



AN ASSESSMENT OF THE LEVEL OF HIV/AIDS AWARENESS AND VULNERABILITY IN TERTIARY INSTITUTIONS IN JALINGO LGA, TARABA STATE, NIGERIA

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ABSTRACT

This study examines the level of awareness of HIV/AIDS in Taraba State with particular reference to four tertiary institutions in Jalingo metropolis. The survey research design was used for this study. Students of tertiary institutions in Jalingo LGA were approached and requested to fill a choice and open format questionnaires. The students were randomly sampled in each of the tertiary institutions. Data were analyzed using simple frequency tables and percentages. The result of the study shows a high level of HIV/AIDS awareness in the study area and reluctance in changing behavioural attitudes. While 85.2% of the respondents claimed that they know what safe sex is all about, 22.2% of the respondent admits not using condoms and 42.6% admit having more than one sex partner. The study findings show a high tendency for stigmatization as 61.1% of the students insist that they will not be comfortable living, schooling, working or eating with an HIV/AIDS infected persons. This study recommends the need for the management of the various tertiary institutions to provide adequate accommodation facilities for the students and increase the level of awareness of HIV/AIDS through organizing public lectures, posting of handbill and jingles in media houses.

KEYWORDS: Assessment, Awareness, HIV/AIDS, Vulnerability and Tertiary institutions

INTRODUCTION

HIV/AIDS is not only the greatest global public health disaster in Sub Saharan Africa but also the biggest development challenge of the twenty first century affecting the most economically productive population and threatening development achievements in many countries in the region. According to Durojaiye (2009), HIV/AIDS remains incurable and devastates many communities and nations. It is estimated that 70 percent (25.3 million) of all HIV/AIDS cases worldwide are in sub-Saharan Africa: 3.8 million new infections occurred in this part of the world in 2000. Of three million deaths due to HIV/AIDS during 2000, 2.4 million occurred in sub-Saharan Africa (UNAIDS, 2006). In Sub-Saharan Africa where the disease is most endemic, it was found that an almost universal awareness of AIDS lethality and of HIV transmission mechanism coexists together with reluctance in adopting consequent preventive measures as protected sexual intercourse (Bernardi, 2002). It is estimated that 3.6 percent of the population of Nigeria are living with HIV and AIDS (UNGASS, 2010). Approximately 220,000 people died of AIDS in 2009 in Nigeria (UNAIDS, 2010). HIV/AIDS prevalence rate in Taraba State ranged from 7.0 in 1991 to 5.2% in 2007/2008 (Fidelis, 2007 and Taraba State HIV/AIDS Strategic Plan, 2007). During the 2010 sentinel survey among pregnant women attending antenatal clinics (ANCs), the HIV/AIDS prevalence rate in Taraba State increased to 5.8. Going by the 5.8% HIV/AIDS prevalence rate in Taraba State as at 2010, it could be estimated that about 127,167 people were living with the virus in the state (Oruonye, 2011). Oruonye further observed that as at 2007, only 2,541 infected persons in the state were known to be placed on the antiretroviral therapy (ART) programme in the state.

HIV/AIDS infection rate in Nigeria varies across states and communities. The main mode of transmission of HIV/AIDS in Nigeria is largely through unprotected heterosexual sex (Edewor, 2010). Factors such as poverty, sexually transmitted infections (STIs), social and religious norms, and political and social changes (e.g. labour migration) contribute to increasing rates of HIV/AIDS in Nigeria (National AIDS/STD control programme/FMOH, 2001).

It has been observed that Nigerian youths between the ages of 15 and 24 are the most affected because of their sexual behaviour. It is equally believed that the rate of HIV/AIDS infection vary with people of different socio-economic characteristics. Ojeifo and Gbakeji (2009) outlined these characteristics to include age, sex and social class or groupings. On the basis of social groupings, it has been argued by Ojeifo and Gbakeji (2009) that HIV/AIDS is high among students, artisans, prostitutes and drug addicts among others. There are so many conceptions that HIV/AIDS prevalence is high among students of tertiary institutions (Adefuye *et al*, 2009; Ojeifo and Gbakeji, 2009). Tertiary institutions (University/college) environment was found to provide great opportunity for HIV high-risk behaviours (Adefuye *et al*, 2009; Ojeifo and Gbakeji, 2009). This include high rate of pre-marital sexual activity, drug addictions and cultism among others. These activities which are common phenomenon in tertiary institutions in Nigeria are potential channels of HIV/AIDS infection. The spread of the virus poses a bigger challenge to educational institutions and enterprises where the age structure of the population, the congregation of a large number of people in a small space and the mandate of such institutions have direct link with the socio-economic development of the state or country

(Anarfi and Awusabo-Asare, ND). Therefore, HIV infection is an issue that the management and stakeholders of every tertiary educational institution in the state and country must take seriously. With the alarming rate in which the pandemic spread, one wonders if the students are actually aware of the disease, its mode of transmission and effects on their future and the society at large. Several studies have been carried out on the level of HIV/AIDS awareness among students of tertiary institutions in different parts of the country (Omoregie, 2002; Adedimeji, 2003; Ibe, 2005; Obinna, 2005, Uzokwe, 2008; Jacqueline ND; Anarfi and Awusabo-Asare, ND; Ojeifo and Gbakeji, 2009; Fawole *et al*, 2011) however, no study has been carried out on the situation in Jalingo LGA of Taraba State. This study examines the level of awareness of HIV/AIDS in Taraba State with particular reference to four tertiary institutions in Jalingo metropolis.

Theoretical Conceptualization

This study is based on the concept of Vulnerability. Vulnerability refers to a risk environment in which biological, socio-cultural, economic and political factors make it likely that a society or groups of that society will be rendered particularly susceptible to HIV infection and to the likelihood of experiencing the impact of the epidemic (Topouzis, 1998). Biological factors include age and gender (younger people are more susceptible to HIV infection than older people; women are biologically more prone to HIV infection than men). Economic and political factors contributing to vulnerability to HIV/AIDS include poverty, fragmented social and family structures, gender inequality, unemployment, drug use, tacit acceptance of multi-partner sexual relationships, etc. Poverty can be a risk factor for and a consequence of HIV infection. The poor frequently live in high-risk social environments and HIV-infected persons experience adverse economic impacts (Barnett and White, 1996). Typically, poor people have less access to the services they need most, e.g. health care, welfare support, education, and agricultural extension services. The problem is compounded by indirect costs of access, such as transport and time, and lack of knowledge about available services. Worst hit are communities that are already poor, with inadequate infrastructure and limited access to basic services. This describes those features of a social or economic entity making it more or less likely that excess morbidity and mortality associated with disease will have deleterious impacts upon that unit. Vulnerability to HIV/AIDS depends on lifestyle, gender and socio-economic status (Page and Nyakanda, 2005). This means that protecting people from HIV/AIDS depends on more than just promoting the use of condoms. It also depends on building self esteem amongst the marginalized groups, to allow them to take control of their sexuality in the face of oppressive political, traditional, cultural and religious values (Page and Nyakanda, 2005). Elements that increase the vulnerability of people and society to HIV/AIDS are: poverty, taboo topics, migration and mobility, lack of access to information and education, gender inequality, weak health systems, widespread stigmatization, and missing visibility of the HIV/AIDS epidemic (IIRR, 2007). Generally, an HIV/AIDS

vulnerability assessment is the process of estimating the vulnerability of “elements at risk” in the organization with regard to HIV/AIDS. Chambers (1989) describes vulnerability as “defenselessness, insecurity and exposure to risk, shocks and stress”. Social structures, institution and ones location can affect the degree to which one is placed in a position of vulnerability to HIV/AIDS (Ghosh and Olson, 2007; Kalipeni, 2000, Oppong, 1998). This study explores how vulnerability to HIV/AIDS applies to young students of tertiary institution in Jalingo LGA, Taraba State.

METHODOLOGY

The survey research design was used for this study. Students of tertiary institutions in Jalingo LGA were approached and requested to fill a choice and open format questionnaires. The four existing tertiary institutions in Jalingo town form the sample elements. These sample elements are: Taraba State University, College of Education, Taraba State Polytechnic, and College of Agriculture (all in Jalingo LGA). The number of questionnaires assigned to each institution was based on the size of such school. One hundred and two (102) questionnaires were administered at the College of Education, eighty nine (89) at the Taraba State University, seventy nine (79) at the College of Agriculture and fifty four (54) questionnaires were administered at the Taraba State Polytechnic. In all, three hundred and eight (308) questionnaires were administered in the four institutions. A student forms the sample unit. Apart from the demographic characteristics of the elements in the sample such as age, gender and marital status, other variables include whether the respondent knew the meaning and difference between HIV/AIDS, mode of transmission, consequences of infection, means of prevention from infection and whether the respondents would be comfortable living with HIV/AIDS infected person. The students were randomly sampled in each of the tertiary institutions. Data were analyzed using simple frequency tables and percentages.

RESULTS AND DISCUSSION

The demographic data shows that 67% of the respondents are male and 33% are female as shown in Table 1 below. The demographic data also shows that 21.3% are within the ages of 16-20years, 42.6% are between 21-25years, 26.9% between 26-30years and 4.6% are between the ages 31-35 and above 35 years. The result also shows that 78.7% of the respondents are single while 21.3% are married.

TABLE 1. Demographic characteristics of respondents

GENDER		
Gender	Frequency	Percentage (%)
Male	216	67
Female	108	33
Total	324	100
AGE		
16 – 20yrs	69	21.3
21 – 25yrs	138	42.6
26 – 30yrs	87	26.9

31 – 35yrs	15	4.6
35yrs and above	15	4.6
Total	324	100
MARITAL STATUS		
Married	69	21.3
Single	255	78.7
Divorcee	00	00
Others	00	00
Total	324	100

Source: Fieldwork, 2011.

The findings of this study show that 99% of the students of the tertiary institutions in the state are aware of HIV/AIDS. On the differences between HIV and AIDS, 76.9% were able to differentiate it while 21.3% could not. On the mode of transmission, 94.4% of the students were able to list the various modes of transmission of HIV/AIDS correctly while 5.6% could not. When the respondents were asked about the symptoms of HIV/AIDS, 31.8% of them said it is headache and fever, 13.9% said it involves weight loss, while 12.4% are of the opinion that it include rashes as shown in Table two below.

TABLE 2. Symptoms of HIV/AIDS according to respondents’ opinion.

Symptoms	Number	Percentage
Rashes	40	12.4
Lost of appetite and rashes	16	4.9
Hunger	03	0.9
Chronic diarrhoea	30	9.3
Headache and fever	103	31.8
Emaciation	03	0.9
Swollen body	06	1.8
Dizziness	09	2.8
Tuberculosis	15	4.6
Lost of weight	45	13.9
Regular cough	18	5.6
No response	36	11.1
Total	324	100

Source: Fieldwork, 2011.

About 93.5% of the respondents claim that they knew the consequences of HIV/AIDS infection. 56.5% of them believed that the consequences of HIV/AIDS infection are death, while 43.5% did not respond to this question. 91.7% of the respondents claimed that they are aware of the means of HIV/AIDS prevention, while 40.7% believed that abstinence from sex is the most important means of prevention of HIV/AIDS infection as shown in Table 3 below.

TABLE 3: Means of HIV/AIDS prevention according to respondent’s opinion

Means of prevention	Number	Percentage
Use of screened blood	03	0.9
Use of condom and avoiding bad friends	30	9.3
Avoid using sharp objects	06	1.9

Abstinence from sex	132	40.7
Avoid sex and use of sterilise sharp objects	06	1.9
Correct listing of preventive measures	51	15.7
Incorrect answer	36	11.1
Knowing your HIV/AIDS status	03	0.9
Taking drugs	27	8.3
Being very careful	30	9.3
Total	324	100

Source: Fieldwork, 2011.

85.2% of the respondent claimed that they know what safe sex is all about. The result of the study shows that only 3.7% of the respondents have good knowledge of what safe sex is all about, while 72.2% of the respondents believed that safe sex involves the use of condom, 1.8% believed that it has to do with prevention, 2.8% believed that it has to do with having a single sex partner. 77.8% of the respondents admit using condom while 22.2% said that they don’t used condom during sexual intercourse. About 42.6% of the respondents admit having more than one boy/girlfriend while 57.4% claimed otherwise. About 38.9% claimed that they will be comfortable, living, schooling, working and eating with an HIV/AIDS infected person while 61.1% insist otherwise. 35.2% of the respondents believed that they can be infected with HIV/AIDS by associating with infected persons while 64.8% believed that they cannot be infected by associating with infected persons. 81.5% claimed that they do not know anyone who has died of AIDS while 18.5% insist that they knew people who died of AIDS. Also 72.2% of the respondents claimed that they don’t know of anybody living with HIV/AIDS while only 27.8% claimed that they know people living with HIV/AIDS. 82.4% of the respondent claimed that they know an HIV/AIDS testing centre, while only 17.6% of the respondents claimed that they don’t know any HIV/AIDS testing centre. When the respondents were asked how many times they have undertaking HIV/AIDS test, 43.5% of the respondents insist that they have never done HIV/AIDS test, while 21.3% have done it once as shown in Table 4 below.

TABLE 4. Number of HIV/AIDS test undertaken by respondents

Frequency	Number	Frequency
None	141	43.5
Once	75	23.2
Twice	39	12.0
Thrice	42	13.0
Four times	15	4.6
Five times and above	12	3.7
Total	324	100

Source: Fieldwork, 2011.

The study shows a high level of HIV/AIDS awareness in the study area. The students are fully aware that unprotected sex facilitates the spread of HIV/AIDS, HIV/AIDS is a killer disease, HIV/AIDS is real. This result is in agreement with the findings of Ijioma *et al* (2011). The high number of people who responded that the

consequences of HIV/AIDS infection is death and the high number of people that did not respond to this question confirm the earlier report of Oruonye (2011) that HIV/AIDS is a dreaded disease that is generally feared in the study area. Most of the student are fully aware of the preventive methods of HIV/AIDS infection but are reluctant in changing their behavioural attitudes. While 85.2% of the respondents claimed that they know what safe sex is all about, 22.2% of the respondent admit not using condoms, thereby exposing themselves to the risk of HIV/AIDS infection. This becomes more worrisome when we consider the high number (42.6%) of the respondents who admitted having more than one sex partner. The high number of respondents (61.1%) who insist that they will not be comfortable living, schooling, working and eating with HIV/AIDS infected persons indicates a high tendency of stigmatization among the students. Oruonye (2011) had earlier observed that stigmatization and discrimination are the greatest challenges to effective HIV/AIDS control in the state.

Students of tertiary institutions in Jalingo metropolis are faced with a lot of challenges which predisposes them to behavioural attitudes that enhance the spread of HIV/AIDS. All the tertiary institutions in the metropolis lack adequate student hostel accommodation. This forces the students to resort to private accommodation, there by making cohabitation of male and female students a norm or common practice.

Gender inequality is one of the principal factors fuelling the spread of HIV/AIDS especially in the educational institutions. The young ladies more often than not find themselves on the receiving end due to their low social status and self esteem. Majority are afraid to ask their partner's sexual history and for the use of condoms during sexual intercourse for fear that they might endanger the relationship. Most of them engage in sexual relations with the belief that a sexual relationship is the only way of gaining acceptance and feeling desirable to the opposite sex.

Due to their social inexperience and dependency on their peers, students tend to be widely influenced often in ways that can increase their risk. Most students are often times sensitive about their peer's opinion on matters to do with their sexuality where one is ridiculed to be a "looser" or perceived to be "the man" depending on the number of female partners he engages in sexual intercourse with. In the case of young ladies, an expensive lifestyle and access to material wealth including expensive clothes, shoes and money plays a big factor in influencing others to pursue risky behaviour such as prostitution and sexual relationships with "sugar daddies" for such acquisitions (Jacqueline Ndaba, ND). Tertiary institutions are adversely affected by the HIV and AIDS pandemic since they target the youth between the ages of 16 to 30 years. The rate at which the youth are getting infected is very high. At this age, young people tend to experiment with risky behaviour due to their newly found freedom in such institutions since they transition from an environment with strict rules laid down by guardians and teachers in secondary schools to an environment with no restrictions to regulate their

behaviours. They therefore indulge in a pattern of adolescent behaviour including alcohol and drug use, delinquency, challenging of authority and risky sexual behaviour often with little awareness of the danger (Jacqueline Ndaba, ND). Awareness and appropriate knowledge may play an important role in preventing further spread of HIV/AIDS among students and the general public.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made:

- i. The management of tertiary institutions in the state and the country should provide adequate accommodation facilities for the students especially the female students. This will go a long way in reducing the problem of cohabitation of male and female students. This can also help in curtailing some of the student's behavioural excesses which predisposes them to HIV/AIDS infection.
- ii. Parents, religious leaders and lecturers should devise a means of counselling the students on the need to be morally upright and academically focussed. This will help them appreciate the need to imbibe healthy lifestyle and safe behaviours in the tertiary institutions.
- iii. The management of the various tertiary institutions should promote productive ventures such as sports and vocational services rather than activities such as organising parties and beauty pageants which promote illicit sexual behaviours on campuses.
- iv. The management of the tertiary institutions should enforce decent dress code and discourage every form of indecent dressing in the tertiary institutions especially among the female students. Indecent dressing by especially the female students is a provocative act that stimulates sexual behaviour.
- v. The Government, voluntary organizations and non-governmental organizations should intensify effort in the campaign on HIV/AIDS so as to increase the level of awareness. This could be achieved through organizing public lectures, posting of handbill and jingles in media houses.
- vi. The school authorities should continue to enlighten the students on the reality and dangers of HIV/AIDS.
- vii. Religious and clergymen should help to enlighten their followers on the need to have positive behavioural attitude.

REFERENCES

- Adedimeji, A. (2003) "Perception of HIV/AIDS infection and condom use among undergraduates in Nigeria Universities". Department of Sociology. University of Ibadan Nigeria.
- Anarfi, J.K. and Awusabo-Asare, K. (ND) HIV/AIDS in Tertiary Institutions In Ghana. A Draft paper For The National Council for Tertiary Education, Accra working in collaboration with The World Bank.

- Barnett, T. and Whiteside A. (1996) HIV/AIDS and Development: Case Studies and a Conceptual Framework. A Paper Presented at a Policy Research Workshop held at the Indian Institute of Health Management Research in Jaipur, India in 1996
- Edekor, N. (2010) Access to Health Information by People Living with HIV/AIDS in Nigeria. University of Nebraska – Lincoln.
- Fawole A. O., Ogunkan D.V, Adegoke G.S. (2011) Sexual Behaviour and Perception of HIV/AIDS in Nigerian Tertiary Institutions: University of Ilorin, a Case Study. *Global Journal of Human Social Science*. Volume 11(1). Pp 64-71.
- Fidelis M (2007) 'Why Taraba Leads North-East in HIV/AIDS Prevalence'. Daily Trust Newspaper, 17th November, 2007, Lagos, Nigeria, <http://allafrica.com/stories/200711180160.html>
- Ibe, S. N. (2005) HIV/AIDS Awareness Study of Fresh Students in Tertiary Institutions in River State of Nigeria. *Journal of Applied Science and Environmental Management*. Vol. 9(1) 11-13.
- Ijioma, B.C, Iwu, R. U, Onoja, A. I, Egeruo A.S (2011) The perception of Nigerian Youths on the Prevalence of HIV/AIDS. A Case of Tertiary Institutions in Imo State, Nigeria. *New York Science Journal*; 4(1):45-48
- International Institute of Rural Reconstruction (IIRR) (2007) HIV/AIDS RISK ANALYSIS TOOL. www.iirr.org Jacqueline D. N. (ND) HIV/AIDS challenges among the youth in tertiary institutions in Kenya. HIV/AIDS consultant/Peer educator, Kenyatta University, Kenya.
- National AIDS/STD Control Programme/ Federal Ministry of Health (1999) HIV syphilis sentinels sero prevalence survey in Nigeria. Nigeria: Technical Report.
- Obinna, C. (2005) 'Story that Touches the Heart: Why Prostitution rate is rising' *vanguard* (Saturday, December 31, 2005).
- Ojikutu, R.K., Adeleke, I. A., Yusuf, T. and Ajijola, L.A. (2010) Knowledge, Risk Perception and Behaviour On HIV/AIDS Among Students of Tertiary Institutions in Lagos State, Nigeria. *E-Leader Budapest*.
- Omorie, G.O. (2002) "Sexual Behaviour of tertiary institution students using the PSI behavioural change framework". Abuja: Society for Family Health.
- Oruonye, E.D. (2011) An assessment of the response to the HIV/AIDS Pandemic in Taraba State, Nigeria. *Journal of Geography and Regional Planning* Vol. 4(2), pp. 104-109.
- Page, S.L.J. and Nyakanda, F. (2005) *How to Live Positively: A Practical Manual for Facilitating Community Action in HIV/AIDS-Affected Areas*. CABI, UK.
- Taraba State HIV/AIDS Strategic Plan (2007).
- Topouzis, D. (1998). *The Implications of HIV/AIDS for Rural Development Policy and Programming: Focus on Sub Saharan Africa*. Sustainable Development Department, FAO, HIV and Development Programme, UNDP.
- Uzokwe, A. O. (2008) "Prostitution in Nigerian University Campuses (part I)" *Nigerian World* (Monday, July 21, 2008). <http://www.nigeriaworld.com>