

# Knowledge, Perception and Behaviour of Nigerian Youths on HIV/AIDS

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## Citation

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## Abstract

Background: The pandemic of HIV remains on the increase with young people at increased risk of infection. This study assesses the knowledge of HIV/AIDS, perception and practices of youths in Lagos, Nigeria. Method: Descriptive cross-sectional survey conducted between May and June 2008 using structured pre-tested questionnaires among 315 randomly selected students enrolled at a tertiary institution in Lagos, Nigeria. Results: The knowledge of some aspects of the disease was quite high in the study group. The overall mean score to a ten HIV/AIDS knowledge questions was 8.3 of 10 points. 73.5% did not perceive themselves at risk of infection and 70.3% have multiple lifetime sexual partners. Those who perceived themselves at risk are significantly ( $p=0.019$ ) more likely to always use condoms. Conclusion: The low risk-perception has hindered commitment to behaviour change. Strategies that focus on influencing risk-perception are recommended to prevent further transmission of the virus in young people.

Institution where study is done: Yaba College of Technology, Lagos, Nigeria

## INTRODUCTION

HIV/AIDS remains incurable and devastates many communities and nations. Since the first reported case in the United States in 1981, it has spread unrelentingly to virtually every country in the world. The number of people living with the virus has risen from about 10 million in 1991 to 33 million in 2007. In 2007, there were 2.7 million new infections and 2 million HIV-related deaths. Globally, about 45% of new infections occurred among young people (aged 15-24) [1].

Africa remains the most affected region in the world. Sub-Saharan Africa, which has just over 10% of the world's population, is home to two-thirds of all people living with HIV and three quarters of all AIDS deaths (1.5 million deaths) in 2007 [1].

Globally, approximately 80% of all HIV infections are transmitted through sexual intercourse. Sexual behaviour change, thus, appears to be the most effective way of curbing further spread.

This article presents data from a study of youths in Lagos, Nigeria. It assesses the knowledge of HIV/AIDS, perception and explores risky sexual behaviours in order to plan

appropriate preventive interventions.

## MATERIALS AND METHODS

This study was a cross-sectional survey of knowledge of HIV/AIDS, perception and sexual practices among youths. The study population consisted of students in tertiary institutions in Lagos, southwestern Nigeria. One tertiary institution was randomly from the tertiary institutions in the region.

The approval for the study was obtained from the Registrar of the institution. The institution has a student population of over 16,400 with nine academic schools. 35 students (a total of 315) were randomly selected from each academic school. Informed consent was obtained from the selected students. The respondents were provided an assurance of confidentiality of information they provide in the questionnaire.

The data were collected between May and June 2008 using self-administrated questionnaires. The questionnaires consisted of closed and open-ended questions focusing on socio-demographic characteristics; knowledge on HIV/AIDS; risk-perception; and sexual behaviour. The questionnaire was pre-tested among 20 students from other tertiary institutions in Lagos to confirm clarity and comprehension.

After checking for completeness, only 302 questionnaires were usable for data analysis. SPSS 13 statistical software was used to analyse the quantitative data. Standard descriptive statistics was used to describe some of the findings. The participants' knowledge of HIV/AIDS was assessed by assigning a score of one to each correct answer provided to a ten yes/no HIV/AIDS related questions. The possible score for the Knowledge variable ranges from 0 to 10. Higher scores indicate more accurate knowledge on HIV/AIDS. Chi-squared test was used to explore the associations between risk perception for HIV and some variables on sexual practice. The alpha level adopted was 0.05. The qualitative data (open-ended questions) were thematically analysed.

**RESULTS**

The ages of the respondents ranged from 16 to 35 years with a mean age of 23 years (SD 3.6). 56.6% (168) of the respondents were males. Majority of them, 285 (94.4%) were single and most, 238 (78.8%), are Christians [Table 1].

**Figure 1**

Table 1: Socio-demographic characteristics (N= 302)

Variable	Number (Percent)
Gender	
Male	134 (55.6)
Female	168 (44.4)
Marital Status	
Single/never married	285 (94.4)
Married	17 (5.6)
Divorced/widowed/separated	0 (0)
Religion	
Christianity	238 (78.8)
Islam	57 (18.9)
Traditional	0 (0)
NA	7 (2.3)
NA- no response given	

**Figure 2**

Table 2: Knowledge of HIV/AIDS (N= 302)

Statement	Percent answering correctly
1. AIDS is caused by HIV- the Human Immunodeficiency Virus	91.1
2. HIV is transmitted through blood, semen, vaginal fluids and breast milk	83.8
3. HIV is commonly spread by having unprotected sexual intercourse with someone infected with the HIV virus.	97.4
4. HIV is commonly spread by sharing needles or syringes with someone who has the virus.	94.0
5. HIV is commonly spread by getting HIV-infected blood, semen, or vaginal secretions into open wounds.	88.7
6. HIV can also be passed from infected pregnant woman to her unborn baby during pregnancy, birth and breast milk.	83.4
7. HIV is not transmitted by simple casual contact such as kissing, sharing water glasses or hugging.	80.4
8. There is no cure for AIDS	74.5
9. You can't always tell if someone is infected with HIV or has AIDS	70.9
10. Can one get HIV because of witchcraft or other supernatural means?	87.1
Mean score of items correctly answered	8.6
Possible range of score	0-10

Virtually all the respondents, 301 (99.7%), had heard about

HIV/AIDS. The respondents' answers to the ten HIV/AIDS knowledge questions are shown in Table 2. The overall mean knowledge score was 8.3 out of a possible score of 10. Majority of the respondents, 294 (97.4%) knew that HIV could be transmitted through unprotected sexual intercourse with infected persons and by sharing needles/syringes with infected persons [284 (94.0%)]. On the other hand, about a quarter of them [77 (25.5%)] did not know that there is no cure for AIDS and that one cannot always tell if someone is infected with virus [88 (29.1%)]. The main sources of information of the participants on HIV/AIDS were television 286 (94.7%) and newspapers/magazine 85.4%. Parents and teachers account for 58.9% and 61.6% respectively. Other (14.9%) mentioned source of information are the internet, religious institutions and information leaflets.

85.7% (259) of the respondents believed that HIV/AIDS is undesirable in the society and 73.5% did not perceive themselves at risk of being infected [Table 3].

**Figure 3**

Table 3: Attitude and risk perception (N= 302)

Response	Is HIV/AIDS undesirable in the society?	Do you perceive yourself at risk of getting HIV/AIDS?
Yes	259 (85.7%)	66 (21.9%)
No	31 (10.3%)	222 (73.5%)
No response	12 (4.0%)	14 (4.6%)

61.9% (187) of the respondents have had sex before. The age at first sex ranged from 10 to 28 years with a mean of 19 years (SD 3.7). The use of condoms is low [68 (36.4%)] at first sexual experience. 30% (51) of the sexually active respondents always use condoms mainly to prevent STDs/HIV and pregnancy while one-fifth (34) has never use a condom. Trust in partners, non-availability of condoms and enjoying sex without a condom are the main reasons given by those who do not use condoms. Majority [100 (53.5%)] of them have not changed their dating behaviors as a result of HIV/AIDS concerns. 37.9% (64) of the sexual active respondents have had two to three sexual partners in their life. Notably, about one-tenth (19) had more than ten lifetime sexual partners. In the year preceding the study, more than half [86 (52.7%)] had multiple sexual partners (two or more). About half [86 (52.3%)] of them sometimes refuse sex without a condom while one-fifth (34) never refuses. Only a few [9 (4.8%)] have had sex with an unknown person or commercial sex worker [Table 4]. The three major reasons that influence them to have sex are: fun, enjoyment of sex and fear of losing their partner. On issues relating to precautions during sex, majority [180 (96.3%)]

feels safe sex is the equal responsibility of both partners. About one-fifth (40) does not wear a condom during sexual intercourse suggesting it is their partner responsibility to take precautions. Less than half (77) discusses and agrees with their partners on use of condoms.

**Figure 4**

Table 4: Sexual behaviors and practices

Variable	Number (Percent)
How often do use condoms?	
Always	51 (30.5)
Most of the time	52 (31.1)
Sometimes	30 (18.0)
Never	34 (20.4)
Have you changed your dating behavior as results of concerns about HIV/AIDS?	
Yes	87 (46.5)
No	100 (53.5)
How many sexual partners have you ever had?	
One	50 (29.6)
Two to three	64 (37.9)
Four to five	27 (16.0)
Six to ten	9 (5.3)
More than ten	19 (11.2)
Had sex with CSW or unknown person	
Yes	9 (4.8)
No	178 (95.2)

CSW- Commercial Sex Worker

**Figure 5**

Table 5: Risk perception and sexual practices

Sexual Practice	Perceived self at risk of HIV/AIDS (Number)		P value
	Yes	No	
<b>1. Frequency of use of condoms</b>			
Always	18	33	0.019*
Most of time	7	45	
Sometimes	4	26	
Never	11	23	
<b>2. Ever refuse sex without a condom</b>			
Never	4	30	0.042*
Always	16	27	
Sometimes	23	63	
<b>3. Number of sexual partners ever had</b>			
One	3	47	0.0005*
More than one	37	82	
<b>4. Number of sexual partners in last year</b>			
One	15	59	0.200
More than one	25	61	
<b>5. Last sexual intercourse (unmarried respondents)</b>			
Less than 7 days (Days)	8	8	0.024*
Less than a month (Weeks)	14	31	
Less than a year (Months)	8	44	
More than a year (Years)	9	36	

\*These are significant (p<0.05)

Table 5 shows the result of the Chi-squared tests  $\chi^2$ , which explore the associations between risk perception and some variables on sexual practices. 45% (18) of those who perceive themselves at risk are significantly more likely to always use a condom when they have sex (P=0.019). More so, 53.5% (23) of those who perceive themselves at risk significantly refuse sex without a condom some of the time compared to 9.3% (4) that never refuse (P=0.042). Respondents who have had more than one sexual partner in their lifetime were significantly unlikely, than those with one partner, to perceive themselves at risk of infection. (68.9% vs. 94%) (P=0.0005). Although a slightly greater proportion

[61 (50.8%)] of those who do not perceive themselves at risk have multiple sexual partners in the preceding year of the study, the finding was not statistically significant (P=0.20). The findings suggest that risk perception is significantly likely to influence use of condoms and lifetime sexual partners.

**DISCUSSION**

The study results showed that these youths have high level of knowledge on HIV/AIDS. They are aware of the sexual activities that transmit HIV. More so, they believe that AIDS is undesirable. These may be related to the aggressive campaigns on HIV/AIDS that have occurred over the years. They identified the mass media as the major source of information on HIV/AIDS. This is consistent with the findings of most studies on HIV in Nigeria, which also found the mass media as the primarily source of information.[23]

Despite, the relatively high knowledge about sexual transmission of HIV, seventy-four percent of the subjects do not believe that they are personally susceptible to HIV. This figure is comparable to other studies, which reported a risk-perception of 72-78% among youths in Nigeria.[45] This low risk-perception could be that the youths believe in their own invulnerability to AIDS which can be explained by the under reaction to HIV/AIDS in Africa. The reasons for such reaction include: misconception, ignorance, poverty, denial, shame, guilt, and silence as result of association of the infection with sinful sexual acts.[67]

High risk sexual behaviours exit among these youths. The age at first sexual debut is relative young. This finding is similar to other related studies which have reported mean age of 12-20 years [489]. 70% have multiple lifetime sexual partners and 5% had sex with a commercial sex worker or unknown person. About one-fifth of the single sexually active youths do not use condoms during sexual intercourse. Most of them have sex for fun and enjoyment, and some believed that sex is more enjoyable without a condom. In addition, some of them do not believe in their ability to use condoms as they feel it is their partners' responsibility.

Certainly, the findings from this study that risk perception influence use of condoms during sex, number of sexual partners and frequency of sexual intercourse are essential for HIV/AIDS preventive programmes.

**LIMITATIONS OF THE STUDY**

The study is limited in that it was carried out in a school

environment involving 315 youths- thereby making the research participants very selective. Any generalisation of the results of this study must be made with caution. More so, sexual behaviours and practices are sensitive topics that many youths are reluctant to talk about. As such, there could be some bias in the reported sexual practices.

### **IMPLICATIONS FOR INTERVENTIONS**

This study has shown that youths in Nigeria are highly knowledgeable about HIV/AIDS, which should be maintained by service providers. There is also need to embark on sustained HIV/AIDS educational programmes that will reinforce safe sexual behaviors. The following recommendations are essential for developing an effective HIV/AIDS preventive strategy:

HIV/AIDS programs should not only focus on abstinence, avoiding multiple sexual partners, consistent use of condoms but also on changing risk perception and communication processes that will enhance safer practices.

Parents, teachers and sex educators should be more involved in HIV/AIDS education and prevention strategies.

HIV services should be closely integrated with key service systems, with particular attention to sexual and reproductive health.

### **CONCLUSION**

In conclusion, this study has shown that among youths in Lagos, Nigeria, the knowledge and awareness of HIV/AIDS are high with low risk-perception. The failure to perceive HIV/AIDS as a personal risk has prevented majority of the youths from making commitment to sexual behavioral change. Thus, messages and interventions that will influence risk perception are paramount in this population. Further

extensive studies that will explore the paths that lead to sexual behavioral change and assess the reasons for the low risk perception among youths are recommended.

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