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LEVEL OF AWARENESS OF HIV/AIDS PANDEMIC AMONG UNDERGRADUATE STUDENTS OF THE UNIVERSITY OF IBADAN.

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Abstract

The study assessed the level of awareness of students of the University of Ibadan about HIV/AIDS, and the effective preventive strategies the students know that can reduce the further spread of HIV/AIDS, and suggest ways to cultivate the right attitudes concerning issues relating to AIDS in order to make the University of Ibadan an AIDS-free institution, and to make recommendations on how students can be involved in reducing the spread of HIV/AIDS. This study employed descriptive research design in which information was obtained from an observed population and questionnaires were used as the research instrument. The result of the findings have shown that a very good number of students are aware of the issue of HIV/AIDS, its signs and symptoms, its mode of transmission and various preventive strategies that could curtail the spread of AIDS, although a few students are still doubting the reality of HIV/AIDS. The roles of social workers and prevention as well as curbing the spread of HIV/AIDS were recommended.

Key words: Awareness Level, HIV/AIDS, Undergraduates

Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) were first identified in the United States of America in 1981 where most of those affected were homosexuals. Lloyd (2004), CDC (2001) and UNAIDS/WHO (2003). In 1983, AIDS was reported among haemophiliacs and infants of drug-addicted mothers. HIV-1 was isolated almost simultaneously by three groups of scientists: one of the groups was Luc Montagnier's group at Pasteur Institute in Paris. The first case of HIV in Nigeria was reported in 1986 in a sexually-active 13 years old girl, and soon afterwards, HIV infection was identified among commercial sex workers in Lagos and Enugu. (Forbi, Pennap, Obinyelaku, Iperepolu and Agwale 2009). Since the occurrence of HIV/AIDS, scientists have identified HIV as the cause of AIDS and now understand many of the stages of transmission. However, neither a vaccine nor a cure exist, thus the pandemic continues to grow and to affect millions of people living worldwide, particularly the poor in the southern hemisphere where 95% of cases are concentrated.

The new UNAIDS biennial report shows that the number of people living with HIV has stabilized at 33 million worldwide; 2.7 million were newly infected in 2007. Sub-Saharan Africa remains the epicentre of the pandemic, claiming 67% of the disease burden or approximately 22 million people. Women are increasingly at risk, already making up half of all global cases of HIV/AIDS. The stabilization is partly credited to the success of HIV prevention programmes. Young people are at high risk of HIV/AIDS epidemic as it continues to spread worldwide, and they are also the world's greatest hope in the struggle against this fatal disease. It is estimated that of the 1.7 billion young people worldwide, 5.4 million are estimated to be living with HIV (HIV/AIDS Surveillance Report 2007). About 40 percent of new infections are among the young people. This age group (15-24) also has the highest rate (over 500,000 new infections daily) of sexually transmitted infections excluding HIV.

Thousands become infected daily with the virus without knowing which makes the future of the world bleak if this is not addressed. Today's youth have inherited a lethal legacy that is killing them, their friends, brothers, sisters, parents and role models. HIV/AIDS Surveillance Report (2007)

According to data from 39 African, Asian and Latin American countries: The level of awareness of AIDS is generally high. In half of the countries, at least 90 percent of the female populations have heard of AIDS, and in more than three fourths of the countries at least 90 percent of the male populations have heard of the disease. However, awareness remains low in a few countries. In Bangladesh and Nepal, less than one in three ever-married women have heard of AIDS.

The level of awareness of AIDS is higher among men than women. This gender gap reaches 34 percentage points in the Niger and 28 percentage points in Chad. Also striking are the gender differences in AIDS awareness in Bangladesh (19 percentage points), Benin (13 percentage points), Eritrea (17 percentage points), Mali (19 percentage points), Mozambique (12 percentage points) and Nigeria (15 percentage points).

Awareness grows with the incidence of HIV/AIDS. In 12 countries where HIV prevalence exceeds 5 percent, awareness has reached at least 90 percent, whereas in 2 countries where prevalence is less than 1 percent, less than half the female respondents are aware of AIDS. HIV/AIDS Awareness and behavior (2001)

In most countries, the HIV epidemic is related to behaviours that expose individuals to the virus and so increase the risk of infection. Many people are ignorant about the virus. Surveys around the world show alarmingly low levels of awareness and understanding about HIV amongst many groups.

Knowledge about HIV, the level and frequency of risk behaviours related to transmission of HIV is very important in identifying and better understanding of populations mostly at risk of HIV. Many prevention programmes focus on increasing people's knowledge about sexual transmission, hoping to overcome the misconception that may be acting as a disincentive to behavioural change toward safer behavioural patterns.

Behaviour information is also critical for assessing changes over a specified time range as a result of prevention efforts. One of the main goals of second generation HIV surveillance systems is to promote a standard set of indicators to monitor trends in behavioural patterns and to target prevention interventions. In most countries, it is important to collect information on higher risk male-male sex, sexual behaviour among sex workers, both injection behaviour and sexual behaviour among injection-drug users, and sexual behaviour in other groups that may be at higher risk. UNAIDS/WHO (2003)

Sexual behaviour among the general population and among young people are of interest in many countries, as the promotion of safe sex is at the core of HIV prevention programmes.

There is lack of awareness among many young people about the risk of HIV/AIDS. (Centre for Disease Control and Prevention 2009). Programmes for young people offer the greatest potential for changing the course of the epidemic. However, research into HIV prevention in youths is an area that has seemingly been neglected, as most studies focus on adult population.

Researchers need to address this neglect of youth if they are to produce necessary evidence to allow an effective global health response.

That is why this study is focused on youths in the University of Ibadan, to find out if they are getting adequate and effective information they need to protect themselves from HIV/AIDS? Are the girls being empowered to take charge of their sexuality? These questions should be asked to bring out reasons why youths should be aware and have good knowledge of this deadly disease while taking part in its preventive strategies to allow an effective global health response.

There are certain factors why young people should be central to HIV/AIDS prevention and treatment programmes:

- ❖ Huge size of the adolescent population; young people aged between 10-19 years account for 25% of Nigeria's 140 million people (NDHS- National Development Health Scheme 2003).
- ❖ High level of sexual intercourse; most people had their first sexual intercourse during the adolescent period which they were ill-prepared for. In a study conducted by Olley & Rotimi 2003, involving male and female students of the University of Ibadan, it was found that 55% were sexually active 3 months prior to the study, 30% of the males and 11% of the females did not use a condom at last sex.
- ❖ Low use of contraceptives; the number of adolescents who use condoms at first sex is very low, only 26.5% females and 10% males aged 15-19 years use condom at first sex (NDHS, 2003). Currently, of the 15-19 sexually active males and females only 9.8% and 4.7% use modern methods of contraception respectively. A study of the pattern of risk of sexual behaviour among 'freshmen' conducted by Olley (2005) showed that 30.8% were sexually active of which 47% did not use condom in their last sexual episode.

Objectives of the Study

This study surveyed the depth of the knowledge and the preventive strategies about HIV and AIDS among the students of the University of Ibadan. Specifically, the study:

- ❖ Assessed the level of awareness of students of the University of Ibadan about HIV/AIDS.
- ❖ Found out effective preventive strategies the students know that can reduce the spread of HIV/AIDS.
- ❖ Suggested social work empowerment strategies as treatment as well as prevention of HIV/AIDS pandemic for the University of Ibadan students.

Methodology

The study employed descriptive research design and was carried out among undergraduates in the Faculty of Education, University of Ibadan. This population was purposively selected because it is believed that Education students interact more with children, adolescents and young people generally during and after their training. Respondents' department and courses of study were deliberately omitted from the questionnaire for confidentiality. A total number of 300 questionnaires were distributed which were evenly shared between male and female students. The research instrument was subjected to face and content validity through the contribution of experts in health social work, social workers in Jaja clinic and HIV/AIDS/STDS experts. The questionnaires were administered to students in lecture rooms during the break periods and were given some time to complete and collected shortly after. Data collected were analysed with frequency counts and simple percentages.

Research Questions

1. What do the students of the University of Ibadan know about HIV/AIDS?
2. What signs and symptoms do these students know about HIV/AIDS?
3. What are the various ways in which HIV/AIDS could be transmitted?
4. What is the best method for preventing HIV/AIDS amongst youths?
5. Who are those at risk of HIV infection?

Results and Discussion

(a) Demographic Data

Table 1: Frequency and Percentage of Respondents according to Gender

Sex	Frequency	Percent
Male	150	50.0%
Female	150	50.0%
Total	300	100.0%

The above table shows gender distribution of respondents (students) used for this study, the result shows that male and female have equal distribution of (50%) each it implied that both male and female have equal percentage as it was used for this study.

Table 2: Frequency and Percentage of Respondents according to Age

Age	Frequency	Percent
15 - 20 years	129	43.0%
21 - 25 years	99	33.0%
25 years above	72	24.0%
Total	300	100.0%

The above table shows the age distribution of respondents used for this study, the table revealed higher percent of age range between 15 to 20 years of age (43%), followed by age range between 21 to 25 years of age (33%), while age range between 25yrs and above were (24%). It implied that from the study, age range between 15 to 20 years has the highest percent, this age range signifies the age range of adolescents whom are the main target of my research, although other age ranges are target as well.

Findings

What do the students of the University of Ibadan know about HIV/AIDS?

Table 3: The Level of Awareness of Facts about HIV/AIDS

S/N	Statement	Agree	Disagree	Not sure	Total
1.	HIV is real and widespread in Nigeria	282	0	18	100%
2.	HIV is the virus that causes AIDS	294	3	3	100%
3.	There are two types of HIV/ HIV 1 and HIV 2	138	42	120	100%
4.	AIDS is a combination of signs and symptoms called opportunistic infections	165	18	117	100%
5.	The full meaning of HIV is Human Immunodeficiency Virus	282	6	12	100%
6.	The full meaning of AIDS is Acquired Immune Deficiency Syndrome	300	0	0	100%
7.	A can infected when in contact with the virus	177	78	45	100%
8.	A person can become affected with AIDS when in close contact with an HIV infected person	60	222	18	100%
9.	HIV is a sexually transmitted virus	273	21	6	100%
10.	HIV allows infections with other STI's	213	24	63	100%
11.	A person can live with HIV for several years before getting AIDS	249	15	36	100%
12.	You can identify positive persons by merely looking at them	24	267	9	100%

From the above table, it was seen that out of the respondents used for this study, 94% of the University of Ibadan students agreed that HIV/AIDS is real and widespread in Nigeria, while 6% were not sure. Also, 98% agreed that HIV is the virus that causes AIDS while, 1% disagreed and the remaining 1% were not sure. In addition, 46% agreed that there are two types of HIV: HIV 1 and HIV 2, while 14% disagreed and 40% were not sure. Furthermore, 55% agreed that AIDS is the combination of signs and symptoms called opportunistic infections, while 6% disagreed and 39% were not sure. 94% agreed that the full meaning of HIV is Human Immunodeficiency Virus, while 2% disagreed and 4% were not sure.

It is interesting to note that 100% of the students agreed that the full meaning of AIDS is Acquired Immune Deficiency Syndrome. 59% agreed that a person can immediately get infected when in contact with the virus, while 26% disagreed and 15% not sure. 20% agreed that a person can become affected with AIDS when in close contact with an HIV positive person, while 74% disagreed and 6% were not sure.

In addition, 91% agreed that HIV is a sexually transmitted that HIV allows infection with other STI's, while 8% disagreed, and 21% were not sure. 83% agreed that a person can live with HIV for several years before getting AIDS, while 5% disagreed and 12% were not sure.

Finally, 8% agreed that they can identify HIV positive persons by merely looking at them, while 89% disagreed and 3% were not sure.

From table 3, it could be clearly seen that the percentage of those who agreed to the fact that HIV/AIDS is real was far higher than those who disagreed and those that were not sure meaning that majority of University of Ibadan Student are aware about HIV/AIDS.

Research Question 2

What signs and symptoms do the students know about HIV/AIDS?

Table 4: The level of awareness of signs and symptoms of HIV/AIDS

S/N	Statement	Agree	Disagree	Not sure	Total
1.	Progressive weight loss of over 10% of body weight	201	39	60	100%
2.	Persistent diarrhoea for over a month	183	36	81	100%
3.	Chronic unexplained fever for over a month	234	18	48	100%
4.	Recurrent fungal infection in the mouth	189	27	84	100%
5.	Chronic cough and skin diseases	240	15	45	100%

Table 4 revealed that out of the 100% respondents used for this study, 67% agreed that progressive weight loss of over 10% of the individual's body weight is one of the signs and symptoms of HIV/AIDS while 13% disagreed and 20% were not sure. Also, 61% agreed that persistent diarrhoea for over a month is another sign and symptom, while 12% disagreed and 27% were not sure.

Furthermore, 78% of the student agreed that chronic unexplained fever for over a month is a sign and symptom associated with HIV/AIDS, while 6% disagreed and 16% were not sure. Also 63% agreed that recurrent fungal infection in the mouth is a sign and symptom of HIV/AIDS while 9% disagreed and 28% were not sure. Finally, 80% agreed that chronic cough and skin diseases are also signs and symptoms while 5% disagreed and 15% were not sure. Most of the respondents agreed to the various signs and symptoms of HIV/AIDS as seen on table six percentage analyses of signs and symptoms of HIV/AIDS. This generally implies that the respondents are aware of the signs and symptoms associated with HIV/AIDS.

Research Question 3

What are the various ways in which HIV/AIDS could be transmitted?

Table 5: The level of awareness of ways HIV/AIDS could be transmitted

S/N	Statement HIV/AIDS could be transmitted:	Agree	Disagree	Not sure	Total
1.	Through unprotected sexual intercourse with someone infected	285	12	3	100%
2.	Through unscreened blood transfusion	285	12	3	100%
3.	Through unsterilized sharp instruments	294	3	3	100%
4.	Through some cultural practices like circumcision, tattoo, tribal marks	246	30	24	100%
5.	Through bodily fluids like blood semen, vaginal secretion	234	21	45	100%
6.	From mother to child	222	45	33	100%

From the above table, it could be seen that out of the 100% respondents (students of the University of Ibadan), used for this study, 95% agreed that HIV/AIDS could be transmitted through unprotected sexual intercourse while 4% disagreed and 1% not sure. Also, 95% agreed that through unscreened blood transfusion HIV/AIDS could be transmitted, while 4% disagreed and 1% not sure. Furthermore, 98% of the students agreed that through unsterilized sharp instruments HIV/AIDS could be transmitted, while 1% disagreed and 1% not sure. 82% agreed that through cultural practices like circumcision, tattoo, tribal marks, HIV/AIDS could be transmitted while 10% disagreed and 8% were not sure, 78% agreed that through body fluids like blood, semen, vaginal secretions, HIV/AIDS could be transmitted, while 7% disagreed and 15% were not sure. 74% agreed that HIV/AIDS could be transmitted from mother to child, while 15% disagreed and 11% were not sure.

Respondents are aware of the various ways in which HIV/AIDS could be transmitted as clearly seen from the comparison of percentage of students who agreed and disagreed from table 4 above.

Research Question 4

What is the best method for preventing HIV among youths?

Table 6: Methods of preventing HIV/AIDS

S/N	Statement	Agree	Disagree	Not sure	Total
1.	Abstaining from sex if single and unmarried	261	24	15	100%
2.	Faithfulness to one's spouse if married	291	6	3	100%
3.	Avoiding unscreened blood transfusion	291	9	0	100%
4.	Avoiding unsterilized sharp instruments	291	6	3	100%
5.	Use of condoms correctly and consistently	264	24	12	100%
6.	Educating people who are still ignorant about HIV/AIDS	291	3	6	100%
7.	Avoiding and neglecting people living with HIV/AIDS	84	207	9	100%

From the above table, it was examined that out of the respondents used for this study, 87% agreed that abstaining from sex if single and unmarried is ideal for preventing HIV/AIDS among youths, while 8% disagreed and 5% were not sure. Also, 97% agreed that faithfulness to one's spouse if married is also ideal for preventing, while 2% disagreed and 1% not sure.

Furthermore, 97% of the student agreed that avoiding unscreened blood is also a way of preventing HIV/AIDS, while 3% disagreed. 97% agreed that avoiding un-sterilized instruments is another mode of transmission, while 2% disagreed and 1% not sure, 88% agreed that use of condoms correctly and consistently is a method of prevention, while 8% disagreed and 4% were not sure.

Most importantly 97% agreed that educating people who are still ignorant about HIV/AIDS is a very effective way of prevention of HIV/AIDS, while 1% disagreed and 2% were not sure.

Finally, 28% agreed that avoiding and neglecting people living with HIV/AIDS is another way of prevention while, 69% disagreed and 3% were not sure.

From the result above, it could be deduced that 97% of the respondents agreed that faithfulness to one's spouse if married, avoiding unscreened blood, avoiding un-sterilized sharp instruments and educating people who are still ignorant about HIV/AIDS, to be their personal preventive strategies in reducing HIV/AIDS.

Research Question 5

Who are those at risk of HIV/AIDS?

Table 7: Those at risk of HIV/AIDS

S/N	Statement	Agree	Disagree	Not sure	Total
1.	Urban residents	189	81	30	100%
2.	Adolescents/young adults	258	30	12	100%
3.	Commercial sex workers and their clients	249	33	18	100%
4.	Men having sex with men	171	84	45	100%
5.	Long distance truck drivers	144	123	33	100%
6.	Mobile force e.g. soldiers	168	102	30	100%
7.	Injection Drug Users	201	66	33	100%
8.	Adolescents caught in armed conflict	150	99	51	100%
9.	Children orphaned of parents affected by AIDS	180	81	39	100%

From the above table, it was established that out of the respondents used for this study, 63% agreed that urban residents are those at risk of HIV infection, while 27% disagreed and 10% were not sure.

Furthermore, 86% agreed that adolescents or young adults are the risk groups of HIV/AIDS while 10% disagreed and 4% were not sure. Another, 83% of the student agreed that commercial sex workers and their clients are also at risk of HIV/AIDS infection, while 11% disagreed and 6% not sure. 57% agreed that men having sex with men are risk groups of HIV/AIDS, while 28% disagreed and 15% were not sure, 48% agreed that long distance truck drivers are also at risk, while 41% disagreed and 11% were not sure. 56% agreed that Mobile personnel like Soldiers, are also at risk while 34% disagreed and 10% were not sure. 67% agreed that people who inject drugs are one of the risk groups of HIV/AIDS infection, while 22% disagreed and 11% not sure. 50% agreed that adolescents caught in armed conflict are also risk groups, while 33% disagreed and 17% were not sure. 60% agreed that children orphaned or affected by AIDS are one of the risk groups also, while 27% disagreed and 13% were not sure. It implied that adolescents are identified to be the major risk group of HIV/AIDS infection since a total of 86% agreed on this fact.

Conclusion

In course of this study, the causative virus that causes AIDS was identified as HIV/AIDS has indeed become a global pandemic that as at the moment has no cure but with certain preventive strategies, if properly employed, a person could prevent the spread of the AIDS epidemic.

Findings and analysis show that a sizeable number of students are aware of HIV/AIDS, signs and symptoms, its mode of transmission and various preventive strategies.

Recommendations

Young people need to be placed at the centre of the response to HIV/AIDS epidemic. There is no age restriction for leadership. Young people are assets, not liabilities, their voices need to be heard and their talents cultivated hence they should not be neglected.

Social workers assume many roles when working with people living with AIDS. First, a social worker can provide counselling, in which a client's issues are addressed, feelings and emotions are expressed and discussed, and plans are made. A social worker may help a client work out issues and objectively evaluate life situations. The worker may also assist the client in focusing on positives, even when the client is coping with the negative aspects of HIV/AIDS.

Social workers may help HIV-positive people deal with feelings of fear, guilt, anger, depression, hopelessness, abandonment, and any other emotions they may experience.

Regardless of how clients feel, it is crucial to bring these feelings out in the open so clients can deal with them. Emotional repression and isolation should be avoided. If health significantly deteriorates, social workers may also help people with AIDS cope with disfigurement and loss of function.

As an educator, a social worker can provide information about the progression of the disease, drug treatments, stress management, positive lifestyle choices, and safe sex practices. Social workers may also provide crisis intervention, a brief and time-limited therapeutic intervention through which a social worker helps a client learn to cope with or adjust to extreme external pressures. Examples of crises experienced by people with AIDS include sudden bouts of illness, job loss due to illness, and escalating expenses for medical treatments.

Empowerment can come from reconnections (Haney, 1988). Having AIDS often makes people feel isolated from family, friends, and others, and disconnected from their old lives. Social workers can help people with AIDS reconnect with other people. Support systems are essential and can include family members, friends, intimate others, and co-workers. Lines of communication need to be maintained. Significant others must also express and face their feelings in order to deal with them and support people living with AIDS. Otherwise they might shun negative feelings by avoiding and withdrawing from people with AIDS.

Social workers may also provide family counselling, in which they help the person with AIDS discuss issues with other family members. Just as clients themselves must learn to cope, so must significant others and family members. Their feelings and fears must also be elicited so that they can be addressed.

Social workers, as brokers, may help link clients to needed resources and services. People with AIDS may need services concerning health, income maintenance, housing, mental health care, and legal assistance.

Social workers may refer clients with AIDS to support groups, in which they can talk with others who also have AIDS and are experiencing similar problems and issues. HIV-positive people need not feel isolated and alone. They can see that there are other people who understand their issues and feelings. Additionally, such groups provide excellent channels for gaining information on how others have worked out similar problems. Social workers can also facilitate support or educational groups by serving as leader and keeping the group on track.

In addition, social workers can provide case management services to people living with AIDS. Case management involves assessing a client's needs, developing plans to meet these needs, linking the client with the appropriate services, monitoring service delivery, and advocating for the client when necessary (Taylor-Brown, 1995).

Note that part of case management involves advocacy – the act of stepping forward and speaking out on behalf of clients to promote fair and equitable treatment or gain needed resources. Social workers may advocate for clients with AIDS whether those workers are case managers or not.

Advocacy may be necessary for several reasons. Advocacy can target unfair treatment when HIV-positive people are discriminated against, denied services, fired from jobs, or evicted from housing. Advocacy can also be used to seek necessary resources such as health care or financial assistance when it's not readily available.

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