Tertiary Institution Learners HIV/AIDS Sensitization Tool(s) Receptivity: Implications for Sustainable Democracy in Nigeria.

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Abstract

Any form of inclusion campaign under whatever criteria humanly favourable to a set of vulnerable group in the society requires heightened measure using such instruments as policy articulation, tool definition, education and group transformation. This multi-phased study addresses the issue of tertiary institution-based program for awareness creation in order to integrate HIV/AIDS issues and concerns into social relationships. The purpose of the study was to develop and ascertain combination through sensitization the potency of tools to increase HIV/AIDS pandemic awareness among students in Nigerian tertiary institutions of learning. Ten tools were administered and later categorized for same purpose on 100 and 200 level students of Universities and two Colleges within Lagos metropolis. Each of the items in the questionnaire is biased, with such democratic principles of inclusion, equity and justice. Data were analyzed and descriptive statistics used to reveal the quality of each tool as well as to predict their control potency over students" sexual behaviour and social cohabitation. Among the study findings are that the respondents have, at 25%, a limited knowledge of HIV/AIDS awareness; and 25% were indifferent to awareness programs due to religious practices and belief, among others. It was recommended that institutions of higher learning should create a center for HIV/AIDS sensitization and control which will adopt these sensitization tools and integrate them into general courses and relevant campaign procedures.

Key words: HIV/AIDS, tertiary institutions, receptivity, sensitization tools, institution learners, sustainable democracy

Background to the study

Every human society over time is confronted by some social, economic, political and religious status imbalances. Such may be a status typically characterized by unique achievements as well as ascribed and, or inherent attributes of citizens or national issues including leadership regimes. With the AIDS pandemic, individual citizens are now battling HIV/AIDS status.   A typical Nigerian University is grouped into categories: HIV non-infected, the un-identified as well as infected persons. The last group is referred to as People Living with HIV/AIDS (PLWHA). They may have contacted the virus through any means which may be regarded as their fault or otherwise. The truth is that they are, according to UNAIDS (1996) subject to HIV/AIDS discriminations – which is any measure entailing any arbitrary distinction among persons depending on their confirmed or suspected HIV zero-status or state of health, (UNAID, in Nwana 2008). Where discrimination exists in campuses implies that, learners in such institutions may not have heard or watched the HIV/AIDS pandemic effects adequately to erase ignorance. Again, they may not have been put through policy implications, exercises and intervention modules that will equip them for better behaviour, attitude, belief, conduct and expressions.

Closely related to the foregoing is that most Nigerian Universities have not started enacting laws and policy that will match what exists elsewhere. Examples include the Rwandan HIV/AIDS Health Care Services Edict (Young, 2004), and the Kenyan Sexual Offences Act (SOA), Law (2006) which highlight penalties for rape, attempted rape, sexual assault, compelled or induced indecent act, gang rape, sexual offences relating to positions of authority and persons in positions of trust and deliberate transmission of HIV/AIDS or any other life threatening sexually transmitted diseases. This SOA Law empowers the Kenyatta University to come up with her 2007 policy framework on gender based violence (GBV) and sexual harassment (SH).

Due to the poor level of awareness in North America, Herek and Capitano (1999) found that 33.3% of members of their society agree that PLWHA should be quarantined. The Asia-Pacific Network of people living with HIV/AIDS (APN+) (2004) bemoaned the same total absence of pre-test counselling or post-test information on how to cope with diagnosis. Their report noted that such has reduced HIV+ status people to destitute who live below sustainable income level because no one would relate with them.   In other Sub-Saharan African countries like Ghana, most people (Anarfi, 1995), in the eastern region are victims of HIV due to ignorance. Young (2004) found that Rwandan students and health

providers show low level knowledge, attitude and practices of HIV+ control. Ekong (2005) reported that Nigerian health-care professionals are skeptical about admitting HIV+ patients in their hospitals just as students of higher institutions shun association with them. On the current status of the state of the spread of HIV/AIDS, Ashiru & Owodiong (2008), observed that since 5% Nigerians are reported to be infected, with over 10% in some states, one million children would have already been orphaned. The foregoing are cases of ignorance and knowledge gap which prompted these researchers to embark upon the development and administration of multiple tools for the HIV/AIDS sensitization in Nigeria's higher institutions of learning.

The world is in the third decade of which has become the most important infectious disease epidemic of the last century. AIDS was first recognised in 1981, an estimated 60 million men, women and children have since become infected with the virus all over the world today. Nearly half of all the people who acquire HIV are under the age of 25 and most of them die before they reach 35. it seems likely that the virus is less than 100 years old. It is theorised that the virus strains and subtypes of HIV originated through multiple mutations of animal retroviruses, which facilitated a 'species leap' to humans (Lamptey and Gayle, 2001).

Even as the world recognises the devastation of AIDS during the nearly two decades since HIV was first identified, it is important to note that there has been remarkable progress in people's understanding of various aspects of the global HIV/AIDS pandemic, especially in the developed countries. There is now an abundance of information on the basic pathogenesis of the infection; the epidemiologic advancement of the disease around the glob, the multiple factors that determine vulnerability; the development and use of highly active antiretroviral therapies (HAART) to retard the clinical progression of HIV-related diseases and most critically, the constellation of intervention needed to achieve a national-level impact on HIV transmission (Lamptey and Gayle, op cit).

Basic HIV care services are minimal in many resource-constrained countries like Nigeria. Few infected persons know their HIV status; most health care workers lack the training to treat HIV and its associated infections; and only a few settings have the capacity to use state-of-the-art ARVs, which remain unavailable to the majority of those infect (Guttmacher, 2000). In resource constrained settings, it is important to first review studies of the target population, the project is trying to reach and find out which organizations are already working on them.

HIV prevention efforts targeting young people have traditionally focused on delaying the onset of sexual intercourse, promoting abstinence or decreasing the frequency and number of sexual partners, promoting safer sexual practices and condom use as well as providing treatment for sexually transmitted diseases (STDs). Despite these efforts, more than half of all new HIV infections in the world occur among young people under the age of 25. Young people are rather difficult to categorize as a single group since they live within extremely variable contexts. This is why prevention programs are often developed and implemented in a host of settings and for a wide range of youth groups. The institutions of higher learning are a veritable location to find a conglomeration of young adults that fall within the age range under discussion.

Peer education is one of the tools for sensitization. Peer education is used to illustrate the various uses of a participatory, youth to youth approach to health promotion. Peer education ultimately aims to empower members of the target group to design and implement their own programs. It is an opportunity for competent adults to transfer their knowledge and experience to young people in a way that imparts a sense of ownership to the young participants. Caps, T-shirts, transportation costs and refreshments all help, but on the long run, cultivating a continued sense of personal growth, independence and self-esteem in these young adults make them the more effective change agents.

A participatory community assessment exercise involving the University and Polytechnic students in Ibadan was conducted by Positive Life Association of Nigeria the support of NELA-PSC. Low levels of awareness on STIs/HIV/AIDS prevention and high-risk sexual behaviours were identified by the students as the major reproductive health problems in the institution.

Problem of the study

It will be of national benefit to quietly integrate HIV+ sensitization through the school curriculum, internet facilitation as well as through administrative nurturance especially as we run the race of achieving control of HIV/AIDS as stated in the Millennium Development Goal five (MDG-5). The current trend however seems to overtly ignore the most essential segment of the Nigerian population who are students of 100 and 200 levels in the tertiary institutions. They form very important group because they are in their late adolescent phase, (17+-20 years) and at a highly sexually active phase of their lives. These researchers believe that this group can still be transformed through direct and indirect education. Such functional education is imperative upon Nigeria's democracy as development of

productive human capacity has always been a step in the right direction. This study therefore upholds the conception that tool-synergy will tend to network and facilitate awareness programme in order to modify human value, attitude and behaviour (Onyene & Uche, 2006). Against this, the study examines students" receptivity towards HIV/AIDS sensitization tool, (categorized under face to face encounter tools; administrative nurturance tools; public education tools; Internet or ICT based tools; faith based sensitization) in the prevention, transmission mode control as well as post HIV+ management.

Purpose of the study

This study sets out to achieve the following purposes:

1. To develop and use integrative HIV/AIDS sensitization inventory aimed at inculcating the right values towards sex behaviour and co-habitation among students in tertiary level education;

2. To identify the predictive potency of administrative nurturance towards HIV+ transmission modes;

3. To assess the impact of one-on-one interaction on students" social co-habitation on campus, class room and hostels

4. To relate public education to the use of faith based sensitization process for improved sex behaviour among students in tertiary institutions

5. To assess students attitude towards the Internet as a veritable behaviour modification tool on HIV/AIDS.

Research Questions

1. What type of HIV/AIDS sensitization inventory tool will be accepted by students as good for inculcating the right values on better sex behaviour and co-habitation?

2. How would administrative nurturance affect HIV/AIDS transmission mode among students?

3. To what extent does one-on-one encounter impact on students' social co-habitation?

4. Would Students ranking differ in their use of public education and faith/culture-bound sensitization tools for the improvement of sex behaviour of tertiary institution students.

5. Do these Internet facilities positively influence student's attitude towards HIV/AIDS awareness.

Hypotheses

1. The use of intranet and internet facilities will not significantly influence HIV/AIDS awareness by students in the institutions.

2. Students" awareness of HIV/AIDS through unionization, personal opinion and adequate information will not be significantly influenced by the input from the school administration.

Theoretical Framework

Education according to Adesemo and Akindele-Oscar (1999) is a process of learning to live as a useful and an acceptable member of the community. It is an instrument for social transformation, behaviour modification, value reorientation and above all for stamping out wrong social identity. No wonder the theory of spoilt identity assumes that a gap often exists between what an individual ought to be (Virtual social identity) and what he or she actually is (Actual social identity). Ritzer (1996), upheld an earlier position by Croffman (1963) which calls the behaviour of people with spoilt identity abomination, as they tend to deviate from social expectation.

Foucault (1996) power theory is interested in the micro-politics of power. It assumes that power is linked to knowledge which is the autonomous dominion one exercises upon micro things like sex. This implies that the knowledge one has over an issue or behaviour gives him or her power. This sexuality can be oppressive and repressive by restricting people from \experiencing greater liberty. The combination of power and knowledge according to Foucault helps the individual to challenge dominant culture.   For example, homosexuality has to be criminalized in order to create powerful limit to threatened social relationship. Knowledge is the tool for understanding sex, denial, fear, intolerance and ignorance about HIV/AIDS.

On the other hand, the theory of fear according to Rachman (1990) posits that information when slightly given could be misinterpreted by the recipient which will therefore become threatening. In this sense, terminal illness can generate the fear of dying. Again media exposures of wasted and dying AIDS patients with repulsive sores induce fear. No wonder the Federal Ministry of Health in collaboration with National Action Committee on AIDS (NACA) since 2002 seem not to have achieved visible signs of promoting positive values, the right social context and manifestation of cultural reform. The pragmatist conception here is that resource persons on the sensitization

intervention ought to work according to the existing experience that HIV/AIDS poses social, political and economic limitations to human system development and growth. This learning style seems to have critical underpinning on this study with its proposition that when learning is appropriately matched to learning styles, the learner will not only receive and process or react to the information that is fitted into his cognitive schemes but the information is retained longer with more positive attitude towards the subject than if learning is mismatched (Felder 1988; Bigge and Sharmis, 1998).

Overview of Literature

HIV is an abbreviation of Human Immune – deficiency Virus. This virus causes AIDS. The virus is termed HIV because it only infects and affects human beings. AIDS is the abbreviation of Acquired Immune Deficiency Syndrome and usually characterised by illness. A person with HIV looks strong and healthy and can live with it for a long time before it develops into AIDS.

> *'HIV/AIDS can be gotten from food and water that we eat and drink, if the food is not properly covered and flies are allowed to perch on it, anything can happen'.*

Although a secondary school certificate holder, the above speaker is a female participant in a focus group discussion, who was asked to state her knowledge about the virus transmission mode. HIV/AIDS pandemic was purely a health problem, until the 1990s paradigm shift to social implications brought about by stigmatization. This later abrupt turn-around diverted institutional attention to the fact that over 85% of the citizens do not have adequate information about HIV/AIDS. Some cannot differentiate between HIV+ and full blown AIDS, hence the upsurge in public education, social knowledge and the concomitants of seeming street wisdom around the malaise as proposed by Adesemowo and Akindele-Oscar (1999). They noted that public education by the mass media helps in sensitization activities.

The use of GSM phones for text messages would definitely firework the spread of any message because the network at the moment has exceeded 30 million subscribers and students are their major consumers at a reduced cost

Gumut (2002) has noted that HIV/AIDS is a potential cause of students" disabilities and it is tightening its grip on the developing world where new costly drug that is needed for treatment will not reach many. She also noted that HIV/AIDS patients show serious symptoms as often manifested in disabilities such as: general body weakness, dementia, psychological problems and economic problems . She insisted that the dissemination of information about HIV/AIDS among students is still very necessary and should address the following areas:

- Historical discovery – the discovery and other facts about HIV/AIDS
- Mode of transmission – unprotected sex, blood transfusion, sharing of unsterilized instruments and vertical transmission.
- Myths surrounding HIV/AIDS – caused by insects bites, sharing of plates, cups, toilets and bathrooms with HIV/AIDS person, witchcraft, social contact such as dancing with and embracing with HIV/AIDS patients.
- Screening for HIV/AIDS,
- Treatment and prevention of HIV/AIDS.
- The management of HIV/AIDS in tertiary institutions

Study Procedure:

This study took a survey descriptive design carried out ex-post-facto. It used a combination of functional education or campaign tools which have been used over the years by NGOs, agencies, government to either create awareness or follow-up management campaign. The purposive sampling technique was used in order to handpick the cases to be included in the study sample on the basis of the researchers" judgement of their typicality (Cohen and as recommended by Cohen and Manion - 1994). Thus 500 students in year one (100 level) and year two (200 level) from the   Faculty   of Education   and   Colleges   of   Education   in   Lagos   metropolis   were   sampled. Characteristics of the respondents - the students age ranged from 15-21, majority of them being adolescents with high psychological, emotional physical and sociological needs and characteristics like the urge for experimentation and strong peer affiliation.   Such experimentation tendency and peer pressure often lead them to untoward behaviours and attendant consequence. Therefore, they need regular sensitization and awareness creation activities on HIV/AIDS in order to address and moderate their social relationships and sexual behaviours on campus.   A total of 466 students (93.2%) returned the inventory instrument.

Analysis

On research question one, respondents were asked to make extreme conclusion for their preferences or not to comment (indifferences).

Table 1:Students' Rating of HIV/AIDS Sensitization Inventory

Rank the following as effective tool for sensitizing students about HIV/AIDS on the sex behaviour and mutual co-habitation of students in institutions of learning.

| SN	Items (Tools)	Frequency		Percentages
1.	One-on-one interaction	HE	164	35.2
		ME	186	39.9
		LE	116	24.9
2.	Use of GSM monitor	HE	118	25.3
		ME	250	53.7
		LE	98	21.0
3.	Use of bills	HE	110	23.6
		ME	238	51.1
		LE	118	25.3
4.	Semesterly Symposia	HE	112	24.0
		ME	248	53.3
		LE	106	22.7
5.	Administrative nurturance elements	HE	84	18.0
		ME	258	55.4
		LE	124	26.6
6.	Curricula based activities	HE	150	32.2
		ME	276	57.5
		LE	48	10.3
7.	Sex education programme	HE	130	27.4
		ME	192	41.2
		LE	144	30.4
8.	Individual mentoring & counselling	HE	92	19.7
		ME	282	60.6
		LE	92	19.7
9.	Use of local and wide area network facilities	HE	98	21.0
		ME	248	53.2
		LE	120	25.8
10.	Faith & culture based Education	HE	122	26.2
		ME	256	54.9
		LE	88	19.1

Key: HE = High Effect

ME = Moderate Effect

LE = Low Effect

Kindly respond in order of agreement or otherwise to the following statements.

Table 2: Students Reception of Factors for HIV/AIDS Administrative Nurturance

SN	Items	Agree	%	Disagree	%	Don't know	%
1	I believe we still need a lot of information about HIV/AIDS in my institution	130	27.9	192	41.7	144	30.4
2	If students of my age are allowed to express their opinion, HIV/AIDS will be under control	248	53.3	112	24.0	106	22.7
3	Cordial union- management relation makes for peaceful interaction in the campuses	282	60.6	92	19.7	92	19.7
4	It is evident that departmental unions learnt to address HIV/AIDS problems due to institutional support	144	30.4	192	41.2	130	27.9
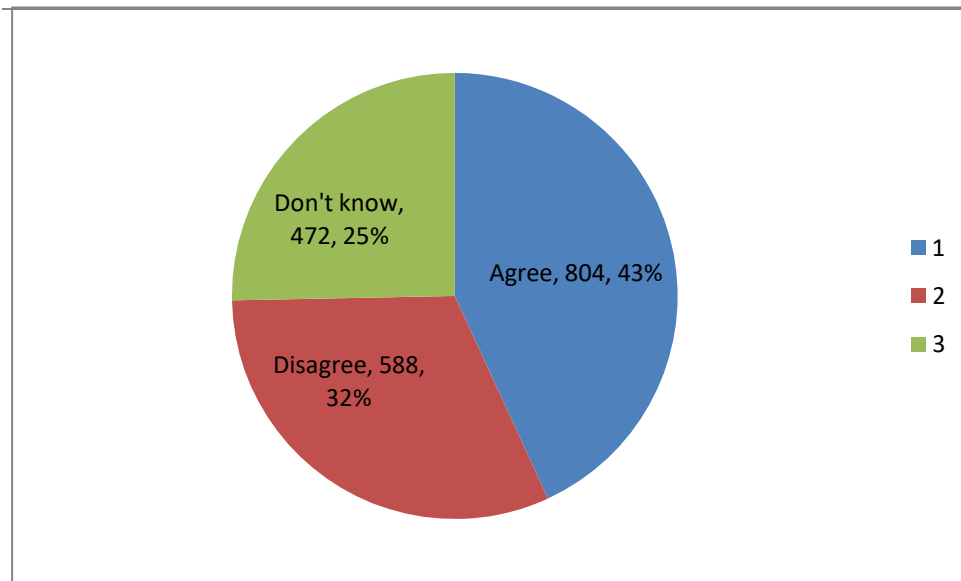
Figure 1: Pie Chart showing Summary of Agreement on Administrative Nurturance

Hypothesis (Ho1) is accepted as Chi test value of 0.003046896 < Table value of 12.6 @ 0.05 significance and degree of freedom = 6.

Table 3: Impact of One-on-one interaction on students social co-habitation.

| SN	Items	Agree	%	Disagree	%	Don't Know	%
1	Engaging in small group discussion will help students talk things out with others	248	53.2	98	21.0	120	25.8
2	Sex education is good for extolling the virtues of positive sex-behaviour in school	278	59.7	104	22.3	84	18.0
3	Individual counselling and mentoring are crucial in making students live peacefully together in the hostels	274	58.7	122	26.2	74	15.9
4	HIV status is often disclosed to counsellors and mentors by PLWHA	164	35.2	200	42.9	102	21.9

Table 4: Comparison of students' receptivity for formal public education and faith/ culture-based sensitization tool in administration

SN	Items	Public Educational Institutions	Rank	Religious Institutions	Rank
1	Flyers	54	5th	57	5th
2	Text messages	101	1st	77	2nd
3	Billboards	40	6th	38	6th
4	Religious tracts	81	2nd	72	3rd
5	Television preaching	30	7th	35	7th
6	Oral Contacts	23	8th	34	8th
7	Customary norms	62	4th	112	1st
8	Jingles	75	3rd	72	3rd

Table 5: Influence of LAN and WAN Internet facilities on HIV/AIDS awareness among students

SN	Items	Agree	%	Disagree	%	Undecided	%
1	I access the internet because it provides enough awareness about HIV/AIDS	122	26.2	264	56.6	80	17.2
2	I can only surf the net for HIV/AIDS cure information if I am diagnosed positive	134	28.7	276	59.2	56	12.0
3	I hardly think of online source of	114	24.4	260	55.8	92	19.8

	data on health matters						
4	I spend money on only things I have immediate need for	242	51.9	123	26.4	101	21.7
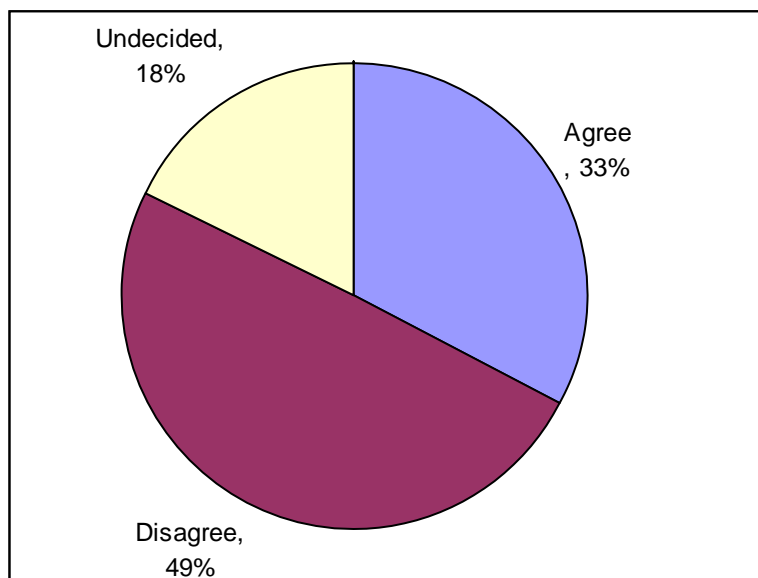
Figure 2: Showing summary of agreement on the influence of intra and internet facilities on HIV/AIDS awareness

Hypothesis (Ho2) is accepted with Chi test value of 0.00309
< critical value of 12.6 @ 0.05 level of significance, degree of freedom = 6.

Discussion of Findings

Table 1 shows that the ten categorical tools identified in the study inventory received mean receptivity of 25.26% from the studied students. This describes limited understanding on the part of Nigerian learners towards functional education even when familiar instruments are used (Erinosho, 2008).   The use of one on one interaction; curricula based activity and sex education programme were rated highly effective at 35.2%; 32.2% and 27.4% respectively. Individual mentoring and counselling, curricular based activities and administrative nurturance elements on the other hand were rated moderately effective by the learner's preferences with 60.6%; 57.5% and 55.4% rating, respectively. This conforms with Moon's (2007) view that coming together produces moderate character, responsibility and responsiveness – that means that character education for morality must be based on good human

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qualities and transferred with great 'diligent effort' and principled virtues with moderated impulses that will make people not to be wayward in their sex life.

Students also rated sex education, administrative nurturance and use of LAN and WAN internet facilities as having a low effect on their sex behaviour and co-habitation in an HIV/AIDS academic era with 30.4%; 26.6% and 25.8% respective ratings. Overall observation shows that the study instrument discriminated very well among the respondents.

Table 2 information is summarised with the use of pie chart (figure 1), this shows that 25% of the students were either indifferent or actually do not want to be involved with HIV/AIDS awareness programme in the campus. This attitude finds explanation in numerous religious groups with campus fellowship that teach students not to address issues considered negative to human behaviour (Onyene, 1997). On the average, 43.3% agreed that they need more information; more opportunity for opinion expression; cordial union management relationship on campus with institutional support. On the other hand, 32% disagreed while 19.7% did not see reason for involvement of student union and school authority relationship. Against this background, Hypothesis one is accepted at 0.05 level of significance which shows that students highly receive input from school administration, their personal opinion, adequate information and in fact unionisation as credible ways for HIV/AIDS awareness, (Nwana, 2008).

The democratic principle of fairness demands unconditional freedom to use one on one interaction in addressing social problems, hence the respondents with mean rating of about 47% agreed that individual counselling and mentoring will not only help them to disclose their HIV/AIDS status but will bring about peaceful co-habitation in their hostels. They also agreed at 59.7% that sex education is good for learning positive sex behaviour while small group discussion rated 53.2% will help them share experiences with others. However, the average of about 28% disagreed especially when it has to do with issues of HIV/AIDS status. Again, weighted mean of 20.4% claimed 'don't know' to the items questioned. Such claim that behaviour change factors in the curriculum will constitute strong intervention to promote positive behavioural change is reflected in the discussion of the Millenium Development Goals (6) by Ashiru and Owodion-Idemeko (2008).

Table 4 probed in comparative terms, student's receptivity for faith/culture based tool administration against the use of the same public education institutions. The respondents have similar responses for

the use of jingles (3rd), flyers (5th), bill boards (6th) television preaching (7th) and oral contact (8th) while they differ on the impact of text messages (1st/2nd), religious tract (2nd/3rd) and customary norms (4th/1st).

Table 5 shows that students make very low use of internet information to increase their HIV/AIDS awareness (26.2%); they would seek for curative information only when they are diagnosed positive; (28.7%) do not think of on-line source of health related data (24.4%) and 51.9% are willing to pay for cyber café services to solve their immediate needs. Thus, it will not be wrong to state that HIV/AIDS awareness is not among Nigerian students immediate need. On the other hand, the pie chart shows 49% disagreement and 18% undecided.

Recommendations

Students who have been diagnosed to be HIV+ can be properly managed through:

- Counselling and sexuality exposure which will inculcate better sexual choices and behaviour among the youth;
- Provision of medical care with affordable treatment are needed for the diagnosed infected youth so that they can better manage the disease;
- Psychological stabilizing forces using regular text messages of love and acceptability is another viable way of spreading acceptance and awareness of how the disease can be contracted (not through touch or cohabitation);
- Educational care by the University and College authorities is also necessary to ensure that those infected do not feel ostracised;
- Social re-orientation with emphasis on value judgement and morals. This is an area where all stakeholders need sensitization so that there can be less stigmatization;
- Creating awareness using a combination of tools especially with inter-personal and life-skill biases will help to spread HIV/AIDS management practices;
- Fellowshipping at both the cultural and religious places is an avenue that is not adequately explored but can be a tremendous source of amelioration;
- There needs to be more awareness programmes on functional education, using one-on-one intervention principles to foster acceptance of HIV status
- Community based actions on sex education should be entrenched in the school curriculum

- Most importantly, institutions of higher learning should create a Centre for HIV/AIDS sensitization and control to adopt the tools and also integrate them into the body polity of the institution. Such institutions include the family (Guttmacher, 2000)
- Creation of centres for survival skills, sensitization projects and research units should be established to involve students, teachers and parents" education, Onyene, Uche and Nwaogbo (2008)

These recommendations are also in agreement with Herek and Capitanio (1999) as well as Nigeria's Gumut's (2002) insistence that some intervention programs and curricula items sensitization efforts be transmitted through value re-orientation.

Implications for democratic Nigeria

The study is very germane at a time Nigeria has been on a steady ten-year democracy. The findings show that students awakening should call for increased participation in health decisions and some of them exposed to HIV/AIDs campaign leadership programmes. It also reveals that students often welcome expressive gestures or forces that will negate depression concerning HIV/AIDS status and that any form of discrimination must be stamped out in schools. It is also imperative that school authorities encourage open discussions around group efforts, team building and multi-cultural co-habitation in order to entrench unity, peace and of course prosperity.

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