

Full Length Research Paper

Influence of the knowledge of HIV/AIDS on behaviour change among adolescents in Anambra State, Nigeria

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Accepted 6 October, 2011

HIV/AIDS prevalence had become a global issue in the whole continent today. The study examined the influence of the knowledge of HIV/AIDS on behaviour change among adolescents in Anambra State, Nigeria. A sample of 960 adolescents were used for the study. Three research questions and two hypotheses guided the study. The study was a descriptive survey on adolescents in Anambra State. The instrument was a 38-item questionnaire which was duly validated by three experts. Findings from the study revealed that the adolescents' knowledge about HIV/AIDS was high but their behaviour changes were not encouraging. It is therefore recommended that the counsellors should partner with appropriate agencies of government and non-governmental organizations in order to help the adolescents overcome the problem of HIV/AIDS by providing accurate and effective information that will bring a change in their life styles for realistic and appropriate behaviour.

Key words: Knowledge, behavioural change, adolescents, HIV/AIDS.

INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) continue to spread around the world and it is the leading cause of death in adolescents (UNAIDS, 2007). HIV stands for Human Immunodeficiency Virus and it is this virus that causes AIDS. It can only affect human beings by destroying the body's immune system. This virus may be passed from one person to another when infected blood, semen, or vaginal fluids come in contact with an uninfected person's broken skin (Fernea, 1998). HIV/AIDS pandemic has attracted world attention and concern within the last twenty years. The fight against HIV/AIDS has gradually geared up governments, international agencies and non-governmental organizations to take action on how to reduce the scourge of the disease (Omoteso et al., 2010). However, despite massive action taken by these groups of people to reduce the risk, it is very clear that changes are not occurring as expected and the infection continues to spread rapidly. More so, HIV/AIDS pandemic has accounted for the death of men, women and orphaned children worldwide. It was estimated that

cumulative deaths from AIDS would be between 3.6 and 4.2 million people by 2008 (Mental Health AIDS, 2007). HIV occurs every minute in Nigeria.

In Nigeria, including Anambra State, despite the efforts of the International body, government and non-government bodies, HIV/AIDS is still a serious problem and the infection continues to spread. Many NGOs are involved in the fight against HIV/AIDS, especially in the areas of information, education and communication. The government has included formulation of National Policy on HIV/AIDS, the syndrome management of STDs, massive mobilization and AIDS awareness and national conference on HIV/AIDS (Obineli, 2009). Also, Nigeria's HIV/AIDS emergency plan (2001 to 2004) is aimed at increasing awareness; promote behavioural change, foster city specific action plan, improve legislation, promote care and support, mitigate the effect of the disease, monitor and stimulate research on HIV/AIDS (Mental Health AIDS, 2007). Tedro (2001), Utuka and Ezoechi (2005), Action AIDS (2006) and Omotoso et al. (2010) identified the major means of transmission to include:

1) Unprotected penetrative sexual contact and other risky behaviour and this account for 80% of cases of HIV

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infection;

- 2) Blood transfusion with contaminated blood of a donor;
- 3) Blood from an infected person entering a cut or an open wound on another person;
- 4) Mother to baby either before, during or after birth; and
- 5) Using unsterilized hypodermic needles and syringes.

HIV/AIDS infection has grave social, economic and psychological implications for the individual, the family and the society at large. Despite the devastating and deliberating effects on the society, no cure has yet been found for the treatment of the disease and human existence is being threatened. Omoteso et al. (2010) opines that in the absence of credible curative drugs and vaccines, the only way currently available for dealing on a large scale with HIV/AIDS is through developing appropriate standard of behaviour. This can only be possible through the proper knowledge of HIV/AIDS which will facilitate a change in behavior. Empirical findings on adolescent sexuality vis-à-vis the HIV/AIDS pandemic have highlighted a gap often prevalent between adolescents' attitudes, beliefs, knowledge or intentions pertaining sexuality and their actual sexual behaviour (Callwell, 2004; Szekeres, 2000; Gulure, 2003). Relative to the aforestated study, the adolescent's awareness of HIV/AIDS transmission dynamics is generally high but behavioural change relative to the pandemic is very limited.

Adolescents need to be given basic facts about HIV/AIDS. Having basic facts according to Milingh (2007) would help to influence the behaviour of adolescents in a positive way. The main general objective of this study then is to find out the influence of the knowledge of HIV/AIDS on behaviour change among adolescents in Anambra State, Nigeria. Specific objectives were to:

- 1) Determine knowledge of the adolescents about HIV/AIDS;
- 2) Assess patterns of behaviour changes in relation to HIV/AIDS;
- 3) Determine factors influencing the behaviour changes of these adolescents; and
- 4) Evaluate differences in the knowledge and behaviour changes of the adolescents based on their location.

The following research questions guided the study:

- 1) What knowledge do the adolescents have on HIV/AIDS?
- 2) What are the patterns of behaviour changes as regards HIV/AIDS among the adolescents?
- 3) What are the factors influencing the behaviour changes of the adolescents as regards HIV/AIDS?

Two null hypotheses were tested at the 0.05 level of significance:

- 1) There is no significant difference in the adolescents'

knowledge of HIV/AIDS and their behaviour changes in relation to HIV/AIDS; and

- 2) There is no significant difference in the knowledge of HIV/AIDS and behaviour changes of the adolescents in relation to HIV/AIDS based on their location.

METHODOLOGY

The population for the study was made up of all 9,600 adolescents in 264 secondary schools in Anambra State. A sample of 960 adolescents were used for the study. Simple random sampling technique was used to select the sample from rural and urban cities, 355 were from a rural area and 605 were from an urban area. The instrument used for the collection of data was the structured questionnaire constructed by the researchers and validated by three experts. An instrument titled "Questionnaire on knowledge of HIV/AIDS and behavioural changes" (OKBC) was used to elicit information from the adolescents.

The questionnaire was made up of four sections. Section A sought information on personal data of the respondents. Section B was on knowledge of HIV/AIDS among adolescents. Section C consisted of items on behavioural changes that have taken place in the adolescents; Section D focused on factors influencing the behaviour. The questionnaire was administered by the researchers with the help of five research assistants. The data obtained was analyzed using percentages, chi-square and t-test.

RESULTS

Table 1 shows that adolescents are aware of 18 out of 18 items presented on HIV/AIDS. The study indicated that the adolescents' knowledge about HIV/AIDS was high. Table 2 shows that 81% of the adolescents had stopped having deep kissing while 19% had not done so. The adolescents that will not use unscreened blood were 92% while 8% are still using unscreened blood. About 55% have stopped having sexual intercourse, while 45% would like to continue. 91% were avoiding the use of unsterilized injection needles and syringes. 63% of the adolescents were using condoms when having sexual intercourse, and 27% of the adolescents would like to continue. Also, 35% of the adolescents take their clippers to their barbers while 65% do not. 93% do not involve themselves in anal sex while 7% are involved in it. The adolescents that have sex with one person were 55% while 45% do not.

Table 3 shows that factors influencing behaviour changes among the adolescents in relation to HIV/AIDS. The knowledge of HIV/AIDS by adolescents were 72%, fear of dying 96%, stigmatization 63%. Peer group pressure influence on adolescents was 88%. Seeing a HIV infected person influenced 89% of the adolescents; HIV/AIDS awareness programme influenced 55%, while 20% were influenced by parental communication on HIV/AIDS. 33 were influenced by health impact of the disease while 27% were influenced by social impact of the disease. 32% were influenced by sensitization from school counselors.

In Table 4, the calculated χ^2 value is 61.77 while critical

Table 1. Frequency distribution of students' knowledge about HIV/AIDS.

S/N	Items	Yes in percentage	No in percentage
	HIV/AIDS can be contracted through		
1	Use of condom	20(192)	80(768)
2	Deep kissing	15(144)	85(826)
3	Sharing needles and syringes	93(893)	7(97)
4	Infected persons clothes, under wears	15(144)	85(826)
5	Through toilet seat	20(192)	80(768)
6	Unprotected sexual intercourse	95(901)	5(59)
7	Unscreened blood transfusion	92(883)	8(77)
8	Infected mother to the unborn child	81(708)	19(262)
9	Sharing of brush and comb	20(192)	80(768)
10	Anal sex	55(508)	45(452)
11	Coughing and sneezing	22(211)	78(749)
12	Witchcraft	12(115)	88(845)
13	Mosquito bites	14(134)	86(826)
14	Shaking hands with someone having HIV	11(106)	89(854)
15	Open wound	93(893)	7(67)
16	Circumcision	91(874)	9(86)
17	Bathroom equipment	15((144)	85(826)
18	Unsterilized equipment like clippers	80(768)	20(192)

Figures that are not in parentheses are percentages.

Table 2. Percentage analysis on the pattern of changes in adolescents as a result of the knowledge of HIV/AIDS.

S/N	Items	Yes in percentage	No in percentage
1	I don't engage in deep kissing	81 (708)	19 (158)
2	I will not take any unscreened blood	92 (883)	8(77)
3	I have stopped having sexual intercourse until I get married.	55 (508)	45 (452)
4	I avoid using unsterilized injection needles.	91 (874)	9 (86)
5	I now use condom when having sexual intercourse.	63 (605)	27 (355)
6	I now have sexual intercourse with one person.	55 (508)	45 (452)
7	I now take my clippers to my barber.	35 (336)	65 (624)
8	I avoid sharing sharp objects with anybody again.	89 (854)	11 (106)
9	I don't engage in anal sex	93 (893)	7 (67)

χ^2 is 5.99. Therefore, there is a significant difference in the knowledge of the adolescents about HIV/AIDS and their behavioural changes as regards HIV/AIDS. In Table 5, the number of urban adolescents is 605 while that of rural is 355. The means of the two groups are 20.5 and 14.2. The calculated t-value (2.33) is lower than the critical value (9.12) at 0.5 level of significance. The null hypothesis is therefore accepted. The results show that there is no significant difference in the knowledge of both Urban and Rural adolescents about HIV/AIDS.

DISCUSSION

The study investigated the influence of the knowledge of

HIV/AIDS on behaviour change among adolescents in Anambra State, Nigeria. The results of the study showed that the adolescents' knowledge about HIV/AIDS was high but could still be higher. This is because many of them knew ways of contacting HIV/AIDS but only very few knew it could be contracted through use of condom because the condom tears as soon as the sperm fills it. This finding is in line with Gulure (2003) and Omoteso et al. (2010) who found out that adolescents are aware of the means of transmission of HIV/AIDS. The study also indicated behavioural changes but items 3, 6 and 7 from Table 2 were very discouraging, for instance many of the adolescents still engage in pre-marital sex, many still share sharp objects with significant others, while adolescents especially males still visit the barber without

Table 3. Percentage analysis of the factors influencing behavioural changes among the adolescents in regards to HIV/AIDS.

S/N	Item	%
1	Knowledge of HIV/AIDS	72 (691)
2	Fear of dying	96 (922)
3	Stigmatization	63 (605)
4	Fear of being infected	35 (336)
5	Peer group pressure	88 (845)
6	Seeing an HIV infection person	89 (854)
7	HIV/AIDS awareness programme	55 (528)
8	Sensitization from school counselors	32 (307)
9	Parental communication on HIV/AIDS	20 (192)
10	Health impact of the disease	35 (346)
11	Social impact of the disease	27 (355)

Table 4. Chi-square (χ^2) analysis of the adolescents' knowledge of HIV/AIDS and their behavioural changes in relation to HIV/AIDS.

NO	χ^2 -cal	χ^2 -crit	Remark
960	61.77	5.99	Significant

Table 5. T-test analysis on difference in the behavioural changes of Urban and Rural adolescents in relation to HIV/AIDS.

Items	Location	Mean	SD	T- cal	T- crit
Behaviour changes	Rural 355	14.2	1.039	2.33	9.12
Behaviour Changes	Urban 605	20.5	9.31		

their own clippers. This lack of personal clipper for the males may be due to the fact that they are students with limited amount of money. This situation may improve in the future if the Government, non-governmental organizations (NGOs) and good spirited individuals will donate free clippers to these in-school adolescents. This agrees with the work of Callwell (2004) and Obineli (2009) who observed that the adolescents' knowledge of HIV/AIDS is not commensurate with the behaviour change they exhibit.

The study further showed that the factors that influenced behavioural change among adolescents as regards HIV/AIDS are fear of death, which came first in the list with the highest percentage; others include seeing an infected person, peer group pressure and knowledge of HIV/AIDS among others. These results are not surprising because young people are always afraid to die believing that old people should die first, thus forgetting that death is for all irrespective of age. Also, seeing an infected person especially one that is already down with AIDs sets up a type of latent fear in them and peer pressure which is peculiar to their period. Findings from the study also showed a significant difference in the

students' knowledge of HIV/AIDS and their behaviour change. This may be due to the fact that individuals, especially adolescents find it easy to internalize knowledge but find it difficult to put the learned knowledge into practice. The reason is not far fetched, it may be because of the adolescents tendency to be independent, little wonder Milingh (2007) observed the scourge. Why is the implementation of this knowledge difficult? It may be due to hypersensitivity or hypersexual activity of these adolescents.

Finally, the study revealed that there is no significant difference in the knowledge of urban and rural adolescents about HIV/AIDS. This is due to the fact that we are in the era of technology explosion, they have the same knowledge, experience, etc and is because of the availability of technological services, irrespective of the adolescents' location.

Conclusion

It is evident from literature that HIV/AIDS is a real disease that has already killed a vast number of adolescents.

Concerted efforts need to be made by government and non-governmental organizations to help the adolescents meet the challenges of HIV/AIDS. It is imperative for the counsellors to partner with appropriate agencies of government and non-governmental organizations, to find ways to help the adolescents overcome the problem of HIV/AIDS by providing accurate and effective information that will bring a change in life styles needed for realistic and appropriate behaviour.

RECOMMENDATIONS

Based on the findings, the following recommendations were made:

- 1) Government should train more counsellors. This is necessary because counsellors are equipped with skills and techniques which they can use in guiding and modifying adolescents' sexual behaviours;
- 2) Non-Governmental Organizations both National and International who are already involved in the fight against HIV/AIDS need to be more involved in the fight;
- 3) Counsellors should endeavour to provide more information on HIV/AIDS through seminars, workshops and flyers; this would help the adolescents change their behaviour;
- 4) Counsellors should organize interactive sessions with the adolescents in secondary schools in the state on quarterly basis;
- 5) Counsellors should collaborate with teachers in giving information to the adolescents on HIV/AIDS and its devastating effects; and
- 6) Care-givers should endeavour to provide information early to nursery and primary school pupils on HIV/AIDS, so that by the time they get to adolescent stage they are aware of the implications. This will then influence them positively.

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