Secondary School Student’s Knowledge of and Attitude Towards HIV/AIDS: Case Study of Secondary Schools in Nsukka Urban

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Abstract
This study was designed to find out secondary school students’ knowledge of and attitude towards HIV/AIDS in secondary schools in Nsukka Urban. The survey research design was used for the study. A sample of 300 senior secondary school students was used and the questionnaire was the only instrument used for data collection. The responses were analyzed using percentages and mean scores. The t-test statistic was used to test the null hypothesis at 0.05 level of significance. The findings revealed that secondary school students in Nsukka had high level of knowledge of HIV/AIDS and that the knowledge did not vary according to gender. The findings also revealed that the students had negative attitude towards people living with AIDS. It was then recommended that schools should encourage students to communicate this knowledge of HIV/AIDS to their friends, parents and community members so that AIDS can be eradicated or controlled.

Introduction
Acquired Immune Deficiency Syndrome (AIDS) is a clinical condition that results from infection with the Human Immunodeficiency Virus (HIV), which progressively damages the body’s ability to protect itself from disease organisms (Office of Educational Research and Improvement, 1990). HIV targets and kills the T4 helper cells, which are a population of lymphocytes that are essential to the body’s defense against diseases (Bakare, 1996). Haseltine (1993) described AIDS as a progressive degenerative disease of major organs and systems including the immune system and the central nervous system. AIDS, according to the World Health Organization (WHO) (1994a), is the end stage of infections with HIV virus characterized by a cluster of illnesses. Such cluster of illnesses, often referred to as opportunistic infections, arise as a result of the victim’s suppressed immune system due to the HIV infection.
The first reported case of AIDS in Nigeria was in 1984, in a sexually active 13 year old girl. However, by April 1994, 1, 148 cumulative AIDS cases had been reported to the Federal Ministry of Health and Human Services (FMHHS) Abuja. WHO (2005) declared that there were 3.5 million Nigerians living with HIV and AIDS. By 2007, it was estimated that 33.2 million people were living with the disease worldwide while 2.1 million people had died of the disease, leaving 330,000 children orphaned (WHO 2007). This number included adolescents in secondary schools.

The incidence of AIDS in Nigeria has progressively increased from 1.8% in 1991 to 54% in 2004 (Action AIDS International, 2004). Based on the sentinel survey, it is estimated that the number of Nigerians living with HIV and AIDS will increase two to three folds over the next eight years. Rele (2007) reported that Nigeria ranked third on the list of countries with highest number of people living with HIV/AIDS (PLWA) after South Africa and India.

Infection by AIDS is linked to personal behaviour such as engaging in unprotected sexual intercourse and blood contamination. Blood can be contaminated through using infected razor blades, needles, clippers, mother to child transmission during birth and infection through transfusion with HIV infected blood (Planned Parenthood, 2002).

Signs and symptoms of HIV/AIDS fall into minor and major symptoms. The minor signs and symptoms include weight loss, fatigue, sore in the mouth, chronic fever, persistent cough, oral thrush, swollen glands, loss of appetite and persistent diarrhea. The major signs are weight loss, fever, chronic diarrhea, difficulty in breathing or shortness of breath, kaposi sarcoma, pneumonia, persistent severe fatigue, lymphadenopathy, tumours on interna organs, etc (Olumide, 2002; Ode, 2006).

In order to prevent AIDS, MacMenar and Ross (2001) advised that people do not expose any wound in their body; do not use brushes used by others; should use condom if they must have sex; and should insist on having HIV test before accepting to marry any person. A good knowledge of these preventive measures is expected to prevent HIV infection.

Knowledge is a prerequisite to any action, including the actions that are necessary for the prevention of HIV/AIDS (WHO 2006). Anti-health practices because they are not well that is they lack knowledge. Okafor (1997) stressed that knowledge is a precursor for attitude and behaviour though not all knowledge are translated to these. This inability to translate knowledge especially, health knowledge to attitude and behaviour has been the major setback in the development of health education and therefore, setback in prevention of diseases such as HIV and AIDS.
Knowledge is very important in acquiring and practicing health knowledge which also is important in the development of optimum health. Attitude formation is not essentially a function of amount of information one receives but a function of how that information was acquired. Attitude formation, particularly positive attitude, depends more on the source of information than on the amount of information received. This is more true with secondary school students who receive more information, from teachers, the peer group and so many other sources, some of which may be right, wrong or half truths. Some sources may provide information which is detrimental to health. The amount and source of information is even more significant when it concerns HIV/AIDS. To ascertain the level of knowledge and attitude of secondary school students towards HIV/AIDS, hence this study. A good knowledge and attitude will enable them to prevent this killer disease.

Available reports indicate that almost everyone of the adolescents aged 13-19 years in Guatemala had high knowledge of AIDS, but that the knowledge of AIDS and other Sexually Transmitted Infections (STIs), generally was incorrect, with the males better informed than the females. Another study on HIV/AIDS transmission risks and preventive techniques affirmed that college students possessed low level of knowledge concerning HIV/AIDS (Fennel 2004). Dalzel-Ward (2002) also found that females had higher knowledge of HIV/AIDS than males.

Socialization is one of the stronger sources of attitude formation, and had been identified as the direct or indirect root of most health problems including STDs and HIV/AIDS (Onyeneje, 1995). This implies that negative attitude, resulting from poor knowledge and socialization are some of the factors that had led to difficulty in the prevention and eradication of HIV and AIDS. Ichoku (2002) opined that the greatest problem in the fight against AIDS is people’s attitude of discrimination, isolation and stigmatization due to poor knowledge of the disease. Available data indicate that the incidence of HIV/AIDS among secondary school students is on the increase (WHO, 2007). Ode (2006) reported that the incidence of the disease was highest among the youth in Nigeria, particularly those in Benue and Enugu State. This is attributable to poverty, unemployment and the choice of prostitution as a way of survival.

**Purpose of the Study**
The major purpose of the study was to determine the secondary school students’ (youths) knowledge of and attitude towards HIV/AIDS in Nsukka Urban. Specifically the study determined the students’
- level of knowledge of HIV/AIDS.
- attitude towards HIV/AIDS.
Hypotheses
1. There is no significant difference in the mean knowledge of HIV/AIDS by male and females students.
2. There is no significant difference in the mean attitude of male and female students towards HIV/AIDS.

Methodology

Design and area of study: The survey research design was used for the study which was conducted in Nsukka Urban.

Population for the study: The population for the study consists of Senior Secondary School Students in the eleven secondary schools in Nsukka Urban. The estimated population was 825 students as at 2007/2008 academic session (Post Primary School Management Board Nsukka – PPSMB 2008)

Sample for the study: The sample consisted of 300 students. The multi-stage sampling technique was adopted for the study. The first stage involved the random selection of five out of the eleven listed schools, using the simple random sampling technique. The second stage involved selecting two classes from each of the five schools elected. These were senior secondary one and senior secondary two. The last stages was the selection of thirty students from each of the two classes, using balloting with replacement. This gave a total of 300 students.

Instrument for data collection: The instrument for data collection was a 20-itemed structured questionnaire which was developed based on the objectives of the study. It was validated by three experts Health and Education. The reliability of the instrument, was established using the split-half method which yielded a correlation coefficient of 85.

Data collection and analysis technique: Three hundred copies of the questionnaire were administered by hand. The instrument was filled out and collected on the spot. There was 100 percent return rate. The data collected was analyzed using mean scores. Hypothesis were tested using t-test at 0.05 level os significance.

Findings of the study
The following findings were made:

Student’s knowledge about HIV/AIDS
Table 1: Mean Responses of Student’s knowledge about HIV/AIDS

<table>
<thead>
<tr>
<th>Knowledge of HIV/AIDS on:</th>
<th>Mean</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Which of these is true about HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) An organism that causes AIDS</td>
<td>2.75</td>
<td></td>
</tr>
<tr>
<td>(b) A new drug for curing AIDS</td>
<td>1.41</td>
<td></td>
</tr>
<tr>
<td>(c) An establishment caring for AIDS patents</td>
<td>1.52</td>
<td></td>
</tr>
<tr>
<td>(d) A branch of medicine concerned with AIDS</td>
<td>1.25</td>
<td>High</td>
</tr>
</tbody>
</table>
2. AIDS could be defined as:
   (a) A disease that kills people 1.02
   (b) A sign of infection 1.85
   (c) The last stage of HIV infection 2.61
   (d) A type of HIV infection 1.21 High

3. The germ responsible for AIDS is
   (a) Varicella Zoster Virus 1.46
   (b) Human Immunodeficiency virus 2.75
   (c) Mycobacterium 1.85
   (d) Staphylococcus aureus 2.02 High

**Signs and symptoms**

4. Which of these is a minor sign of HIV/AIDS?
   (a) Prolonged headache 1.25
   (b) Cough lasting longer than one month 2.57
   (c) Constant passing of urine 1.87
   (d) Chest pain 1.17 High

5. Which of these is a major sign of HIV/AIDS
   (a) Loss of appetite 1.34
   (b) Blinded vision 1.35
   (c) Weight loss greater than 10% of body weight 2.78
   (d) Muscles and joint pain 1.27 High

**Mode of transmission**

6. Which of these is at risk of getting HIV/AIDS?
   (a) People with faithful sex partner 1.35
   (b) People that abstain from sex 1.05
   (c) People that use condom during sex 1.10
   (d) People that engage in prostitution 3.91 V. high

7. Which of these is route of HIV transmission?
   (a) Kissing 2.05
   (b) Unprotected sexual intercourse 3.92
   (c) Hugging an AIDS patient 1.01
   (d) Eating from the same plate with AIDS patient 1.25

**Prevention**

8. Which of these can prevent HIV/AIDS infection?
   (a) Avoiding getting close to AIDS patient 1.05
   (b) Use of contraceptives 1.01
   (c) Abstaining from pre-marital and extra marital sex 3.88
   (d) Sharing of blood letting implement 1.35 V. high

   *Grand Mean* 2.73

Table 1 presents the score on various aspects of HIV/AIDS knowledge, HIV/AIDS exhibited by the students was very high as revealed by the grand mean score of 2.73. With
with level of knowledge of various aspects of HIV/AIDS, the students showed very high knowledge on mode of transmission, diagnosis and prevention and control (3.92 and 3.88) respectively.

Table 2: Mean Responses on Students’ Attitude towards HIV/AIDS

<table>
<thead>
<tr>
<th>S/N</th>
<th>Item</th>
<th>Mean</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AIDS is a disease from God</td>
<td>2.19</td>
<td>Negative</td>
</tr>
<tr>
<td>2</td>
<td>No one deserved to have AIDS</td>
<td>2.7</td>
<td>Negative</td>
</tr>
<tr>
<td>3</td>
<td>Any one can become infected with AIDS</td>
<td>2.22</td>
<td>Negative</td>
</tr>
<tr>
<td>4</td>
<td>AIDS does not exist</td>
<td>2.15</td>
<td>Negative</td>
</tr>
<tr>
<td>5</td>
<td>There is the need for Health Education on the dangers of AIDS</td>
<td>2.94</td>
<td>Positive</td>
</tr>
<tr>
<td>6</td>
<td>One can live comfortable with AIDS patients</td>
<td>2.15</td>
<td>Negative</td>
</tr>
<tr>
<td>7</td>
<td>It is bad to go near an HIV/AIDS patient</td>
<td>1.02</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Table 2 shows that secondary schools students in Nsukka have negative towards HIV/AIDS as can be seen from the grand mean of 2.34 which is less than the criterion mean of 2.50.

\[ H_0 \]

Table 3 shows that there is no significant difference in the knowledge of HIV/AIDS possessed by the male and female students. This is because the table t-value of 1.96 is greater than the computed t-value of -1.50 at 0.05 level of significance and 298 degree of freedom.

\[ H_0 \]

Table 4: t-test Analysis on Mean Attitudes of male and female students.

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>computed t-value</th>
<th>df</th>
<th>p</th>
<th>table t-value</th>
<th>decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>130</td>
<td>307.65</td>
<td>22.31</td>
<td>-1.50</td>
<td>298</td>
<td>0.05</td>
<td>1.96</td>
<td>Accepted</td>
</tr>
<tr>
<td>Female</td>
<td>170</td>
<td>311.33</td>
<td>19.23</td>
<td>-1.50</td>
<td>298</td>
<td>0.05</td>
<td>1.96</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

Table 4 shows that there is no significant difference in the attitude of male and female students towards HIV/AIDS. This is because, the t-value of 1.96 is greater than the computed t-value of 0.05 level of significance and 298 degree of freedom.
Discussion
The findings of this study have shown that secondary school students in Nsukka had very high knowledge of HIV/AIDS. This findings is not surprising, but is expected. This is because HIV/AIDS is a global health problem which has attracted a high rate of in information dissemination which has facilitated knowledge acquisition. However, the finding is in contrast with that of Fennel (2004) who observed in his study that the college students possessed relatively low level of knowledge of HIV/AIDS.

The findings in table 1 also revealed that the secondary students’ knowledge was highest in the areas of mode of transmission, and prevention and control of HIV/AIDS. The finding agrees with that of Dalzel-Ward (2002) and WHO (2005), who affirmed that the area of highest knowledge among the pupils studies were in prevention and mode of transmission of HIV/AIDS.

The findings in table 2 show that secondary school students have negative attitude toward HIV and AIDS. This can be seen from the fact that almost all the items had mean and grand mean scores that are below criterion mean of 2.5. This finding is not surprising, Okafor (1997) stressed that knowledge is a precursor for attitude and behaviour, though, not all knowledge are translated to these.

These are no significant difference in the knowledge of HIV/AIDS possessed by males and female students in Nsukka Urban. This was revealed in table 3 where the computed t-value of-1.50 is less than the table t-value of 1.96. The findings also revealed that there is no significant difference in the attitude of male and female secondary students towards HIV/AIDS. This was shown in table 4 where the computed t-value of 0.058 is less than the table t-value of 1.96. This finding is surprising and so not expected. This is because with the high knowledge of HIV/AIDS, one should have also expected a positive attitude towards AIDS. But as Okafor (1997) observed, knowledge does not always translate to attitude. The implication of this finding is that students will also discriminate against people with HIV/AIDS. This means that people with AIDS will continue to suffer discrimination, isolation and stigmatization even from students who are suppose to know better. This finding is in contrast with Dalzel (2000), who found that the female had more knowledge of HIV/AIDS than the men, but found no significant difference in their attitude.

Conclusion
The students have very high knowledge of HIV/AIDS and their knowledge was highest in the area of mode of transmission and prevention and control of AIDS. The knowledge of HIV/AIDS possessed by the secondary school students did not vary according to gender, as both girls and boys, recorded high knowledge.
The attitude of the students towards HIV/AIDS was negative. The finding implied that the high knowledge of HIV/AIDS has had no impact on the students, behaviour. One would have thought that with the high knowledge students will be able to prevent AIDS among themselves and also help others so as to reduce the stigmatization suffered by people living with AIDS. Then the future leader or generation will be a healthier work force to contribute to the sustainability of the family and of course their generation.

Recommendations

- Health Education which embodies sex and family education and HIV and AIDS education should be made compulsory in all schools. This will facilitate the teaching and learning of AIDS which will in turn reduce the incidence of and death from HIV and AIDS in the society.
- The school should encourage students to communicate this knowledge of HIV and AIDS to their friends, parents and community members so that AIDS can be eradicated or controlled.
- Young people should be trained in life skills to enable them acquire competences that will help them handle the demands of everyday life including relationship with AIDS patients. Such life skills should include communication skills, decision-making, critical thinking, assertiveness, peer resistance, self-esteem, self-confidence, inter-personal relationship among, others.

References


