

“I’m Too Young to Catch the Bug”: Nigerian Adolescent Students’ Perceptions of HIV/AIDS and its Influence on Their Sexual Behaviour

Morayo Jimoh

Department of Primary Education, University of South Africa, Pretoria

mobilehealthconsult2000@yahoo.co.uk

Abstract

This study investigated Nigerian adolescent students’ perceptions of HIV/AIDS and its influence on their sexual behaviour. Subjects were 300 students (150 male and 150 females), ages 13 to 19 years drawn from 10 secondary schools in Lagos state of Nigeria. Data were obtained using a researcher developed questionnaire. The study revealed that there is low and negative relationship between Nigerian adolescent students’ perception of HIV/AIDS and their involvement in sexual activities. Data analysis indicated that Nigerian adolescent students’ perception of HIV/AIDS is significantly influenced by gender. Other findings revealed that students’ age, religion and means of HIV/AIDS information did not significantly influence their perception of the disease. Low and positive relationships existed between adolescent students’ perceptions of HIV/AIDS and attitude to prevention methods. Based on the finding, it was recommended that sexuality and HIV/AIDS education be formally introduced into the school curriculum.

Keywords: Adolescent, Students, perceptions, HIV/AIDS, prevention methods, sexual behaviour

1. Introduction

The HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) has become the biggest social, health, developmental and security issue facing the world (UNAIDS 2007). The group at the highest risk for acquiring this disease are adolescents (Asuquo, Ekuri, Asuquo & Bassey 2004). Biological and contextual factors are the two major components that place them at risk for acquisition of sexually transmitted diseases including HIV (Brook-Gunn & Furstenberg 1989; Millar, Christopherson & King, 1993). For example, they often engage in the following high-risk behaviour: sex, smoking, taking drugs (such as marijuana and cocaine), and drinking alcohol (Rwenger 2003) which may be as a result of their perceived invulnerability to the disease, or their involvement in other risky behaviours. Prior studies revealed that adolescents characteristically believe that they are impervious to diseases including HIV/AIDS, accidents, and deaths (Hochhauser 1988; Strunin and Hingston 1987; DiClemente, Zorn and Temoshok 1986).

An estimated 60% of the new infections reported in Nigeria were from young people aged between 13 to 25 (UNAIDS Report, 2005). The extent and rate of the reported infections among adolescents and young people are factors that will endanger the future of any nation. However, the disease is causing untold physical, psychological and emotional suffering. It is eliminating the 25 to 35 year olds, the most productive members of any society (Coetzee 2005). With an estimated 60% of new infections in Nigeria occurring in youths between the ages of 13 to 25 (UNAIDS Report, 2005), it is imperative to address adolescent sexual behaviour.

A change in their sexual practices is needed to decrease their susceptibility to HIV/AIDS infections. It is possible that they may have the wrong perceptions and attitudes concerning the devastating effects and prevention methods of the illness. These perceptions and attitudes will have to be changed in order to change their sexual practices, ultimately leading to HIV/AIDS risk reduction (Hein & Futterman 1995).

1.1 Perceptions and HIV/AIDS

The results of prior studies among Nigerian students’ to ascertain their perceptions of HIV/AIDS revealed the misperceptions of the respondents. For example, in a perception study among Nigerian undergraduate students’ about one third of the respondents of both sexes saw HIV/AIDS as not really in existence (Anugwom 1996). This is quite worrisome when one takes into consideration that these were university students who were supposed to be well informed. All respondents in the same study had heard of the existence of the disease in Africa by means of the television. In addition to this, most of the respondents stated that they had only seen White people being afflicted with HIV/AIDS. None of them claimed to have seen a Black person afflicted and (20%) of them could not remember exactly the race of the HIV/AIDS victims they had seen on the television. It was also noted that a large number of the respondents (70%) saw HIV/AIDS as an invention of the Western nations to ‘put Africa in her place’. Therefore, the respondents mostly thought of HIV/AIDS as a part of the

politics of development and propaganda from the Western nations. This revelation vindicates the earlier findings by Raufu (1993) who stated that Nigerians scoff at the idea of the reality of HIV/AIDS and see it as Western inspired propaganda. Smith (2003) also indicated that most of the adolescents thought that AIDS was a foreign disease that affected White people and homosexuals, but not Nigerians. In addition, they thought that it was a Western conspiracy to spread stories about HIV/AIDS in order to limit the African population growth and also African world power, and that people who are rumoured to have died from AIDS are frequently thought by their family members to be victims of witchcraft, and diagnosis and treatment are sought from a range of non-biomedical practitioners.

Maswanya, Moji, Nagata, Horguchi, Apyaji, Honda and Takemoto (1999), in their study on the perception of HIV/AIDS reported more optimistic HIV/AIDS perceptions among their respondents. A more recent study (Omoteso 2003) that looked at university female students' perceptions of HIV/AIDS in Nigeria also indicated positive findings. The results of the study revealed that the perception of the university students was adequate, as the majority of the respondents (81%) believed that HIV exists and have heard about the virus. Also, majority of the respondents were quite conversant regarding the transmission routes of HIV, and were of the opinion that AIDS is caused by the human immune deficiency syndrome.

The results of prior studies on adolescent students' knowledge about HIV/AIDS revealed that students in general demonstrated a level of AIDS-related knowledge that ranged from low to moderately high, depending on age, grade level at school, geographical placement, the availability of information, and the source of information (Araoye & Adegoke 1996; Bandawe, 1992; Chirwa & Phiri 1990; MacLaclan, Chimombo & Mpemba 1997; Ouedraogo, Lorenz, Zina, Rehle & Soudre, 1996; Tauna & Hilderbrand, 1993; Wilson, Greenspan & Wilson. 1992; Oyo-Ita, Ikpeme & Efokidem 2005). In one study of 738 secondary school students in Calabar, Nigeria, about 30% of the students did not know that AIDS existed in Nigeria and only 315 were aware that the use of condoms can protect them from HIV (Asindi, Ibia & Young 1992). Tauna and Hilderbrand (1993) surveyed 416 Nigerian students aged between 10 and 16 years to examine their reproductive health knowledge. Results indicated differences relating to age and grade level, with older and senior students being better informed. However, their knowledge about AIDS was found to be very limited.

Adeniyi, Adejuwon, Kabiru, William, Musbau, Taiwo and Phillip (2006) on HIV/AIDS knowledge and perception study among pregnant women in Nigeria revealed that approximately 90% of the women had heard of HIV but only 27% knew that HIV could be transmitted from mother to child. Of those, 70% thought of HIV/AIDS as a fatal disease, and a slightly greater proportion (94%) did not understand the benefits of HIV counselling and testing (VCT). Nonetheless, almost 90% of the respondents were willing to know their status, following information on VCT.

The researcher has been involved in various community and school projects that seek to address the issue of HIV/AIDS. Chatting informally to some of the young people indicated that there existed a number of misperceptions, for example: having sex with a virgin will cure me of aids; washing myself with lime after sex will prohibit infection; it is a disease of the poor; it is more prevalent in big cities; if I am circumcised I will not be infected by HIV; it is a punishment from God; a spiritualist can heal you if you are infected; and it is an excuse used to discourage young people from having sex. It is not known if these are mere perceptions held by individuals or whether some of these perceptions are held by the adolescent group as a whole.

In this paper the researcher report on recently collected data from the study by means of a questionnaire, to look at some of the above-mentioned perceptions, as well as to establish young people's knowledge about the true situation regarding HIV/AIDS as it influences their sexual behaviour.

The study was mainly exploratory but four hypotheses were stated:

Hypotheses

- Ho1 There is no significant relationship between adolescent students' perception of HIV/AIDS and their involvement in premature sexual activities.
- Ho2 Nigerian adolescent students' perception of HIV/AIDS will not be significantly influenced by their gender.
- Ho3 There is no significant relationship between adolescent students' perception of HIV/AIDS and their attitude to preventive methods.
- Ho4 Nigerian Adolescent students' perception of HIV/AIDS will not be influenced by their age, religion and means of information about the disease.

1.2 Methods

The population for this study comprises all the senior secondary school students in Lagos state. Lagos state consists of 20 local government areas. Ten of these local government areas were selected and incorporated in the study. Lagos state was chosen for the study because it is a metropolitan city where people from all ethnic groups in the country can be found.

Participants for the study were drawn from public and private secondary schools. Co-educational (boys and girls) schools were used for the purpose of this research. The researcher made use of 10 of the 20 local government areas in Lagos state for the study. Using the purposive sampling technique, one school was chosen from each of the local government areas. Also, using the random sampling technique the researcher selected 30 students from each of the participating schools. This gave a final sample size of 300 students comprising 150 males and 150 females. The respondents were between the ages of 13 and 20.

Secondary school students were considered the ideal group for this study because they are adolescents and as adolescents, they are considered to be at a greater risk of HIV-infection than any other age group. Secondly, this is the age group with the highest rate of sexually transmitted diseases (Ministry of Health, 2005). Furthermore, secondary school students are in a position of being influential role models of behaviour as they could shape the attitudes of both their peers in secondary schools as well as that of pre-adolescents in primary schools.

Data were collected using a self-administered questionnaire. The questionnaire was subdivided into four sections namely A, B, C and D. Section A consist of items used to solicit biographical information was contained in section A. Factors such as gender, home situation, parents' occupation, number of siblings, source of HIV/AIDS information, and involvement in gang activities at school were measured. This section consisted of 14 items. In section B the perceptions of adolescents to HIV/AIDS were measured by means of 30 items. These were based on a five point scale of Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D) and Strongly Disagree (SD). This enabled the adolescents to choose a middle-of-the-road option. This section comprised of items like I think HIV/AIDS is not real; I think HIV/AIDS is used to discourage adolescents from having sex; HIV/AIDS is a disease of the Whites; and if I shower immediately after sex, it will stop me from contracting HIV/AIDS. Section C measured the attitudes of the students to the existing prevention methods. Thirteen items were developed to measure this variable, and was also based on a five-point scale of SA, A, U, D and SD. Each item had a positive and a negative scale, ranging from 1 to 5. This section comprised of items like Refusing unsafe sex with multiple partners; condom use; and seeking immediate treatment when infected with sexually transmitted diseases. Section D measured the sexual behaviour of the students. Five items were formulated and two dimensions were used for this purpose. A three-point scale was used to measure the items. An example of a question used in section D was Have you ever engaged in kissing, necking, hugging, and breast fondling and premarital sex with the opposite sex?

1.3 Results and Discussion

Hypothesis 1 - There is no significant relationship between Nigerian adolescent students' perception of HIV/AIDS and their involvement in premature sexual activities.

Table 1

Correlation of scores of adolescent students' perception of HIV/AIDS and their scores in premature sexual activities

Variable Measured	N	df	Mean	Sd	r-cal
Adolescent Perception of HIV/AIDS	300	299	113.54	14.27	0 -.24
Adolescent involvement in sexual activities of	300	299	31.99	8.49	

Sig. $p < 0.05$ r-critical = .088

The result on table 1 indicates that r-calculated is -.24 and r- critical is .088. Therefore, the correlation is significant at 0.05 alpha level of significance and hypothesis is rejected. Considering the sample size, it should be noted that the coefficient of -.24 shows that only 24% of the variation in the perception feeling can be attributed to sexual activities. This means that there is a low and negative relationship between the students' perception of HIV/AIDS and their involvement in sexual activities.

The conclusion is that adolescent students' do not perceive HIV/AIDS as risky or deadly resulting in too little or no influence in their sexual behaviour. These result are in line with Anugwom (1996) whose findings revealed that university undergraduates do not believe that HIV/AIDS exist.

Hypotheses 2: Nigerian adolescent students' perception of HIV/AIDS will not be significantly influenced by their gender.

To test Hypotheses two, an independent t-test was used.

Table 2

Independent t test on perception of HIV/AIDS and gender

Variable Measured adolescence	N	Mean	Sd	df	t-cal
Male	150	113.07	13.56	298	-.57
Female	150	114.01	14.97		

Sig. $P < 0.05$ t-critical = 1.96

The above result shows that the calculated t-value is greater than the critical t-value. On the basis of this result we reject the null hypothesis and accept the alternative hypothesis, it then implies that gender affects the level of perception and awareness of the adolescent students' towards HIV/AIDS. The conclusion may therefore imply that female adolescent students' perceive or are aware of the disease than the males. This is also in agreement with the author's recent experience at a snack bar where some young adolescent's were discussing about sex and HIV test, a boy there was actually maintained that HIV/AIDS is a trick to eradicate reckless sexual life among young people. The author also asked him whether he uses condom, he replied that he does not like condom and that something must actually kill a man. The result further tend to corroborate with the findings of Hardee (1997) who showed that males and females adolescents received different messages about behaviour expected of them from parents, peer, society and the media. Males were found to show superiority over their female counterparts in their perception of HIV/AIDS (Asuquo et al 2004). The authors maintained that females are more vulnerable than the males because they often lack the bargaining power to negotiate safer sex practices with their male counterparts. It is therefore not surprising that HIV/AIDS was also found to be more prevalent among females than males (Hoppe et al 1994).

Hypotheses 3: There is no significant relationship between adolescent students' perception of HIV/AIDS and their attitude to preventive methods.

To test hypotheses three correlation was used.

Table 3

Correlation of adolescent students' perception of HIV/AIDS and their attitude to preventive methods

Variable Measured	N	Df	mean	sd	r-cal
Adolescent students perception of HIV/AIDS	300	298	113.54	14.27	.34
Attitude to preventive methods	300	298	32.23	9.24	

Sig. $P < 0.05$ r-critical .088

The result on table 3 shows that there is a low but positive relationship between the level of perception of HIV/AIDS by the adolescents and their attitude to preventive methods leading to the rejection of hypothesis 3. The low coefficient (.34) may be related to hypothesis 2 where females were aware of the disease than the males, invariably being aware they would accept the preventive methods more than their male counterparts. This may be explained from the point of view of Lance (2001) who stated that females were determined to be more sexually responsible than males.

Hypotheses 4: Nigerian Adolescent students' perception of HIV/AIDS will not be influenced by their age, religion and means of information about the disease.

Table 4: Descriptive Statistics of the Data

	Mean	Std. Deviation	N
adolescence perception of HIV/AIDS	113.54	14.267	300
age	2.34	.931	300
religion	1.34	.515	300
HIVINFO	1.96	1.506	300

The above table indicates the mean and standard deviation of the criterion and the predictor variables entered for the multiple regression analysis. To further test the hypothesis, an intercorrelation matrix of the data was done.

Table 5: Intercorrelation matrix of the variables on Table 4

	adolescence perception HIV/AIDS	of age	religion	HIVINFO
adolescence perception HIV/AIDS	1.000	-.059	-.090	.010
of age		1.000	-.047	-.133
religion			1.000	.105
HIVINFO				1.000

Evidence from table 5 shows that the criterion variable – Nigerian adolescent students’ perception of HIV/AIDS did not significantly correlate with the predictor variables- age, religion and means of information. Multiple regression analysis of the data was further carried out to test the evidence on table 5.

Table 6

Multiple regression of Nigerian adolescent students’ perception of HIV/AIDS and its influence on age, religion and means of information.

Multiple R	R	R adjusted	R ² change	Std errors (S.E)	F Change	Sig. Change	F
0.111	.012	.002	.012	14.25	1.23	.30	
Analysis of variance							
Source of variation	Sum of square	df	Mean	F-cal	Sig. F Change		
Regression	746.99	3	248.99	1.23	0.30		
Residual	60111.45	296	203.08				

Sig. $P < .05$ $F(3,296) = 2.37$

The table above reveals a multiple correlation of $R=0.111$. This means that the predictor variables; means of information, religion and age put together did not correlate positively with the criterion variable Nigerian students’ perception of HIV/AIDS. From the table, it is also obvious that the F-ratio of the analysis of variance, which is 1.23, is less than the F-critical of 2.37. This implies that it was not significant at $P<0.05$ alpha level with a standard error (S.E) estimate of 14.25 thus indicating that the Nigerian students’ age, religion and means of information about the disease did not significantly influence their perception of the disease. Hence the fourth hypothesis is accepted.

The above result explains that only 0.2% of the variance (Adjusted $R^2=.002$) in the criterion variable was determined by the three predictor variables, while the remaining 99.8% was due to residuals and other factors not considered in this study.

1.4 Conclusion

The study has shown that there is a low and negative relationship between Nigerian adolescent students’ perceptions of HIV/AIDS and their involvement in sexual activities. The participants do not perceive HIV/AIDS as a deadly disease, thus having very little influence on their sexual behaviour. The study also shows that Nigerian adolescent students’ perceptions of HIV/AIDS will be significantly influenced by gender. It was also revealed in the study Nigerian adolescent students’ age, religion and means of HIV/AIDS information did not significantly influence their perception of the disease. Furthermore, a low but positive relationship was found between Nigerian adolescent students’ HIV/AIDS perceptions and their attitude to prevention methods.

1.5 Recommendations

Based on these results efforts should be made by the government and non- governmental organizations (NGOs) to improve the perceptions of HIV/AIDS. This could be achieved by formal introduction of sexuality and HIV/AIDS education into the school's curriculum. Appropriate information, education and communication strategies must be employed HIV/AIDS educators. In this respect it is hoped to help the students to gain more accurate information about HIV/AIDS, to recognize HIV/AIDS as an immediate threat, and to make informed decisions that do not put them at risk of HIV-infection. Since a great number of students are sexually active, it places them at risk, and it makes HIV/AIDS prevention programmes for secondary schools a matter of immediate urgency.

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PROFILE

Dr. Morayo Jimoh, the Chief Executive Officer of Mobile Health Consult Nigeria Limited is both a Chattered Educational and Child Psychologist and a Biofeedback and Neurofeedback practitioner in private practice. She holds a Doctoral degree in the field of Psychology of Education from University of South Africa (UNISA). Prior to this, she had obtained two Masters Degrees in Health Education and Educational Psychology respectively from the University of Lagos. She also had her first Degree in Health Education at the University of Benin.

Dr. Morayo Jimoh is a lecturer in Child Development in the Department of Early Childhood Education and Development under Distance learning at University of South Africa. Her fields of interest include psychophysiological disorders and neuropsychological learning disabilities in children.

She is a member of the following professional associations:

- Association for Applied psychophysiology and Biofeedback (AAPB);
- International Society for Neurofeedback and Research (ISNR);
- British Psychological Society; and
- Psychological Society of South Africa.

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