

### **33. Perception of AIDS among University students in Nigeria. Implications for AIDS prevention programmes**

**Edlyne E. Anugwom**

#### **Background**

The acquired immunodeficiency syndrome (AIDS) is now a global scourge of mankind. It has been reported in almost all areas of the world. In Africa, the prevalent AIDS scourge is the pattern 2 which is transmitted through heterosexual relations and intercourse (Howlett *et al.* 1989). But while the spread of the HIV responsible for AIDS has come under great control in the advanced or Western nations, the developing countries, especially in Africa, are still battling with the acceptance of the gross reality of the pandemic. No wonder the AIDS threat is gradually becoming a thing for the developing nations. All over the world, health workers and researchers have agreed that prevention is a major avenue towards curbing the pandemic. In fact, until a reliable cure is found, prevention remains the most effective weapon against AIDS (Batchelor 1984).

Prevention is achieved mainly through education and enlightenment of the populace on the adverse consequences of AIDS. In Nigeria, the task of enlightenment has been embraced by government agencies and a few non-governmental organizations. This enlightenment exercise may have created an awareness of the existence of the disease but its real nature and life threatening consequences may still remain conjectural for a majority of the populace. Hence, while media and other forms of enlightenment has been significant, the extent to which the populace actually feels that AIDS is a real threat remains unknown. Moreover, simplistic messages and information about AIDS alone is inadequate in the struggle against the pandemic (McPherson 1996). Therefore, there is need to ascertain the perception of AIDS by Nigerians. Education and enlightenment on prevention of AIDS aims at changing the attitudes of the recipients of such education to the threat of the virus. As a result, it targets a change in both perception and behaviour. But it is likely that enlightenment programmes which are situated within the purview of the perceptions of those being enlightened would achieve more results in behaviour change than those that gloss over the prevalent perceptions of the population.

In this regard, AIDS prevention programmes should take adequate cognisance of the perceptions of the virus by the people. Generally, heterosexual intercourse is the primary mode of HIV/AIDS transmission

in Africa where it accounts for 70-80 percent of all cases (Hayward 1990). Heterosexual relations are usually undertaken by the sexually active members of the population. In this case, young adults or youths are more involved in heterosexual relations than other members of the population. Hence, this group becomes the ideal target of any AIDS prevention programme. And one setting where this target group of young adults can be located is at the tertiary institutions of learning, especially the universities. In view of the relative freedom and active sex lives of university undergraduates, AIDS prevention programmes become necessary for them. But such programmes may go a long way in reducing the spread of the virus, if they are informed by a knowledge of AIDS-related perceptions of such a target group.

From the foregoing, this study is aimed at discovering the prevalent perceptions of AIDS by university students in Nigeria. And from this standpoint, examine the implications of these perceptions for AIDS prevention programmes in the country. This was borne out of the conviction that assessing people's knowledge attitudes, beliefs, and practices (KABP) related to sexuality and AIDS is a good starting point of any prevention programme.

### **The AIDS pandemic**

Recently a new concern about the violation of human rights through AIDS prevention programmes have arisen. In evaluating the human rights implications of HIV/AIDS preventive measures, Kirby (1996) sees such strict measures as compulsory testing, obligatory screening of risk groups, criminal punishment for spreading infection and quarantine as ineffective, counter-productive and positively harmful in the global struggle against STDs in general and HIV in particular. This is because according to him, AIDS prevention entails behaviour change which is difficult to achieve when the social environment is not conducive. The central place of behaviour change to AIDS prevention is also emphasized by Cochran and Mays (1989) and Osborn (1986). Behaviour change is very important when it is realized that AIDS even though a physical or biological disease depends for its transmission and spread mainly on the volitional behaviour of people (Ward *et al.* 1989). Kirby (1996) and Hauserman (1996) are however particularly concerned with the need to ensure that human rights are protected in relation to HIV/AIDS programmes.

Cochran and Peplau (1989) have discovered that the perception of being at risk, especially among men, is a factor in change of attitude towards the virus. Though they argue that women mostly change sexual behaviour mainly as a result of previous experience rather than cognition or perception. Perception influences prevention since prevention depends on behaviour change which is largely volitional. One way of addressing the influence of perception on prevention may be to situate prevention programmes in the social milieu of the people. Niang (1995) reports that a study in southern Senegal shows that local channels, groups and practices can be effectively and ingeniously used in AIDS prevention programmes. Prevention messages are particularly important. Even though there is need

to state this within the social milieu of the receivers of such messages. According to Ornelas-Hall (1990) AIDS messages must take cognisance of the social realities of individuals and groups.

The above observation is akin to the argument of McPherson (1996) that simplistic messages to control risk and the assumption that information alone enables women to protect their health is not adequate. This is especially the case for women with little or no power in their relations, hence there is need for strategies relevant to the circumstances of these women. AIDS prevention also requires applying intervention. Effective intervention according to Slutkin (1993) may involve such things as condom marketing, well-programmed use of mass media and advertising, peer projects to reach the most at-risk population and systems to diagnose and treat people with STDs that enhance HIV transmission.

Hence prevention programmes in Africa, especially in more affected regions, should aim at enlightening women on the risks they face and on the need for them to take active part in AIDS related activities and concern (*Exchange* 1995; *Safe Motherhood* 1995; Williams 1993; *World AIDS* 1993; Mahmoud *et al.* 1990).

Even though, condoms recur in all genuine efforts towards AIDS prevention, some writers and researchers have raised issues with them (Slutkin 1993; Finger 1993). Shreedhar (1994) reports that Indian condom markets are awash with inferior condoms. These condoms are easily busted, not lubricated and easily fall to bits. The poor condom quality is attributed to two factors viz lack of consumer pressure and scarcity of reliable quality control. Inferior condoms may give rise to deep-seated resentment against their usage especially by first-timers. Condom of quality is important in view of the fact that it is one of the most effective means of AIDS prevention. In view of the spread of AIDS, condoms make sense (Dixit 1993). A way of encouraging condoms use may be, according to Donald and Ferreros (1990), through social marketing which is a method of promoting awareness of supply and distribution that complements many health delivery systems. While condoms are becoming popular and social marketing is encouraging condoms use to prevent transmission, a new concern has emerged on how to sustain such efforts (Manuel 1993). As a preventive measure the condom appears to be very effective especially where religiously adhered to. Rajanapitayakorn (1993) reports that a 100 percent condom use campaign in Bangkok, Thailand may have slowed the spread of the infection there.

As part of preventive efforts, public education will help in assuaging the problem of AIDS (Batchelor 1984). AIDS education in schools seems very necessary. In the views of Sy *et al.* (1989), this may be implemented as part of a carefully planned and comprehensive school health education curriculum. This suggestion may be timely in Nigeria where Raufu (1993) reports that despite statistics showing that Nigeria is on the brink of an AIDS epidemic, many Nigerians still scoff at the idea that the disease has eaten deeply into the fabric of society.

### **Method of study**

The population of study is the student population of four universities in South-Eastern Nigeria. The universities are: University of Nigeria, Nsukka; Nnamdi Azikiwe University, Awka; Enugu State University of Science and Technology; and Abia State University, Uturu. The students were sampled during the course of a week-long AIDS awareness campaign organized by two AIDS NGOs in Nigeria. A sample size of 400 students were randomly selected from the students who attended the event (100 students from each university). In order to ensure equal gender participation in the study, efforts were made to sample as many female students as possible.

The research instrument was simple self-administered questionnaire constructed to ascertain the awareness and perception of AIDS by the students. Hence the questionnaire contained questions on awareness of the disease; source of awareness/information on AIDS; reality of the AIDS disease; use of prevention; type of precaution preferred and problems associated with it, etc. Since no hypothesis was stated due to the exploratory nature of the study, data analysis was carried out through the use of simple descriptive statistics. As a result, percentages and tables were employed in illustrating relationships between variables of interest in the study. It is hoped this will facilitate easy comprehension of research results. Moreover as Behrend (1954) have argued, in analyzing data, the most efficient and at the same time simplest available method which is appropriate to the subject matter should be used.

### **Students and perception of AIDS in Nigeria**

A pertinent starting point for presentation of findings in a study of this nature may be an examination of the socio-demographic characteristics of respondents. This then will provide the background for other findings of the study. As the study population is made up of students, this may entail illustrating their courses of study, as well as age and sex. Respondents were drawn from four faculties viz Science (20 percent), Social Science (30 percent), Arts (30.7 percent), and Business (19.3 percent). Respondents studying Law were merged with those studying Arts since there were only a few of them in the study sample.

Our data reveal that all the respondents are in their youth. Also, a predominant number of them are in the 21-30 age bracket. This shows that university student in Nigeria rightly constitute an AIDS prevention programme target group, especially when it is realized that the disease usually affects those between the ages of 20-40 (Batchelor 1984). Moreover a significant number of females (37.5 percent of total sample size) were sampled. This ensured that a sort of gender balance is achieved.

To ascertain the perception of the students regarding the reality of the AIDS pandemic they were asked if they believe that AIDS is really in existence. Surprisingly enough, 30 percent or 120 of the respondents of both sexes saw AIDS as not really in existence. This is worrisome when

one pits this sort of revelation against the fact that the respondents are university students who are supposed to be very informed. All the same, all the respondents have heard of the existence of the disease in Africa, even though they all have not actually seen an AIDS patient before except on the television. In addition to this, most of the respondents stated that they have only seen white people afflicted with AIDS. None of them has seen a black person afflicted and 80 (20 percent) of them cannot remember exactly the race of AIDS victims they have seen on the television.

This may not be entirely astounding when it is discovered that a significant number of the respondents (280 or 70 percent) see AIDS as an invention of the Western nations to put Africa in place.

Therefore, the respondents mostly see AIDS as part of the politics of development and Western nations are using the pandemic to put Africa in place. This revelation vindicates the contention of Raufu (1993) that Nigerians scoff at the idea of the reality of AIDS and see it as Western-inspired propaganda. Such a perception of AIDS may not be unrelated to colonial experiences of Africans in which everything bad was attributed to the blacks by the whites. While the efforts of educated Africans to counteract such an orientation, particularly in the socio-political arena are commendable, its carry-over to a major health threatening situation in really a source of concern. Also this type of perception puts a big question mark on the effectiveness of AIDS enlightenment and prevention campaigns in Nigeria. And as Cochran and Peplau (1989) rightly observed the perception of being at risk is a factor in change of attitude. Obviously, a change of attitude and behaviour is germane to any sustainable AIDS prevention efforts.

In a bid to discover the coping ability of the respondents in case of rapid AIDS disaster, they were asked to classify death from AIDS either as un-natural or normal. This stems from the belief that those who see death from AIDS as normal may be in a better position to cope with its disaster than others. At the same time, those in this category may be less receptive of AIDS prevention messages. The result shows that 125 (31.3 percent) of our respondents see death from AIDS as unnatural, while 278 (68.7 percent) see it as normal.

Further to this, the respondents that see nothing abnormal in dying from AIDS were asked to state reason why they feel so. A majority in this category of respondents (105 or 38.2 percent) see death and cause of death as pre-ordained; 62 respondents (or 22.6 percent) see death as a thing for everybody; and others (83 or 30 percent) see death as either usual or see cause of death as unimportant.

In view of the fact that all the respondents have heard of the existence of AIDS in Africa and most of them have also heard of preventive messages or seen anti-AIDS posters, they were asked whether they take any form of precaution in their sex activities. The responses are shown in the following table 1, from which it can be seen that a significant number of the respondents, who are typical of Nigerian students, do not take the AIDS threat serious enough. It is disappointing that out of a sample of 400 students, 160 (40 percent) of them do not take any form of precaution against AIDS.

---

Table 1: *Distribution of respondents by attitude to precaution*

<i>Attitude</i>	No. of respondents	Percent
Take precaution	195	(48.7%)
No precaution	160	(40%)
Abstinence	45	(11.3%)
<i>Total</i> 400	(100%)	

This supports the argument of McPherson (1996) that simplistic messages and information alone is not adequate. There is need for effective intervention programmes in the mode put forward by Slutkin (1993). The result in the above table becomes more insightful when the respondents who take precaution were asked to state which precautions they use. It was discovered that a majority of respondents who take precaution (110 or 56 percent) use condoms or encourage partners to use condom. Also quite a significant number of respondents (72 or 37 percent) keep to one partner as a form of precaution or prevention, while 7 percent of the respondents could not state the form of precaution they employ. However, an important fact emerged when respondents, that use or encourage partners to use condoms, were asked to state why they do this and the most severe problem they face in using condoms (whether from the products or from partners). The results are presented in the table 2:

Table 2: *Distribution of respondents by reason for condom use by problem of condom use. Number and percent*

<i>Problem</i>	AIDS	Pregnancy	STDs	Total
Restriction of pleasure	6 (5.5%)	12 (11.0%)	8 (7.3%)	26 (23.8%)
Breakage	3 (2.7%)	8 (7.3%)	10 (9.1%)	21 (19.1%)
Partner suspicion	3 (2.7%)	4 (3.6%)	10 (9.1%)	17 (15.4%)
Cannot ejaculate	4 (3.6%)	16 (14.5%)	3 (2.7%)	23 (20.8%)
Others	2 (1.8%)	5 (4.5%)	4 (3.6%)	11 (10.0%)
No problem	2 (1.8%)	10 (9.1%)	0 (0%)	12 (10.0%)
<i>Total</i>	20 (18.2%)	55 (50.0%)	35 (31.8%)	110 (100%)

It appears that only a small number of the respondents use condoms in a bid to avoid AIDS infection. On the contrary, majority of them use condoms to avoid the risk of pregnancy or contacting other STDs like gonorrhoea, herpes, syphilis etc. All the same, use of condoms for whatever reasons will still be effective against AIDS infection. The table also shows the range of problems which respondents identified with using

condoms. Some of these problems may be psychological especially where the person is just starting to use condoms. Admittedly, inferior or sub-standard condoms which somehow get into the market may be prone to such defects as breakage and lack of lubrication (Shreedhar 1994). In spite of these, use of condoms still remain one of the most effective preventive measures against the AIDS scourge. Their usage in Nigeria and other developing countries is imperative in view of the fact that, by the year 2000, as many as 40 million people could be infected, 90 percent of them in the developing world (*World AIDS* 1993).

### **Concluding remarks**

This exploratory study discovered amongst others, that the AIDS perception of Nigerian students is ill-informed. Hence they see AIDS as a development propaganda; a significant number also see AIDS as not really in existence, and do not bother themselves with any form of precaution. Some of these discoveries are as insightful as they are disturbing. They seem to call for a realignment of AIDS prevention programmes to tackle the problem of wrong or unjustified perceptions.

One way of doing this may be, as Sy *et al.* (1989) suggested, to incorporate AIDS education in the curriculum of schools in Nigeria. So far, this is not the case. In the universities, AIDS education may be made part of the General Studies or Foundation Studies courses. Even though, it should have no influence on students' GPA, they would all the same be required to take the course and pass it before graduating. Also, effective intervention in the ways pointed out by Slutkin (1993) may be desirable especially peer projects to reach the most at-risk population since this would suit the lifestyle of university undergraduates. There is also need for condom manufacturers in Nigeria to explore ways of increasing the excitement or arousal that one gets on putting on a condom. This may tackle the problem of pleasure restriction and ejaculation difficulties. In addition, enlightenment programmes may state the need for partners to educate each other on the desirability of condoms. This form of dialogue may deal with the issue of suspicion.

Perceptions which may be products of historical reality, environment and culture affect one's behaviour and attitudes to the AIDS threat. Nigerian students schooled to view Western oriented programmes with suspicion are likely to see the AIDS threat as one more card in the trick bag of developed nations. This perception, earlier noted by Raufu (1993), needs to be tackled if meaningful results are to be achieved in prevention efforts. Therefore, the government and AIDS NGOs should do more in terms of effective prevention programmes which ought to start from disabusing the minds of Nigerians of wrong notions and terminate in the promotion of 100 percent condom use by all Nigerians. A 100 percent condoms use campaign have proved effective in slowing the spread of AIDS elsewhere (Rajanapitayakorn 1993). It is worthy of mention at this juncture that the time lapse between when this study was conducted in 1995 and now may have produced some remarkable changes in perception of AIDS among the students. Thus events in the last two years in Nigeria

may have deeply affected the perception of AIDS by students. Nowadays, some University campuses are centres of anti-AIDS activism organised by the students themselves. Some of these groups as the AIDS Prevention and Control Organisation (APCO) have carried their campaigns beyond the campuses to other target groups in the population. A number of other factors are also responsible for this. These are the increased sensitization of students through the media, the activities of NGOs and an increase in the level of HIV affliction in Nigeria among others. Moreover, the demise of the popular musician, Fela Anikulapo-Kuti, through the disease turned out to be a sort of turning point in the orientation of most Nigerians to the AIDS reality. All the same, pockets of confusion and doubts still exist all over the country, thus making continuous enlightenment a necessity.

It is to be expected that the issue of perception of AIDS in Africa is very crucial to prevention efforts. According to Mongo (1995), the perception of the disease in East Africa has been a major obstacle to its prevention. Traditional beliefs and fetish practices have stood in the way of an objective assessment of the menace. In a similar frame of reference, Kittel (1996) has reported that AIDS prevention efforts in such African countries as Zimbabwe, Malawi, Zambia and South Africa should ideally start from remoulding the impressions of people —victims and relations— about the disease. Be that as it may, Nwamba (1995: 61) after a study of the epidemic in Ghana, states succinctly that, “as is usually the case with afflictions, in Africa as a whole, traditional beliefs and practices have punctuated most of the genuine efforts to tackle the AIDS menace”.

Finally, finance which has been the major constraint militating against NGOs and government agencies AIDS campaign (Raufu 1993) should be addressed. In this regard, the Nigerian government and other corporate bodies in the country may be given the message of Merson (1993): “Spend now or pay heavily later”. Money must be expended on mass prevention programmes which should be clearly informed, mostly by the results of social science research in order to achieve desired results. The time to act is now.

### Bibliography

- BATCHELOR W.F. 1984. “AIDS”, *American Psychologist*, 39 (11).
- BEHREND Hilde. 1954. “A note on labour turnover and the individual factory”, *Journal of Industrial Economics*, 11 (1).
- COCHRAN S.D. and MAYS V.M. 1989. “Women and AIDS-related concerns”, *American Psychologist*, 44 (3).
- COCHRAN S.D. and PEPLAU L.A. 1989. Quoted in S.D. COCHRAN and V.M. MAYS, “Women and AIDS-related concerns”, *American Psychologist*, 44 (3).
- DIXIT S.B. 1993. “Condoms make sense”, *World AIDS*, 25.
- DONALD Malcolm and FERREROS Carlos. 1990. “The social marketing of condoms”, *AIDS and Society*, 1 (3): 4-5.
- Exchange* (1995), No.3: 5.
- FINGER W.R. 1993. “Preventing HIV transmission in priority countries”, *Network*, 13 (4): 1.

- HAUSERMANN Julia. 1996. "Defining human rights in relation to HIV/AIDS", *Exchange*, 1: 6.
- HAYWARD R.F. 1990. "AIDS, women and children", *AIDS and Society*, 2 : 3.
- HOWLETT P.W., WATOKY M.N., MMUNI K.A. and MISSALEK W.R. 1989. "Neurological disorders in AIDS and HIV disease in the Northern zone of Tanzania", *AIDS*, 3 (5): 12.
- KIRBY Michael. 1996. "Human rights and HIV/AIDS: upholding human dignity and defending principles", *Exchange*, 1: 1.
- KITTEL Saint. 1996. "Prevalence of HIV in Africa: some selected cases", *Journal of Health and Education*, 2 (7): 14-23.
- MAHMOUD F.A., de ZALDUONDO B.O. and DEBREWOK Zewdie. 1990. "Women and AIDS in Africa", *AIDS and Society*, 1 (2): 4.
- MANUEL John. 1993. "Condoms becoming more popular", *Network*, 13 (4).
- MCPHERSON Nancy. 1996. "Women supporting women: the challenge of HIV in shelters", *Exchange*, 1: 3.
- MERSON M.H. 1993. "GPA says world must spend now or pay later", *Global AIDS News* 1: 1.
- Network. 1993. "AIDS: The second decade", *Network*, 13 (4).
- MONGO E. 1995. "STDs in East Africa", in S. NWAMBA (ed), *Diseases of our time*. Lagos: Berthan Publ.: 55-61.
- NIANG C.I. 1995. "Traditional women's associations as channels for HIV/AIDS/STD prevention", *Exchange*, 3: 6.
- NWAMBA S. 1995. "Coping with HIV/AIDS in Ghana", in S. NWAMBA (ed), *Diseases of our time*, Lagos: Berthan Publ. : 17-28.
- ORNELAS-HALL Gloria. 1990. Quoted in *AIDS and Society*, 1 (4): 8.
- OSBORN J.E. 1986. "AIDS, social science and health education: a personal perspective", *Health Education Quarterly*, 13: 14.
- RAJANAPITAYAKORN Wiwat. 1993. "100 percent condom use seeks to slow HIV spread", *Network*, 13 (4): 9.
- RAUFU Abiodun. 1993. "Nigeria on the brink", *World AIDS*, 36: 7.
- Safe Motherhood. 1995. "AIDS and the family", *Safe Motherhood*, 16: 5.
- SHREEDHAR Jaya. 1994. "India's condom quality row flares up", *World AIDS*, 36: 1.
- SLUTKIN Gary. 1993. "Can AIDS prevention move to sufficient scale?", *Network*, 13 (4): 3.
- SY F.S., RICHTER O.L. and COPELLO A.G. 1989. "Innovative educational strategies and recommendations for AIDS prevention and control", *AIDS Education and Prevention*, 1 (1).
- WARD J.W., HARD A.M. and DROTMAN D.P. 1989. "AIDS in the United States", in G.P. WORMSER, R.E. STAHL and E.J. BAHONE (eds), *AIDS and other manifestations of HIV infection*, New Jersey: Noyes Publ.
- WILLIAMS Eka. 1993. "How to improve prevention: empower African women", *Network*, 13 (4): 2.
- WITTI F.P. and GOLDBERG M.I. 1983. *The National Institutes of Health and research into the Acquired Immune Deficiency Syndrome*. (Public Health Reports, No.98). *World AIDS* 1993, No.25 (January).

Edlyne E. ANUGWOM, *Perception of AIDS among University students in Nigeria. Implications for AIDS prevention programmes*

*Summary* — This study conducted in 1995 looked at the perception of the AIDS disease among students in four Nigerian Universities. It discovered *inter alia* that a lot of confusion and misinformation still shrouds the students' perception of AIDS. One of these is that they see it as a development related phenomenon being used by Western nations to put Africa in its place. Also a significant number (40 percent) do not take precautions. A significant number of condom users among them expressed misgivings ranging from its restriction of pleasure, breakages to acts of suspicion on one's partner. Our study reveals a tendency to see AIDS from cultural and racial angles and a need for a realignment of AIDS prevention programmes in Nigeria.

*Keywords:* perception • AIDS • implications • prevention • students • enlightenment • disease • Nigeria.

Edlyne E. ANUGWOM, *Perception du sida chez les étudiants d'Université au Nigeria : implications pour les programmes de prévention du sida*

*Résumé* — Cette étude menée en 1995 analyse la perception de la maladie du sida chez des étudiants de quatre universités du Nigeria. On a remarqué en particulier beaucoup de confusions et de mauvaises informations qui sont à l'origine de perceptions embrouillées du sida chez ces étudiants. Entre autres, on trouve l'idée que le sida est considéré comme un phénomène lié au développement qui est utilisé par les nations occidentales pour mettre l'Afrique à sa place. Aussi un nombre important (40 %) d'étudiants ne prennent pas des précautions. Une proportion importante d'utilisateurs de condoms a exprimé des réserves et des doutes allant de la restriction de plaisir au fait de ne pas avoir confiance en son partenaire. L'étude a révélé une tendance à voir le sida sous un angle racial et culturel et a mis en relief le besoin de repenser les programmes de prévention du sida au Nigeria.

*Mots-clés :* perception • sida • implication • prévention • étudiants • information pour éclairer • maladie • Nigeria.