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UNDERGRADUATE STUDENTS' PERCEPTION OF HIV/AIDS

A Case of Obafemi Awolowo University Ile-Ife, NIGERIA.

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Abstract

Perception of Human Immunodeficiency Virus has been topical due to its central place in determining attitudes and care for people living with HIV/AIDS and having implications for the containment of the epidemic. People living with HIV/AIDS face social stigmatization due partly to misconception in the perception of the disease and people living with it and students are not left out in this stigmatization and discrimination.

This study aimed at exploring the perception of HIV/AIDS by the students of Obafemi Awolowo University. The study utilized quantitative methodology –questionnaires to elicit information from 160 students on their perception of the disease. The sampling technique was quota sampling technique in which 40 students were randomly selected from each hostel out of the 4 selected hostels.

The findings were that majority of the respondents view the disease and people living with it negatively (53.9) and dangerous (30.9) and 66.4 percent of the respondents did not see themselves being vualnerable to contracting the virus. The result further showed a significant association between knowledge and perception of the disease**.** It was also revealed that there was no significant relationship between perception of the disease and socio-economic status of students. This negative perception has serious implications for students living with HIV/AIDS in the University**.** In conclusion, the negative students' perception of the disease and people living with it has serious implications for the containment of the epidemic in that people living with HIV/AIDS would hide their sero-positive status to avoid stigma and would in turn infect others. There is therefore need for intervention to change student perception to positive in the university.

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Key words: HIV/AIDS, perception, stigmatization and students.

INTRODUCTION

Since the identification of HIV/AIDS (human immunodeficiency Virus/ Acquired Immune-deficiency Syndrome) disease in the early 1980s, it has killed over 80 million people and 70 percent of these are in Sub-Saharan Africa [1]. UNAIDS global epidemic update [2] indicated that 33.4 million people were infected and that 2.7 million were newly infected in 2008. In 2014, 2 million people were newly infected [3]. Also in 2008, total AIDS – related deaths was 2.0 million people [2] and in 2014, 1.2 million people died of AIDS related causes worldwide [3].

Sub-Saharan Africa has the world's highest HIV prevalence and faces the greatest demographic transition as a result. Of the 33.4 million people living with HIV/AIDS worldwide, 70 percent are in Sub-Saharan Africa [2]. In 2014, 36.9 million people were living with HIV globally [3]. In Sub-Saharan Africa, 26.1 million people were living with HIV [4]. A [5] report from UNAIDS projected that more than 80 million Africans could die from AIDS and infections could soar to 90 million or more than 10 percent of the continents population. Presently, Africa accounts for 90 percent of infected babies in the world. The more number of women living with HIV/AIDS in Africa is a result of certain cultural practices and the unequal gender relations, which render women and girls vulnerable to STDs including HIV/AIDS. At the onset of the HIV/AIDS pandemic, more males were infected but the trend has been reversed due to these cultural practices [6].

In Nigeria, UNAIDS [6] reported that 300,000 adults were newly infected in 2005 making it a total of about 2.9 million within the range of 1.7 million and 4.2 million people living with HIV/AIDS in Nigeria. By the end of 2009, the HIV seropositive rate was 3.1 percent with the number of women as many as 1.4 million, and children-220,000 and death due to AIDS in 2009 in Nigeria were 170,000 [7]. Also, according to UNAIDS [7], 2.6 million Nigerians were living with HIV/AIDS. Furthermore, National Agency for the Control of AIDS [8] Estimate for 2012 was that 3,400,000 Nigerians were living with HIV. The HIV/AIDS epidemic in Nigeria shows a lot of variation. The state wide prevalence ranges from as high as 10 percent in Benue and 8 percent in Akwa Ibom to under 2 percent in Ekiti, Oyo and Jigawa [9]. In Nigeria, males have also been shown to be the main bridging route between people who engage in high-risk sexual behaviour such as female sex workers and the general population [10].

The HIV/AIDS pandemic has triggered of a lot of emotions and reactions toward the disease and people living with it. Perception of the disease has been negative on the part of so many people. For instance, Egbo and Chukwu [11] reported that though the general level of awareness about HIV/AIDS was high, the perception of the respondents were faulty in some cases because of misconceptions about causes and therapy to the disease. In the same vein, Fawole, Ogunkan and Adegoke [12] found that there was high level of awareness and knowledge of HIV/AIDS among students, but in-spite of this, students were found to be involved in risky sexual behaviour. This is part of the problem of faulty perception of the pandemic. Faulty perception fuels stigma against people living with HIV and influences people's attitudes towards people living with HIV/AIDS. This has made the perception of HIV/AIDS a very important aspect of the HIV/AIDS crises with far reaching effects.

Negative perception of the disease influences people's attitude to the epidemic and people living with it. For instance, [13] described the Nigerian public as a people who know little about HIV/AIDS and who discriminate

against PLHIV with little or no sympathy. Despite the disease's impact in Nigeria, the historical lack of both private and public efforts around disease prevention has resulted in a public that is largely uninformed and unconcerned about the epidemic.

However, currently, the above studies have shown that the Nigeria public have become aware of HIV/AIDS, their knowledge of it has increased but the increased knowledge has not translated to any positive change in behaviour [11, 12]. In the same vein, Alubo, Zwandor, Jolayemi, & Omudu [14] in a study of stigmatization of PLHIV in Benue State found that at the community level, AIDS was perceived as a "just reward" for immorality, according to them, "the mouth that eats pepper feels the bitterness". In spite of the fact that the whole family was often labelled "AIDS family", the children of the people living with HIV/AIDS were often taunted as having AIDS mama or papa; there was thus the possibility that these reactions might jeopardize marriage and other future relations. As a reflection of low acceptance and concomitant stigma, the funeral rites of people living with HIV/AIDS were different. They were not laid in state and the usual 7-14 days mourning period for normal deaths was not observed, people disperse immediately after burial [14]**.** There were also suggestions in the community that the grave for AIDS deaths should be much deeper to guard against any possibility of post-burial infection. In the same study, the family members of people living with HIV/AIDS indicated that the level of isolation and rejection by the public was too high [14]. Due to the fact that many students had not seen a close relation suffering from HIV/AIDS, they tend to see the disease as other people's problem. The stigma associated with HIV/AIDS further makes students to distance themselves from fellow students living with HIV/AIDS [15].

The student perception of HIV/AIDS in two medical schools in countries with divergent cultures – New Jersey Medical school (Newark, New Jersey, US) and Benin medical School (Benin City, Nigeria)- were compared in a questionnaire-based survey Brown et al [15]. US medical students significantly had more knowledge about HIV/AIDS than their Nigerian counterparts and 24% of Nigerian and 18% of US medical students reported more than 1 sex partner in the year preceding the survey; only 11% and 30%, respectively, always used condoms, while 49% and 31% respectively, never used this form of protection against HIV.

The perception of this disease has been of great importance as it fuels discriminations and stigmatization of People living with HIV/AIDS. The stigmatization of people living with HIV/AIDS makes them to hide their sero positive status thereby spreading the disease and makes it difficult to prevent the infection of other people. Understanding the perception of the students would make easy to design effective intervention programmes geared towards the containment of the epidemic. It is against this backdrop that Obafemi Awolowo University student perception of HIV/AIDS was examined. The specific objectives of the study were to:

- Examine the students' view of HIV/AIDS.
- Assess the students' view about being at risk of contracting HIV.
- Ascertain if AIDS is real to the respondents.
- examine if the there is any significant relationship between the students' perception of HIV/AIDS and their socio-economic status

Hypothesis

1

Null hypothesis: H_0:

There is no significant relationship between knowledge of HIV/AIDS and students perception of the disease.

Alternative hypothesis: H_1:

There is significant relationship between knowledge of HIV/AIDS and students' perception of the disease.

2

Null hypothesis: H_0:

There is no significant relationship between socio-economic status and student perception of the HIV/AIDS.

Alternative hypothesis: H_1:

There is significant relationship between socio-economic status and students' perception of the disease.

METHODOLOGY

This study was carried out in Obafemi Awolowo University Ile – Ife. Ile – Ife is a town in Osun state, which is about 40kilometere from Oshogbo the capital of Osun state. Ile – Ife is situated on latitude 7^0 33N and longitude 4^0 34E while Obafemi Awolowo University is situated along Ife-Oshogbo road.

Obafemi Awolowo University (OAU) was founded in the year 1962. It was then known as University of Ife. The university was renamed after the death of Chief Obafemi Awolowo on May 12, 1987. Obafemi Awolowo University has a student population of over 30,000 and over 5,000 members of staffs. There are thirteen faculties and eighty departments. There are also nine halls of residence for undergraduates, four males' hostels and four females' hostels, one for post graduate hall which comprises of both male and female occupant.

Data collection was done using questionnaires. The questionnaire consisted of three sections. Section A was on socio-demographic data, section B was on respondent's knowledge of HIV/AIDS and section C was on the respondents' perception of HIV/AIDS. Also, in-depth interview was used to support data from the questionnaires.

Quota and purposive sampling were adopted for the study. Out of the 8 halls of residence, 2 halls were selected from male halls and 2 from female halls. This was in order to elicit responses from both male and female undergraduates from various levels, faculties and departments across the campus on the research topic. The sample size was 160 at ± 10% error margin. This sample size was read off Conroy [16] sample size determination table for proportion/percentages studies with finite populations. In Concroy's table, at 10% margin of error, 96 was the sample size for large population above 5000 but we decided to raise it to 160 in order to include more respondents. out of the 160 questionnaire, 152 were retrieved and were good for analysis. The attrition rate was 5 percent. In selecting the respondents, purposive sampling technique was employed whereby the questionnaires were administered on the respondents in their hostels' common rooms.

The data was analyzed using statistical package for Social Sciences; SPSS SOFTWARE VERSION 13.0. Descriptive statistics: percentages and frequencies were employed in the data analysis. Also, the Chi – Square statistical technique at 0.05 level of significance was adopted. The data were analyzed in themes as each objective formed a theme.

Table1 DISTRIBUTION OF RESPONDENTS BY SOCIO-DEMOGRAPHIC DATA

Socio demographic data	Frequency	Percentage (%)
Age		
15-20 years	41	27.0
21-30 years	109	72.3
31-40 years	1	0.7
Total	151	100.0
Sex		
Male	80	52.6
Female	72	47.4
Total	152	100.0
Faculty		
Art	18	11.8
Law	11	7.2
Social science	45	29.6
Health science	15	9.9
Sciences	17	11.2
Technology	10	6.6
Agriculture	5	3.3
Pharmacy	6	3.9
Administration	9	5.9
Education	9	5.9
EDM	7	4.6
Total	152	100.0
Level		
100 level	3	2.0
200	48	31.6
300	41	27.0
400	51	33.7
500	6	3.9
600	1	0.7
Extra year	2	1.3
Total	152	100.0
Hall of Residence		
Awolowo Hall	43	28.5
Fajuyi	36	23.8
Akintola	33	21.8
Moremi	40	25.9
Total	152	100.0

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Religion		
Christianity	121	79.6
Islam	29	19.1
Traditional	2	1.3
Total	152	100.0
Marital status		
Single	150	98.7
Married	2	1.3
Total	152	100.0

Source: field survey 2010

From the table 1, majority (73 percent) of the respondents were aged 21-30years. Also, 52.6% of them were males, while 47.4% were females and the majority were Christians.

From table 2, the mothers of 39.5% of the respondents were Civil servants, 45.4% were Traders/ businesswomen, 8.6% were professionals, 0.7% is Artisans, 2.6% were Full time housewives, and 2% were Retirees. The fathers of 32.2% of the respondents were Civil servants, 27.6% were Traders/Businessmen, 1.3% is Farmers, 22.4% were Professionals, 5.3% were Artisans, and 7.9% were Retirees.

From the table 3, 97.3% of respondents had heard about the disease called AIDS, 2.7% had not heard about the disease. This corresponds with what the respondents said during the interview, where all respondents said they had heard about the disease.

From the table 4, 28.3% of respondents said yes that AIDS was curable while 71.1% of respondents said no that AIDS was not curable. Also, in the above table, 83.7% of those who said that AIDS was curable said that it was curable spiritually (through church or mosque), 4.6% through traditional healers, while 11.7% said it was curable through western medicine (medical practitioners). According to above table, majority (94.7percent) of the respondents view HIV/AIDS as a deadly and dangerous disease but (69 percent) saw themselves as not being at the risk of contracting it.

HYPOTHESIS TESTING

HYPOTHESIS ONE

Ho: there is no significant relationship between knowledge of HIV/AIDS and perception of the disease.

H1: There is significant relationship between knowledge of HIV/AIDS and perception of the disease.

The hypothesis was tested using the Chi-Square statistic.

In the table 5, 60.5% of those that had heard about HIV viewed the disease as deadly compared to 33.3% of those that said no. Also, 34.4% of students that had heard about HIV/AIDS saw the disease as dangerous compared to 33.3% of those that said no. Furthermore, 2.2% of those that had heard about HIV/AIDS viewed it as good as ot reduces promiscuity while there is none in the no category. Moreover, 2.9% of students that had heard about HIV/AIDS saw it as an epidemic compared to 33.4% of those that said no.

Furthermore, the Pearson's chi Square value is 7.833. The probability associated with the Chi-Square statistic of 7.833 is 0.05 indicating there is a significant

Table 2 DISTRIBUTION OF RESPONDENTS BY SOCIO-DEMOGRAPHIC DATA CONT.

Mother's occupation	**Frequency**	**Percentage (%)**
Civil servant	60	39.5
Trader/ Business	69	45.4
Professional	13	8.6
Artisan	3	2.0
Full time housewife	4	2.6
Retire	3	2.0
Total	152	100.0
Father's occupation		
Civil servant	49	32.2
Trader/Business	42	27.6
Farmer	2	1.3
Professional	34	22.4
Retire	12	7.9
Artisan	13	8.8
Total	152	100.0
Mother's level of education		
Primary school	13	8.6
Secondary school	48	31.6
Tertiary	91	59.9
Total	152	100.0
Father's level of education		
Primary school	10	6.6
Secondary school	26	17.1
Tertiary	116	76.3
Total	152	100.0

Source: field survey 2010

Table 3 DISTRIBUTIONS OF RESPONDENTS ON HIV/AIDS AWARENESS

HIV/AIDS awareness/ knowledge	Frequency	Percentage (%)
Have you heard about the disease called AIDS?		
Yes	148	97.3
No	4	2.7
Total	152	100.0
What was the Source of awareness?		
Friends	32	21.1
Media	93	61.2
Parents	7	4.6
Sex education	14	9.2
Health workers	6	3.9
Total	152	100.0
Do you know that it is Human immunodeficiency virus that causes AIDS?		
Yes	148	973
No	4	2.7
Total	152	100.0
If a pregnant woman is infected with HIV, is there any way to avoid transmission to the un-born child ?		
Yes	133	87.5
No	19	12.5
Total	152	100.0
How would you identify someone that has HIV/ AIDS ?		
Don't know	16	10.5
No way	15	9.9
Test	79	51.9
Physical appearance	34	22.4
Other illness	8	5.3
Total	100.0	100.0

Source: field survey 2010

Table 4 DISTRIBUTIONS OF RESPONDENTS' PERCEPTION OF HIV/AIDS

Perception of HIV/AIDS	Frequency	Percentage (%)
Is AIDS curable		
Yes	43	28.3
No	109	71.7
Total	152	100.0
If yes, how		
Spiritual (through church & mosque}	36	83.7
Traditional leaders	2	4.6
Western medicine	5	11.7
Total	43	100
Is AIDS real?		
Yes	152	100
Total	152	100.0
Can HIV infection lead to untimely death?		
Yes	132	86.8
No	20	13.2
Total	152	100.0
What category of people in the society do you think are mostly affected?		
Youths	119	78.3
Married people	3	2.0
Commercial sex workers	27	17.8
Everybody	2	1.4
Total	152	100.0
HIV/AIDS is associated with people of low economic status		
Agree	33	21.7
Disagree	119	78.3
Total	152	100.0
What is your view of HIV/AIDS disease?		
It is a Deadly disease	82	53.9
HIV is good as fear of it reduces promiscuity	3	2.0
HIV is dangerous and should be avoided.	62	40.8
It is an epidemic that is everywhere	5	3.3
Total	152	100.0
Are you at risk of contracting HIV/AIDS?		
Yes	47	30.9
No	105	69.0
Total	152	100.0

Source: field survey 2010

Table 5: Showing cross tabulation of knowledge of HIV/AIDS and perception of the disease

	What is your view of the disease				
Have you heard about AIDS	**Deadly**	**Dangerous**	**It is good to reduce sex**	**Epidemic**	**Total**
Yes	60.5% (81)	34.4% (46)	2.2%(3)	2.9%(4)	100%(134)
No	33.3% (1)	33.3% (1)	0% (0)	33.4% (1)	100% (3)
Total	60.0%(82)	34%(47)	2.2%(3)	3.8%(5)	100%(137)

Chi-Square 7.833, P = 0.05

Note: Numbers in parentheses are frequencies in each category

P ≤ 0.05

association between knowledge and perception of HIV/ AIDS.

HYPOTHESIS TWO

H_0: There is no significant relationship between socio-economic status and perception of HIV/AIDS.

H_I: There is significant relationship between socio-economic status and perception of HIV/AIDS.

The cross tabulation of father's occupation (Table 6) and perception of HIV/AIDS showed that 62.6% of students whose fathers were civil servants viewed the disease as deadly compared to 62.4% of those whose fathers were traders/business men, 55.1% of those whose fathers were professionals, 45.4% of those whose fathers were retirees and 87.5% of students whose fathers were artisans. Also, 31.8% of students whose fathers were civil servants viewed the disease as dangerous compared to 30% of those whose fathers were traders/ business men, 50% of those whose fathers were farmers, 41.3% of those whose fathers were professionals, 54.5% of those whose fathers were retirees and 12.5% of students whose fathers were artisans. Furthermore, 2.5% of students whose fathers were farmers viewed the disease as a good thing that curbs promiscuity compared to 3.4% of students whose fathers were professionals and students whose fathers were civil servant, farmers, retirees and artisans did not subscribe to this view. Also, 4.5% of those whose fathers were civil servants viewed the disease as any other epidemic compared to 5% of those whose fathers were trader/business men and 50% of those whose fathers were farmers while those whose fathers were professional, retiree and artisan did not subscribe to this view.

The Pearson's chi Square value is 21.606. The probability associated with the Chi-Square statistic of 21.606 is 0.119 indicating there is no statistically significant association between father's occupation and perception of HIV/AIDS. That is, the students fathers' occupations/socioeconomic characteristics do not influence their view about HIV/AIDS.

Table 6: Showing cross tabulation of fathers' occupation and respondents' perception of HIV/AIDS.

	What is your view of the disease				
Father's Occupation	**Deadly**	**Dangerous**	**It is good to reduce sex**	**Epidemic**	**Total**
Civil Servant	63.6% (28)	31.8%(14)	0%(0)	4.5%(2)	100%(44)
Trader/Business	62.5%(25)	30%(12)	2.5%(1)	5% (2)	100%(40)
Farmer	0%(0)	50%(1)	0%(0)	50%(1)	100%(2)
Professional	55.1%(16)	41.3%(12)	3.4%(1)	0%(0)	100%(29)
Retiree	45.4%(5)	54.5%(6)	0%(0)	0%(0)	100%(11)
Artisan	87.5%(7)	12.5%(1)	0	0	100%(8)
Total	100%(81)	100%(46)	100%(2)	100%(5)	100%(134)

Chi-Square 21. 606, P = 0.119

Note: Numbers in parentheses are frequencies in each category

P ≤ 0.05

Discussion of Findings

The result showed that some students' perception of the disease was faulty. Most of the respondents viewed the disease as deadly and dangerous. The implication of this was that anybody living with HIV/AIDS was also negatively perceived. The present study corroborates Brown et al which posited that many students had not seen one of their own dying from AIDS, they saw HIV/ AIDS as other people's problem. The stigma associated with HIV/AIDS further exacerbate the problem of other students distancing themselves from those living with HIV/AIDS. Meanwhile most of the respondents had some knowledge of HIV/AIDS. The students' negative perception meant that knowledge did not necessarily transmit to positive perception. This called for rethinking strategies for achieving positive perception.

Many also indicated that HIV/AIDS is real; an indication that the awareness had taken root and had gone beyond the stage of denial. The fact that the students saw AIDS as real was also an indication that they would take the strategies towards the containment of the epidemic very seriously. However, majority of the students did not see themselves at risk of contracting HIV which implied that they still saw people living with HIV/AIDS as outsiders who were far away. The fact that many of the students saw themselves as not being at risk of contracting the virus was a bad signal in the sense that this kind of perception would not allow people to take necessary precautions that would help them to avoid getting infected with HIV/AIDS. It was also an indication that the awareness did not translate to change in perception as noted by Fawole etal and Egbo and Chukwu.

The socio-economic status of the students using their fathers' occupation did not show any significant relationship between fathers occupation and students' perception of HIV/AIDS. The testing of this hypothesis showed that the students' perception of HIV is uniform as a group (students) irrespective of their socioeconomic background. The nature of HIV as no respecter of anybody may have made the student's uniform view possible, pointing to the fact that uniform intervention strategies should target everybody and not some people.

CONCLUSION

The majority of the respondents had heard about HIV/ AIDS, still most of them regarded the disease as deadly and dangerous and majority felt that they were not at risk of contracting the epidemic. The fact that majority saw themselves as not being at risk of contracting the virus was an indication that they saw it as other people's disease that would never come near them. It was also an indication that they were not likely to implement life style changes that were needed to reduce the spread of the virus. Also seeing the disease as deadly and dangerous was a sign that the students would not have anything to do with PLWHA. Generally, the students had faulty perception of HIV and there was need to change it. Negative perception fuels the epidemic in a strange way by fueling stigma. Stigmatization tends to militate against the prevention of the HIV/AIDS infection because people living with HIV will not want to disclose their HIV positive status because of fear of stigma; an impediment to the containment of the pandemic.

RECOMMENDATION

Government should create effective programmes targeted at changing people's perception of HIV/AIDS: featuring those who have lived with HIV 15 years and above and are still living normal lives in order to sensitize the people that HIV is not deadly and dangerous.

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