescent to develop abilities fro adaptive and positive behaviors that enable individuals to deal with demands and challenges of everyday life. It is a skill that can shape individual behavior and decision which in turn perpetuate special competences a person acquires over a period of time of correctly perform a task or deal with specific situations. This is the gap in knowledge that this study wants to fill.

III. OBJECTIVE OF THE STUDY

The objectives of the study are:

i. To access the level of awareness in relation to HIV prevention messages among the student in tertiary institution in Ondo State.

ii. To access the attitudinal disposition of the student in tertiary institution towards HIV prevention messages.

iii. To access the impact of age factor of the student in tertiary institution in relation to HIV prevention messages.

iv. To access the gender influence on HIV prevention messages among the student in tertiary institution in Ondo State.

v. To access the influence of family pattern on HIV prevention messages among student in tertiary institution in Ondo State.

Research questions

a) Will there be any difference between student’s knowledge and HIV prevention messages.

b) Will there be any difference between attitudinal disposition of University students and HIV/AIDS prevention messages.

c) Will there be any difference between student’s age and HIV/AIDS prevention messages?

d) Will there be any significant difference between gender influence and the level of exposure to HIV prevention messages among student in tertiary institutions

e) Will there be any difference in the influence of family patterns and HIV prevention messages among students in tertiary institutions?

Research hypothesis

a) There will be no significant difference between student acknowledge and HIV prevention messages.

b) There will be no significant difference between attitudinal disposition of University Students and HIV/AIDS prevention messages.

c) There will be no significant difference between student’s age and HIV/AIDS prevention messages.

d) There will be no significant difference between gender influence and HIV prevention messages among students in tertiary institutions.

e) There will be no significant difference in the influence of family patterns and HIV prevention messages among students in tertiary institutions.
IV. REVIEW OF RELATED LITERATURE

Concept, Etiology and Pathogenesis of HIV/AIDS

HIV/AIDS is described as Immune Deficiency Virus. AIDS is the acronym for Acquire Immune Deficiency Syndrome.

The first case of Acquire Immune Deficiency Syndrome (AIDS) in Nigeria was reported in 1986 as against 1981 USA. The first case of IV was diagnosed in Ondo State in 1989 and numerous cases have since been reported. The HIV and AIDS control programme thus commenced in the “Old Ondo State” in 1989. HIV prevalence in Ondo State in 2003 was 2.3%. It rose to 3.5% in 2005. The figure declined to 3.4% and 2.3% in 2008 and 2010 respectively. In year 2013 it was 4.3%. Ondo State Anti – Stigma law was established in 2014

HIV Risk Practice

Adolescent especially in secondary schools in Nigeria, are the group at high risks in the rapidly growth STDs and HIV pandemic, and there is the need to broaden their knowledge and attitude towards these infections. Several studies have documented the high sexual activities and risky behavior among adolescents in most parts of the world, thus putting them at high risks contracting the HIV infection and STDs complication. During this time they try out experience for the first time and this is often the time for sexual experimentation by some youths. It is however, accompanied by lack of knowledge and skill to make healthy choices. The precision of effective healthcare facilities will go a long way to fashion acceptable prevention measure and treatment of HIV and STDs that will assist adolescent as well as favour norms and culture as much as possible.

Rohleder (2009) observe that studies have shown that increasing communication between young adolescent and the adult in their lives delay the age at which adolescent having sex and increase their use of condoms when they start. Also, UNFPA (2006) aptly capture the inadequate knowledge of the adolescents irrespective of their home type when it observe that often young adult do not understand how to protect themselves against sexually transmitted disease. These findings were in line with that of Okoro (2005). Piotrow, Rimon, Merrit, and Saffitz (2003) on the importance of communication between the teens and then families, that communication through exposure to HIV/AIDS prevention messages will change the adolescents high risk behaviour.

Sekirime, Tamale, JLule and Mangen in their study knowledge, attitude and practice about sexually transmitted diseases among University students of Kampala in year 2001 found that more female than male students got information from their parents, while more male more than female student had their information from previous sexual intercourse because of their explorative nature. News medical (2012) also observe that most time female do not know that they are infected with an STD until they start showing symptoms of the disease unlike male whose symptoms which appears quicker. The findings of UNFPA (2006) further confirmed this when it observed that evidence suggest that adolescents female constitute the sex and age group most susceptible to STDs including HIV STDs and also more vulnerable to coercion, while the study of zeeb, Spallek, and Zeeb(2011) showed that school-bases health centers see the largest proportion of teenage males than female.

V. RESEARCH METHODOLOGY

The study adopted an exploration approach using descriptive and personality factors influencing student’s exposure to HIV prevention messages in selected tertiary institution in Ondo State. The design was ideal at it enhanced collection of data from the subject on the current status of student’s opinion towards HIV life building skills. Orodho (2002) observe that descriptive survey is used in preliminary and exploratory studies to gather information, summarize, present and interpret for the purpose of clarification. It is also intended to produce statistical information about aspects of education that interests policy makers and educators.

The unit sample of study was the male and female students in the four-selected tertiary institution of (Rufus Giwa Polytechnics, Owo, Ondo Federal College of Education, Ondo and School of Nursing, Akure) and school of Technology Okitipupa. The researcher selected 100 students (male and female) through the use of simple random sampling technique. A total of 100 respondents participated in the study. Questionnaires were used to collect data from the respondents. The instrument was considered ideal as they addressed issue of neutrality and anonymity. Each item on the questionnaires were self-administered and collected on the same spot for 100% return. The questionnaires were pretested on a selected smaller sample similar to the actual sample that was used for the study but not including the group to be surveyed. The completed copies of the questionnaire were analyzed using both descriptive statistics of frequently counts and percentage to describe the demographic data, and inferential statistics of chi-square to test the hypotheses at 0.05 level of significance.
VI. RESULT AND DISCUSSIONS

The analysis of data was based on the research hypotheses. The data were analyzed using both qualitative and quantitative procedures. The researcher categorized instruments into homogenous groups, coded the quantitative information and summarized them into frequencies and percentage which are presented using frequencies, chi-square and percentage in table and discussed thereafter.

Demographic profile of respondents
N=100

<table>
<thead>
<tr>
<th>Variable</th>
<th>frequency</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>60</td>
<td>60%</td>
</tr>
<tr>
<td>Female</td>
<td>40</td>
<td>40%</td>
</tr>
<tr>
<td>Age distribution of participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-15</td>
<td>20</td>
<td>20%</td>
</tr>
<tr>
<td>16-20</td>
<td>30</td>
<td>30%</td>
</tr>
<tr>
<td>21-25</td>
<td>35</td>
<td>35%</td>
</tr>
<tr>
<td>31-35</td>
<td>15</td>
<td>15%</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>100</td>
<td>100%</td>
</tr>
<tr>
<td>Married</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Windowed</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>60</td>
<td>60%</td>
</tr>
<tr>
<td>Muslim</td>
<td>35</td>
<td>35%</td>
</tr>
<tr>
<td>Tradition</td>
<td>05</td>
<td>5%</td>
</tr>
<tr>
<td>Highest Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary School Certificate</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Secondary School Certificate</td>
<td>90</td>
<td>90%</td>
</tr>
<tr>
<td>Post-Secondary Cert.</td>
<td>10</td>
<td>10%</td>
</tr>
<tr>
<td>Type of institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal University</td>
<td>25</td>
<td>25%</td>
</tr>
<tr>
<td>State polytechnic</td>
<td>25</td>
<td>25%</td>
</tr>
<tr>
<td>School of health</td>
<td>25</td>
<td>25%</td>
</tr>
<tr>
<td>Collage of education</td>
<td>25</td>
<td>25%</td>
</tr>
</tbody>
</table>

Hypothesis testing

HO1: there is no significant different between the students level of awareness of HIV/AIDS preventive message and students Response to HIV/AIDS life building skills.

Table 1 above shows that the chi-square obtained is (42.51) which is greater than the critical value of (16.92) therefore, the null hypothesis as rejected. This implies that there is significant relationship between the student’s level of awareness of HIV/AIDS and the student’s response to HIV/AIDS prevention messages.

HO2: there will be no significant relationship between the attitudinal disposition of University students and their response to HIV/AIDS prevention messages.
Table 2 above reveals that the chi-square calculated is (9.66) is greater than the critical value of (8.92) therefore, the null hypothesis was rejected. This means that there is a significant difference between attitude disposition of students and their exposure to HIV/AIDS prevention messages. Merritt and Safttitz (2003) stressed the importance of communication between the teens and their families that right communication through developing HIV/AIDS prevention messages will change the adolescent high-risk attitude and behavior.

HO3: There will be no significant different between the students age and the level of responses to HIV/AIDS prevention messages.

Table 3 above indicate that the chi-square obtained is (25.68) is greater than the critical value of (16.92) therefore, the null hypothesis was rejected. There is significant difference between student’s age and the level of their responses to HIV/AIDS prevention message. This is corroborated by (Earl, 1995) who asserted that young people are particularly Vulnerable to HIV and STD infections because of the physical Psychological, Social and economic attributes and are also at risk due to the level of risky sexual behaviors and attitudes.

Table 4 above shows that the chi-square obtained is (17.5) which is greater than the critical value of (16.92) therefore the null was rejected. This means that there is a significant gender different on HIV/AIDS prevention messages. The findings NUFPA (2006) further confirmed this when it observer that evidence suggest that adolescents female constitute the sex and age group most susceptible to STD including HIV infection and that young woman are physiologically more vulnerable.

VII. ANALYSIS OF DATA

Demographic profile of the despondence

Table I shows the distribution of respondents by gender, the table revealed that 60 (60%) are male while 40 (4%) are female, this showed that majority of the respondents are males.

Table II shows the distribution of respondents by Age. The table revealed that those who fall between 10-15 are 20 (20%) those who falls between 16-20 are 30 (30%), those who fall between 21-25 are 35 (35%) and those who fall between 31-35 are 15 (15%) this shoes that the majority of the respondents fall between the ages 21-25 which is 35 (35%).

Table III showed the distribution of respondents by religious, the table revealed that 60(60%) are Christian, 35 (35%) are Muslim and 5 (5%) are traditional religions, this showed that majority of the respondents are Christian.

Table IV showed the distribution of respondent by education, 90 (90%) are secondary school leavers while 10 (10%) are post secondary school leaver this showed that majority of undergraduate students are school certificate holders.

Table V showed the distribution of respondent by institution type. The table showed that the four tertiary institutions have representation 25(25%) each.
IX. CONCLUSION AND RECOMMENDATIONS

Based on the finding the following conclusion were deducted
1. Students in tertiary institution in Ondo, state does not have adequate knowledge of HIV/AIDS prevention message
2. Students in tertiary institutions in Ondo state have negative attitudinal disposition towards HIV prevention messages.
3. Age group has a significant predictive ability on HIV preventive messages.
4. Gender, family pattern, religious affiliation and institution type have significant influence on HIV prevention messages.

Based on the findings of this study, the following recommendations are made:

Health education and sex education should be thought in the schools, home and in the churches right away from youth.
Government should create job opportunities for graduate students. In order to improve their lives. Bursary allowances should be reinstated for students in tertiary institutions.
There should be special workshop and training about the concept, objective importance and the outcome of prevention messages among the students in tertiary institutions.

X. REFERENCES

http://dx.doi.org/10.2307/1966437
Laga et al. (1993). Non-ulcerative sexually transmitted diseases as risk factors for HIV transmission in women: Results from a cohort study. AIDS,7(1), 95-102, http://dx.doi.org/10.1097/00002030-199301000-00015
New Medical. (2012).What is an Std. Retrieved from http://googleads.g.doubleclick.net
UNFPA. (2006). Preventing of HIV inflection. Global youth’s partners. Advocating for increased access by young people to information, education and services in the areas of HIV prevention.
Weinsttock, H., beman, s., &cates, W(2004). Sexually transmitted diseasesamong American youth: incidence and prevalence estimates Perspectives on sexual and reproductive health, 36(1) 6-10