

**ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES OF YOUTHS  
TOWARDS PREVENTION OF HIV/AIDS IN IDO LOCAL GOVERNMENT  
AREA OF OYO STATE**

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**Abstract**

*The purpose of the study was to assess the knowledge, attitude and practices of youths towards prevention of HIV/AIDS in Ido Local Government Area of Oyo State. The study adopted descriptive research design. The population comprised of all the senior secondary school students in Ido Local Government area of Oyo State. Purposive and simple random sampling techniques were used to select all the participants for this study, while the instrument used to generate data was a self-developed structured questionnaire with a reliability coefficient of 0.84. The data collected was analysed using descriptive statistics of Pearson Product Moment correlation and multiple regression at 0.05 level of significance. The results revealed that knowledge was significantly and positively correlated with practice of youth towards the prevention of HIV/AIDS ( $r=0.261$ ,  $N=100$ ,  $p<0.05$ ). The study also revealed that attitude was significantly and positively correlated with practice of youth towards the prevention of HIV/AIDS in Ido Local Government Area ( $r=0.314$ ,  $N=100$ ,  $p<0.05$ ). Based on the findings, it was therefore, recommended that counselling of HIV patients to disclose their status should be continuous. Programmes geared towards behavioural change, should be organized for youths in the society. There should be open communication between youths and the community opinion leaders, counselors and other service providers on the implications of involvement in unprotected sex.*

**Introduction**

Human Immuno Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have continued to be thorns in the flesh of Africans and Nigerians in particular. The menace of HIV/AIDS has

reached every community and locality in Nigeria with varying degrees of severity. HIV/AIDS have been recognised as the most notorious and serious global epidemics of our generation (Tenibiaje, 2010). Since 1981 when the first cases of AIDS were reported in the United States, HIV/AIDS infection has spread rapidly to many countries over the years and became a global health challenge. The disease continued to affect millions of people irrespective of age or sex. Estimates showed that globally at the end of 2013, 35 million people were living with the infection and 1.5 million deaths were recorded due to the disease (WHO, 2015; Nubed and Akoachere, 2016).

Human Immune Virus (HIV/AIDS) still remains a major public health problem all over the world, It has caused incalculable human suffering, social and cultural disruption and huge economical loss. HIV/AIDS is causing nearly 16,000 new infection every day resulting a global estimate of people living with the virus to be 42 million out of this, 29.4 million adults and children are living with HIV /AIDS in Sub-Saharan region at Africa ( World health organization, 2017). Global statistics revealed a general decline in AIDS related deaths and new HIV Infections, thanks to the concerted efforts of various stakeholders, the toll of HIV/AIDS continues to be harsh in developing countries particularly those in sub-Saharan Africa. As of 2012, 71 % of people living with HIV worldwide were in sub-Saharan Africa which also accounted for 70 % of new infections and approximately 74 % of all deaths related to AIDS (UNICEF, 2015). Worldwide, over 40 % of new infections are among young people 15–25 (USAID, 2016). The youth are much more prone to HIV infection as well as other sexually transmitted infections as a result of lack of correct health information, engagement in risky behaviours, economic exploitation, regional and national conflicts and lack of access to adequate reproductive health services. Every day 5000 young people in the world become infected with HIV, which translates into almost 2 million new infections per year (UNAIDS, 2015).

The HIV/AIDS epidemic is not peculiar to Nigeria alone but a global problem and thus it is a great challenge that is facing every community in Africa. However, there are lots of factors contributing to the spread of HIV in Nigeria such as religion, culture and education. Among these factors are inadequate information on sexual health and attitudes of Nigerians towards HIV/AIDS. Lack of accurate information

about sexual health has meant many misconceptions and myths about sex and HIV. Whereas sex education in school is an important aspect of HIV prevention, but sex education was not included in the curriculum of primary and secondary schools in Nigeria for a long time. Despite the fact that, majority of Nigerians are literates yet they lack information about sex education. However, according to *Adewuyi, Ogunayo, Samaila, Adewuyi and Kolawole (2016)* in their study, AIDS in Nigeria, sex education or sexual health education was introduced for 10-18 years old of school age.

The researcher observed that the introduction of sex education has not improved young people's knowledge of HIV/AIDS and attitudes to sexual health and has not reduced sexual risk-taking behaviour. HIV is transmitted by three main routes, which are: unprotected sexual intercourse (anal or vaginal), transfusion of contaminated blood or blood products and vertical (mother-to-child) transmission during pregnancy, childbirth and breastfeeding. HIV transmission in Nigeria is largely through unprotected heterosexual sex contributing 80% of transmission (National Action Committee for AIDS, 2012). Factors that encourage transmission include lack of information about sexual health and HIV, multiple sexual partners, prostitution, low levels of condom use and high levels of sexually transmitted diseases. Preventing HIV transmission and its attendant socio-economic sequel is an essential part of addressing the global HIV/AIDS pandemic. It has been documented that sexual behaviour change and practice of safe lifestyles is the most effective way of preventing further HIV transmission (Ugwu and Onoka, 2015). HIV has become a global burden due to inadequate knowledge about the disease. Sexual risk behaviour, poverty, lack of health care, infrastructure, and political and economic instability are other reasons to the pandemic of the HIV / AIDS (Coovadia and Hadingham, 2015).

The first confirmed report of HIV infection in Nigeria was in Lagos in 1985 and reported in an International Conference in 1986. HIV prevalence estimates have continued to increase from 1.8% in 1991 to 4.5% in 1996 and 5.8% in 2003 (Amusan, Asekun-Olarinmoye, Bamidele, Egbewale, Odu and Olowu, 2014). Many studies have suggested that the prevalence of HIV infection has crossed the critical epidemiological threshold of 5% (Amusan, et al., 2014). However, this figure did not change in 2003 but reduced to 5.4% in 2005 and further

to 4.8% in 2006 (Nwagwu, 2008). However, it is important to note that the National data in 2001 were actual estimates from zero-prevalence surveys conducted among pregnant women at 86 antenatal clinics which at that time served as sentinel surveillance sites. Unfortunately, it can be argued that these data may not provide good measures of group specific prevalence rates (Smith, 2003). These data do not explain anything about zero-prevalence in men or children. In addition, no explanations are given about regional or rural or urban differences.

Regional variations have been seen in some reports from United States Agency for International Development (USAID, 2010). For example states such as Benue (10.6%) in the north central part of Nigeria have higher prevalence rates than Ekiti state (1%) in the south western part of Nigeria (USAID, 2010). It is therefore not surprising that in Nigeria, Kenya and Zimbabwe, urban students had more information and knowledge about HIV than their counterparts in the rural areas (Okudo and Ross, 2015).

Durojaiye (2011) examine in a study titled Knowledge, attitude and practice of HIV/AIDS: Behavior change among tertiary education students in Lagos, Nigeria. Globally, the spread of HIV/AIDS remains on the rise with young people at increased risk of infection. Sexual behavior change remains the most effective way of preventing further transmission. Aim: To gain the knowledge needed to develop appropriate interventions that will enable young people to adopt safe sexual practices. A cross-sectional study was conducted using structured questionnaires among 315 randomly selected students enrolled at a tertiary institution in Lagos State, Nigeria. The mean age of the respondents was 23 years. Using the AIDS Risk Reduction Model (ARRM), it was found that the students are in the first stage of behavior change process: recognition of the problem. The low risk perception has prevented movement to the second stage of making commitment to change behaviour. Conclusion: The awareness and knowledge of HIV/AIDS is high among tertiary education students in Lagos, Nigeria. However, risk perception is low with high-risk sexual behaviours. The failure to perceive HIV/AIDS as a personal risk has prevented commitment to behaviour change. Interventions aimed at influencing risk perception are paramount to curb the spread of this dreaded disease (Adefioye and Arulogun, 2010).

Olley, Ogunde, Oso and Ishola (2016) examined in a study titled HIV-related stigma and self-disclosure: the mediating and moderating role of anticipated discrimination among people living with HIV/AIDS in Akure Nigeria. This study using a multi-factorial survey design investigated the role of stigma and other self-related factors (example, anticipated discrimination, self-esteem, HIV-related factors, drug use combination; knowledge of duration of HIV diagnosis and socio-demographic factors). Product-term regression analyses demonstrated that perceived discrimination mediated the relationship between self-esteem, perceived stigma and self-disclosure. Interaction term analysis between HIV-related stigma, self-esteem and anticipated discrimination were non-significant, suggesting a non-moderation effect of discrimination and disclosure. The results indicate that anticipated discrimination may impact HIV-related stigma to reduce self-disclosure among the PLWHAs in Akure, Nigeria. Interventions should incorporate anticipated discrimination in educational programs of HIV stigma in encouraging self-disclosure among PLWHAs.

Nubed and Akoachere (2016) in a synthesis of studies on Knowledge, attitudes and practices regarding HIV/AIDS among senior secondary school students in Fako Division, South West Region, Cameroon. Youths are most vulnerable to infection because they engage in risky practices due to a lack of adequate information. Thus, evaluating their KAPs will help in designing appropriate prevention strategies. This study was aimed at assessing the KAPs of senior secondary school students in Fako Division, Cameroon, on HIV/AIDS. This was a cross-sectional study carried out on 464 students aged 13–25 years, selected by systematic quota random sampling from some secondary schools in Fako, from April to June 2014, to evaluate their KAPs regarding HIV/AIDS. Participants were drawn from one secondary school in each of the four health districts in Fako. Pre-tested questionnaires were administered to the students to obtain information about their KAPs on HIV/AIDS. Data were analyzed using SPSS version 20.0. All respondents were aware of HIV/AIDS. Sources of information varied, the most common being sex education in school. The majority of participants demonstrated an adequate understanding of HIV transmission and prevention. Students had a satisfactory level of knowledge on HIV/AIDS prevention. Those with adequate knowledge were more likely to display positive attitudes towards PLHIV.

The community control of any disease that can be prevented entails among others, assessing the current level of knowledge about the disease and informing people when a significant problem exists. With no specific cure for AIDS and no developed vaccines, preventive measures based on information and education programmes remain the mainstay for tackling HIV/AIDS and its associated problems. The result of the study may be utilized by Oyo State government and relevant agencies concerned with HIV/AIDS, other strategies to improve youth's knowledge and attitude to HIV/AIDS services will be incorporated into their programme so as to reduce the prevalence of HIV/AIDS. This will in effect lead to early detection and treatment of HIV clients.

The objectives of the study therefore are to examine assessment on knowledge, attitude and practice of youth towards the prevention of HIV/AIDS in Ido Local Government Area of Oyo State. To achieve these objectives, the following two hypotheses were formulated and tested at 0.05 level of significance. H01: There is no significant relationship between knowledge, and practice of youth towards the prevention of HIV/AIDS in Ido Local Government Area of Oyo State. H02: There is no significant relationship between attitude, and practice of youth towards the prevention of HIV/AIDS in Ido Local Government Area of Oyo State.

### **Methodology**

The population for the study consisted of all senior secondary school students in Ido Local Government Area of Oyo State, Simple random and purposive sampling techniques were used to select 109 students as respondents for the study. The instrument used for the study was a self-developed structured questionnaire consisted of three sections. Section A was on Knowledge related to HIV/AIDS, Section B was on attitudes and practices of Youths towards HIV/AIDS while section C was on Preventive Practices of HIV/AIDS.

### **Result and Discussion of Findings**

**Hypothesis 1:** There is no significant relationship between knowledge and practice of youth towards the prevention of HIV/AIDS in Ido Local Government Area of Oyo State.

**Table 1 Summary of correlation analysis showing the relationship between knowledge and practice of youth towards prevention of HIV/AIDS**

Variables	Mean	SD	Knowledge	Practice	N	Sig (p value)	Remark
Knowledge	20.31	5.05	1.	.261*	100	.009	Sig.
Practice	14.91	3.00	.261**	1.			

\*\*Correlation is significant at 0.05 (2-tailed)

Table 1: shows the correlation between knowledge and practice. The table revealed that knowledge was significantly and positively correlated with practice ( $r=0.261$ ,  $N=100$ ,  $p<0.05$ ). It implied that there was a significant relationship between knowledge and practice of youth towards the prevention of HIV/AIDS in Ido Local Government Area of Oyo State. The null hypothesis was therefore rejected. It means that an increased in knowledge of HIV/AIDS could promote good practice among the respondents. This is in agreement with the study of Nubed and Akoachere (2016) who found out that all respondents were aware of HIV/AIDS. Sources of information varied, the most common being sex education in school. The majority of participants demonstrated an adequate understanding of HIV transmission and prevention. Students had a satisfactory level of knowledge on HIV/AIDS prevention. Those with adequate knowledge were more likely to display positive attitudes towards PLHIV.

**Hypothesis 2:** There is no significant relationship between attitude and practice of youths towards the prevention of HIV/AIDS in Ido Local Government Area of Oyo State

**Table 2: Correlation matrix showing the relationship between attitude and practice of standard precautions**

Variables	Mean	SD	Attitude	Practice	N	Sig (p value)	Remark
Attitude	35.16	7.93	1.	.314**	100	.001	Sig.
Practice	14.91	3.00	.314**	1.			

\*\*Correlation is significant at 0.05 (2-tailed)

Table 2: showed the correlation between attitude and practice. The table revealed that attitude was significantly and positively correlated with practice ( $r=0.314$ ,  $N=100$ ,  $p<0.05$ ). It implied that there was a significant relationship between attitude and practice of youth towards the prevention of HIV/AIDS in Ido Local Government Area of Oyo State. The null hypothesis was therefore rejected. It meant that an improvement in attitude of HIV/AIDS could promote good practice among the respondents. This result substantiated the view of Durojaiye (2011) examined in a study titled knowledge, attitude and practice of HIV/AIDS: Behaviour change among tertiary education students in Lagos, Nigeria. There are great respond to awareness of HIV/AIDS, participants know how to prevent HIV/AIDS by using condoms and wear them correctly. The result also corroborated the findings of Adefioye and Arulogun (2010) and concluded that interventions based on knowledge dissemination caused a delay of the onset of sex, frequency of sex and partners and increased use of contraceptives like condoms in developing countries like Nigeria.

### Conclusion

This study looked at youth's knowledge and attitude towards prevention of HIV/AIDS. Many youths because of certain characteristics associated with their age and sex involve themselves in behaviour that will expose them to contracting the dreaded and deadly HIV virus. One of the major ways in which people in the society can contact HIV virus, is heterosexual intercourse. Many studies shows that more than 90% of people had the HIV/AIDS knowledge of prevention. One of the widely recognized ways HIV/AIDS can be prevented in heterosexual intercourse, is the through use of condom. Majority of the respondents included in this study were aware of the effectiveness of condom in



preventing the transmission of HIV/AIDS, though most of the respondents claimed that they do not use condom regularly in heterosexual intercourse.

This inverse relationship between the knowledge of the effectiveness of condom and its use during heterosexual intercourse is a major paradox and challenge in the fight against HIV/AIDS pandemic in the society. In dealing with this paradox, the following recommendations were made in this study.

### **Recommendations**

1. Programmes geared towards behavioural change should be organized for youths in the society. The proposed programmes include lectures and talks which create awareness about the hazards of involving in sexual behaviours such as unprotected sex. This can be achieved with the help of community and opinion leaders in the society.
2. There should be open communication between youths and the community opinion leaders, counsellors and other service providers on the implication of involving in unprotected sex.
3. Unprotected sex among young individuals who did not disclosed their HIV status should be discouraged.
4. HIV positive patients who are yet to have treatment supporter should be encouraged to have one because of its importance to their quality of life.
5. The awareness of HIV/AIDS and all issues relating to it, especially such as the psychological impacts should be made compulsory core modules within the Nigerian education curriculum. The education about this should at all levels begin at primary school. People must be educated to understand that HIV/AIDS weakens the immune system and that secondary infection, such as pneumonia, tuberculosis, etc. can cause death.

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