

Sources of Knowledge and Perceptions of the Involvement of Librarians in the Fight Against HIV/AIDS by Nigerian University Students

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Abstract

As at present, there is no cure for HIV/AIDS and the provision of accurate and timely information to increase knowledge remains the most realistic intervention to curtail further spread of the virus. Librarians as experts in handling information are in a unique position to be actively involved in this information dissemination role. This study determined the sources from which Nigerian university students gained their knowledge about HIV/AIDS and their perception of the role of librarians as providers of information about HIV/AIDS. The survey research design was adopted and data was collected with a structured questionnaire. The sample comprised 500 undergraduates drawn from two universities in Ogun State: Olabisi Onabanjo University, Ago Iwoye and Federal University of Agriculture, Abeokuta of which the response rate was 87%. Findings showed the frequently used sources for knowledge of HIV with their mean ratings out of a maximum of 5 were television (4.35), bill boards/posters (mean=3.92), handbills/pamphlets (mean=3.69), radio (3.63), and internet/ICT centres (3.54), while the library (mean=2.18) was among the least utilized. Overall, the students held a positive perception that librarians could be involved in the dissemination of information on HIV/AIDS. It was recommended that the university libraries in Nigeria should be actively involved in the dissemination of HIV/AIDS information through provision of access to print and digital resources in designated sections in the library and by imparting information literacy skills of how to locate credible information from the floods of information on the internet.

Keywords: HIV/AIDS, librarians, perception, sources of knowledge, university students, Nigeria

Introduction

Acquired immune deficiency syndrome (AIDS), caused by HIV (Human Immunodeficiency Virus), has been one of the major challenges of the 21st century due to its devastating negative social and economic impact on mankind. The countries of Sub-Saharan Africa carry the heaviest burden of the global HIV with 25.8 million (70%) people living with the virus out of a global figure of 36.9 million infected people (UNAIDS, 2015). The number of newly infected people in 2014 was 2.0 million out of which 1.4 million are in sub-Saharan Africa. Of the 1.2 million deaths from AIDS related illnesses by the end of 2014, 75% of them occurred in sub-Saharan Africa (UNAIDS, 2015). The number of children (aged 0–14) with HIV was 2.9 million in sub-Saharan Africa (UNAIDS, 2014). The adult prevalence of HIV in sub-Saharan Africa was 4.4% compared to about the 0.8% global figure (UNAIDS, 2014). Women are disproportionately more affected with HIV; while 51% of all adults globally living with HIV are women, women account for 59% of HIV infected people in sub-Saharan Africa. The sub-Saharan Africa share of the 2.8 million young people worldwide living with HIV was 63% (UNAIDS, 2015).

In Nigeria, the National Agency for Control of AIDS estimated that 3,229,757 people were living with HIV/AIDS, with 220,394 new HIV infections out of which 54,662 occurred among young people and 210,031 AIDS related deaths in 2013 (NACA, 2014). It further stated that only 639,397 of the 1,476,741 that required antiretroviral therapy were on treatment. Nigeria has the second highest number of people living with HIV in the world after South Africa (NACA, 2014). Adeyi et al. (2006) submitted that if Nigerian government fails to put in place highly effective large scale prevention strategies, the HIV scourge would lead to countless loss of lives and severe adverse social and economic effects.

The transmission of HIV in sub-Saharan Africa is predominantly through heterosexual contact and accounts for about 80% of all infections in Nigeria (NACA, 2014). The young people are more exposed to HIV infection than those in other age sections of the population. UNAIDS (2008) estimated that young people of age 15 to 24 years account for 45% and 60% of new HIV infections globally and in sub-Saharan Africa, respectively, a pointer to the need for emphasis on prevention strategies for the youth. The majority of university students belong to the age category of young people and are prone to risky sexual behaviours that make them vulnerable to HIV. Studies have established that most Nigerian university students are sexually active with prevalence of high risk sexual practices (Arowojolu et al., 2002; Tobin-West et al., 2013). The activities of university students that place them at high risk include experimentation with sex, alcohol and drugs abuse, cross generational sex involving female students and older men for financial compensation (Oppong and Oti-Boardi, 2013).

As at present, there is no cure for HIV and AIDS, and prevention through the provision of correct and timely information remain a critical tool in the combat against disease and its devastating effects. The World

Summit of Ministers of Health declared that, "In the absence of a vaccine or cure for AIDS, the single most important component of national HIV/AIDS programmes is information and education" (WHO, 1998). Thus, Albright (2006) posited that information is the most critical instrument to fight HIV and for now the only vaccine against further spread of the virus.

If those that are not having HIV are exposed to the right information on prevention, they would be able to take decisions on the adoption of safe sex practices, while those that do not know their HIV status would benefit from information on counseling and testing. UNAIDS (2015) stated that almost half of those infected with HIV are still not aware of their HIV status because they have not yet submitted themselves for testing. Furthermore, only 51% of those aged 15-24 years in sub Saharan Africa infected with HIV are aware of their HIV status. Those that are HIV positive and those that have developed AIDS need information on treatment, nutrition, finances, spiritual concerns, social and cultural and legal issues. Access to information also helps to reduce stigma based on fear against those with HIV/AIDS by dispelling the misconceptions and rumours on HIV transmission routes. Julien and Fourie (2015) summarized that information contributes to the prevention of HIV, brings about the adoption of safe sexual practices, enhance the adoption of HIV voluntary counseling and testing, motivate adherence to treatment, reduce stigma against those that are positive to HIV and facilitate support for people in coping with HIV.

The provision of accurate information to young people has positive effect on knowledge, attitudes and beliefs with consequent positive change in sexual behaviour (Bastien et al., 2008; Bankole, 2015). Some studies have identified lack of knowledge of HIV/AIDS among young people, and this has been a major barrier to risk reduction. UNAIDS(2014) posited that a major barrier to the prevention of HIV infection among young people is inadequate access to comprehensive sex education which has been proven to be a major predictor of sexual abstinence and increased condom use among those that who are sexually active. Abiona et al. (2014) opined that continuous education of young people about HIV using different channels is critically important to facilitate increased knowledge to curtail the spread of the epidemic. The foregoing shows that much still needs to be done in the provision of access and dissemination of information for awareness and control of the HIV/AIDS pandemic.

Several studies have shown that people obtain HIV/AIDS information through the activities of international agencies, government agencies such as National Agency for the Control of AIDS (NACA), healthcare settings, nongovernmental organisations, friends, parents, peers, agencies (NGOs), print media(newspapers, books, posters, pamphlets, handbills), media, faith-based institutions, HIV positive counselors, telephone hotlines and the internet. The librarians in carrying out its mandate of education and information dissemination could be actively involved in the combat against HIV and AIDS. Librarians are the custodian of knowledge and their role in the dissemination of information for knowledge acquisition should be of paramount importance to the community that they serve. Schoombee (2005) averred that "The community library – with its years of experience in information acquisition, organization, dissemination and use – is a natural ally in supporting HIV/AIDS awareness." Badawi (2005), in her report on the librarians' challenges in the fight against HIV/AIDS in Nigeria, contended that even medical doctors believe that professionals such as librarians should play leading role in the provision of access and dissemination of information on HIV/AIDS. Ajayi and Omotayo (2010) posited that academic libraries standing as the nerve centre of academic institutions should be uniquely comfortable places for students' to find information about HIV/AIDS without the fear of stigmatization. That academic library owes it a duty to be rendering health information services to young people that constitute a high-risk population due to alcohol, drug abuse and peer pressure. However, librarians in Nigeria are not in the forefront of information dissemination against HIV and reports have shown that the library in Nigeria play a negligible role in the provision of information on HIV (Odusanya and Bankole 2006; Bankole and Mabekoje 2008). An earlier study showed that librarians in Nigeria were knowledgeable about HIV and is convinced that libraries have a role to play in the fight against HIV (Bankole et al., 2012). It was within the context of HIV/AIDS, its potential impact on university students, and the growing demand for the involvement of librarians in fighting the scourge that this study was conducted. The study investigated the sources where university students gained their knowledge about HIV/AIDS and their perception of the role of librarians as HIV/AIDS information providers.

The specific objectives of the study are to:

1. identify the sources through which students gained their knowledge about HIV/AIDS
2. determine the major purpose for which the students use the library
3. find out the students' perception of librarians as sources of information dissemination on HIV/AIDS

Research Methodology

A survey approach was adopted for this study. The population of the study consisted of students in two universities in Ogun State, Nigeria; Olabisi Onabanjo University, Ago Iwoye (OOU) and Federal University of Agriculture, Abeokuta (FUNAAB). The questionnaire was developed from reviewed literature and consisted of

four categories: demographic characteristics, sources of HIV/AIDS information, students' purpose of use of library and perception of librarians as sources of HIV/AIDS information. The validity of the draft questionnaire was determined by a health educator and two librarians, and only those questions adjudged to be valid were included in the study. The pilot testing of the questionnaire was carried out with a sample of 50 students (excluded from the final study) in FUNAAB, to ensure that the constructs were appropriate and that they understand each question. The time taken to fill out the questionnaire was approximately 7-10 minutes.

The instrument was administered to a convenient sample of 250 students randomly selected from each of the two universities. The subjects were briefed on the purpose of the study and the rating methods. They were also informed that their participation was voluntary and that their responses would be anonymous and confidential. The response rate was 87% (430 of the 500 questionnaires).

Descriptive statistics in the form of frequency and percentages were used for data analysis.

Findings

Table 1 presents the summary of the demographic characteristics of the respondents. The sample had 46.7% male and 53.3% female. The mean age was 22.6 years with majority (85.3%) within the age group of 15–24 years. The singles constituted 90.3% and only 9.7% were married. The respondents in science based disciplines which cuts across Faculties/Colleges of Science, Agriculture, Engineering and Medicine were in the majority constituting 54%.

Table 1. Distribution of respondents by selected demographic characteristics

Variable	Frequency	Percentage
GENDER		
Male	203	46.7
Female	232	53.3
AGE		
15-19	95	21.8
20-24	276	63.4
25-29	48	11.0
30	16	3.7
Marital Status		
Single	383	90.3
Married	52	9.7
Discipline		
Science based	235	54.0
Humanities	78	17.9
Management	122	28.1
Level of Study		
100	102	23.5
200	126	29.0
300	68	15.6
400	87	20.0
Above 400	52	12.0

Table 2. Sources of knowledge of HIV/AIDS by respondents in ranked order of use

Rank	Information source	Mean	S.D
1.	Television	4.35	0.428
2.	bill boards/posters	3.92	1.021
3.	Handbills/pamphlets	3.69	1.398
4.	Radio	3.63	0.969
5.	Internet/ICT centres	3.54	0.752
6.	Literature/Textbooks	3.36	0.936
7.	Friends	3.25	1.037
8.	Newspapers/magazines	2.87	0.822
9.	Parents/relatives	2.72	1.228
10.	University lectures/ lecturers	2.51	0.685
11.	Peer educators	2.49	0.795
12.	Physicians/ Health Workers	2.44	0.960
13.	Seminars/workshops/Exhibitions	2.38	0.756
14.	Public/University Library	2.18	1.115
15.	Religious organisations(CHurch/mosque)	1.98	0.841
16.	University health centres	1.95	0.704
17.	HIV positive counselors	1.78	0.674

Scale for scoring frequency of getting information: 5=Very Often; 4=Often; 3=Sometimes; 2= Rarely; 1=Never
 Sources of HIV/AIDS Knowledge

Table 2 shows that television was the most frequently cited source with a mean ranking of 4.35, followed by bill boards/posters (mean=3.92), handbills/pamphlets(mean=3.69), radio(mean=3.63), internet/ICT centres(mean=3.54) and literature/books (mean=3.36). Information obtained from friends ranked seventh (mean=3.25) followed by newspapers/magazines (mean=2.87), parents/relatives (mean=2.72) and university lectures/lecturers (mean=2.51). The students ranked peer educators in the eleventh position and physicians/health workers in the 12th place, as sources of their HIV knowledge with a mean of 2.49 and 2.44, respectively. The least used HIV information sources were public/university libraries (mean=2.18), religious organizations (mean=1.98), university health centres (mean=1.95) and HIV positive counselors (mean=1.78).

Purpose of use of Library

Respondents were asked to indicate the purpose for which they use libraries for various activities on a scale ranging from Never (1) to Very Often (5). Table 3 shows that the major purpose of library visit by respondents was to complete class assignment (mean=4.27), distantly followed by those that used library to update knowledge and obtain current information (mean=2.93) and borrow and return books/reading materials (mean=2.85). The respondents least used the library to obtain health (mean=1.73) and HIV information (mean=1.62).

Table 3. Students purpose of use of library materials

	Purpose	Frequency	S.D
1.	To complete class assignment	4.27	0.627
2.	To consult materials for research work	2.26	0.563
3.	To borrow and return books/referred materials	2.85	1.044
4.	For knowledge update/Current information	2.93	0.828
5.	For health information	1.73	0.727
6.	To obtain HIV information	1.62	0.457
7.	To make use of digital libraries	2.24	0.815
8.	For socialization and meeting with friends	1.96	0.6347
9.	For sport information	2.12	0.728
10.	To obtain information on lifestyle/diets	2.31	0.868

Scale for purpose of use of library: 5=Very Often; 4=Often; 3=Sometimes; 2= Rarely; 1=Never

Students' perception of the role of library

Ten items was designed to assess students' perceptions of the role of librarians in the dissemination of HIV information. The perception of the students to each item was rated on the scale that ranged from Totally Disagree(1) to Totally Agree (4). If the data for totally Agree and Agree are pooled together, and those for Disagree and totally Ddisagree are pooled together, the findings in Table 4 indicate that:

69% of the respondents had positive perception to item 9 'Librarians could organize an HIV/AIDS information display in the library'. Further, over 50% of respondents endorsed items: 3 Librarians have an important role to

play in dissemination of HIV/AIDS information (56.8%),
5 ‘Librarians being information experts could attend to queries pertaining to HIV Information (55.6%)
7 ‘Librarians can form partnership with other organizations to provide HIV/AIDS information’ (54.7%) and
8 ‘Library/librarians could organize lectures on HIV/AIDS’ (51.0%) and

The results also show that over 50% of the respondents had positive perception to items 1, 2, 4 and 6 by indicating their disagreement to the following statements

1. “There is no need for HIV/AIDS information in libraries (66.4%)
2. Librarians should not be involved in HIV/AIDS because it is not their mandate(52.2%)
4. Librarians do not have the expertise to handle HIV Information (58.2%) and
6. Librarians should only provide relevant information to support our academic pursuit (59.3%)

However, slightly less than half of respondents believed that Librarians should not be involved in HIV/AIDS because it is not their mandate (49.9%) and Library/librarians could organize drama, songs and dances on HIV/AIDS (48.3%)

Discussion

The study showed that the students’ major source of knowledge about HIV/AIDS was the media including television in the first position and radio in the fourth place in agreement with previous reports in Nigeria and elsewhere. Ajayi and Omotayo (2010) reported that the students surveyed in one of the private Nigerian universities relied more on radio and television for information on HIV/AIDS. In South Africa, television watching and listening to radio emerged as the dominant sources of HIV/AIDS information among students of University of Natal (Ntombela et al., 2008). Manda (2008) found that university students in Tanzania could access a wide range of sources of sexual and reproductive health information but the actual use was concentrated and limited to only three major sources which were radio, television and friends. Ouzouni and Nakakis (2009) had found that the major sources of HIV information for the university students in Greece were television (80.7%), newspapers/magazines (64.6%) and internet. A recent study in Ghana showed that television was the major source of information on AIDS followed by internet (63%) and radio (53%) (Asante, 2013). In United States of America, television along with radio and newspapers constituted the primary source of information on HIV/AIDS to 72% of Americans (Global Media AIDS Initiative, 2004).

That bill boards/posters and handbills/pamphlets were highly used is in consonance with the findings of Abiona et al (2014) that identified bill boards as the most common source of HIV information to Nigerian and South African students and Odusanya and Bankole (2006) that reported bill boards/posters as the second most used sources of HIV information next to radio among students. Uwakwe (1998) and Nwagwu (2007) have also found the handbills to be an outstanding source of HIV/AIDS information in Nigeria. The most common platform used for HIV awareness by non governmental organizations in Nigeria is handbills, thus its emergence as a highly used source among university students in this study is to be expected.

The internet, which is one of the major means of modern day communication, was the fifth leading source of gaining knowledge about HIV/AIDS among university students. This attests to information technology usage of the respondents. Universities in Nigeria have ICT and e-learning centres where students and other members of the university community could freely access the internet. The majority of Nigerian students at university level own mobile phones with browsing facilities which they use at their convenience to scan for information. The internet being a major source of access to the undergraduate students could be that it avails them the freedom and privacy to explore and access information that they find relevant and comprehensible. That the internet is a major source of gaining knowledge about HIV/AIDS information is in consonance with the report of Escoffery et al. (2005) that majority of a sample of undergraduate college students at two academic institutions in the United States obtained health information from online sources and searched the internet frequently for health information. It is also in line with that of Buhi et al. (2011) that among 15- to 24-year-old internet users, the internet constitutes a major source (75%) for health, and especially sexual health information. Opong and Oti-Boardi (2013) also found that the internet was the second leading source of HIV/AIDS information after television among students attending private universities in Ghana.

The respondents placed university lectures/lecturers in the tenth position as source of knowledge of HIV/AIDS. In supporting this finding Ntombela et al. (2008) observed that most university lecturers accord more priority to matters related to students academics than doing anything else such as educating students on HIV/AIDS issues. A scan through the curricula in the two universities surveyed shows that topics on HIV/AIDS do not feature in the general studies for all the disciplines. However, lecture attendance on HIV has been established as one of the strongest determinants of knowledge of HIV. The study of Sukati et al. (2010) showed that students in University of Swaziland that were exposed to courses on HIV/AIDS had improved knowledge, changed attitude and safe sex behavior. Though, it is out of the scope of the study, the inclusion of HIV/AIDS in the academic curriculum of the general studies courses is recommended so as to offer comprehensive and correct

information on HIV/AIDS to students.

The majority of the undergraduate students reported not accessing information on HIV/AIDS from libraries, but ranked textbooks as the sixth important source of information about HIV/AIDS. The finding is in consonance with earlier reports which found that libraries do not serve as major source of HIV/AIDS information to Nigerians (Odusanya and Bankole, 2006; Nwalo and Anasi, 2012). It also corroborates the US National Commission on Libraries and Information Science (2005) report which indicated that libraries in sub Saharan Africa still lagged behind in disseminating HIV/AIDS information. The result is also in line with the finding of Barton (2008) that there was a very low demand for HIV/AIDS information from UK public libraries. The study of Nassimbeni and Shabangu (2013) in Swaziland showed that the library played no role in provision of HIV/AIDS material and that the people relied on NGOs. The study of Bankole et al. (2012) that investigated sources of awareness of HIV/AIDS among librarians in Nigeria did not even place libraries as one of the top sources of HIV information.

That the respondents ranked the library as one the least used sources of HIV information could be that the libraries do not have relevant and up to date information on the subject. This view is supported by the findings of Ejiwoye (2007) that libraries were not taking part in awareness campaign against HIV due to paucity of information materials that they have in their collections. Also Ajayi and Omotayo (2010) found that undergraduates at Babcock University, Ilishan Remo, Nigeria did not find the library resources on HIV/AIDS very useful because their university library did not stock adequate materials on the topic. The study of Nassimbeni and Shabangu (2015) in Swaziland showed that the collection of libraries on HIV/AIDS was grossly insufficient and inappropriate for the community it serves. The low use of library for HIV information could also mean that books and other relevant literature on HIV related topics that the library has in its possession have not been packaged and organized in a way that will make library users to recognise them. The third possible explanation could be that the respondents have other sources perceived by them as more reliable and credible to access HIV information and did not view library as the proper avenue to search for HIV/AIDS information. This is backed by the report of Barton (2008) that there was a lack of confidence among respondents about the role of libraries in providing HIV/AIDS information.

The university students in this study though had not been using the librarians as sources of HIV information but perceived them as potential sources of HV information. This supports the assertion of Pienaar (1995) that librarians being repositories of knowledge that serve people are better placed to provide efficient service in information about HIV/AIDS. However, the finding partly varied from that of Fari and Omoniyi (2010) who found that hotel patrons in Katsina ranked librarians low in their perception of how they could contribute to dissemination of HIV/AIDS information. That the hotel patrons perceived the librarians low in the findings of Fari and Omoniyi (2010) may not be generalized to mean public perception of librarians as this study has shown but may be due to the little knowledge of who a librarian to the hotel patrons.

Conclusion and Recommendation

The results of the present study reveal that the students acquire their knowledge about HIV/AIDS from television, bill boards/posters, handbills/pamphlets and radio. The library was used by the students to complete class assignment and update knowledge/obtain current information, but was least used for acquisition of knowledge on health and HIV/AIDS. However, the students had positive perception about the involvement of librarians in providing HIV/AIDS information services. The job of the librarian is to be aware of the information required by its clients from time to time so as to be able to re-engineer its services for efficient provision of information.

There is a dire need for libraries in the universities surveyed and other universities in Nigeria to embrace the role of providing access and disseminating HIV/AIDS information to students and other members of the university community. They should create awareness of the availability of such services in their libraries in university publications, notice boards, societies within the universities, religious fellowships and organisations on campuses. Access to HIV/AIDS information through library would guarantee confidentiality, non discriminatory atmosphere and eliminates the fear/stigma often associated with seeking such information from other settings such as the clinics. The consultation of materials on HIV could also be done at clients' convenient time and at their own pace.

The libraries could have a designated section with print resources such as books, magazines and newspaper articles that dealt on HIV related matters, and provide guides for their clients to such information. It could also provide access to digital resources such as CD-ROM, audiovisual aids and online materials on HIV/AIDS in these designated corners. Libraries could collaborate with expert in the health sectors, non-government organizations to source information on HIV/AIDS, which they could repackage in understandable ways and display in the library for consultation by students when they visit their libraries. Librarians could from time to time organize public lectures in partnership with experts to give talks, mount exhibitions and trainings for library staff and their clients. The library could develop a digital reference service that can be accessed from the library homepage. The users could post their queries on HIV/AIDS through the homepage. As it is done in University of

West Indies Library reported by Harris (2013), librarians that have specialist training on HIV could engage in live chats with users at fixed times.

The internet has now been established as one of the foremost sources of HIV/AIDS information to Nigerian students. It has been argued that very little of the flood of health information on the internet is relevant for dissemination to local communities (Driscoll, 2001). The librarian can come in here by equipping the students with the necessary skills to evaluate and sieve out credible information from the ever increasing plethora of HIV/AIDS information on the internet. Above all, you cannot give what you do not have, the librarians should be provided with resources on a regular basis to update their knowledge and understanding of HIV/AIDS issues.

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