

KNOWLEDGE AND ATTITUDE OF ADOLESCENTS TOWARDS HIV AND AIDS IN ONITSHA NORTH LOCAL GOVERNMENT AREA

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Abstract

The main purpose of this study was to find out the knowledge and attitude of adolescents towards HIV/AIDS in Onitsha North Local government Area. The population of the study consisted of all adolescents between 13 -20 years old in Onitsha North Local Government Area and they are about 10,000 in number. To embark on this work, the researcher made use of a questionnaire for data collection. Multiphase sampling technique, simple random and cluster sampling was used to draw population from the study. Finally, statistical weighted stool mean was used for knowledge of adolescent towards HIV/AIDS, but for the attitude aggregate scores, frequency and percentages were used in answering the research questions while t-test was used in testing the null hypotheses. In conclusion, major findings of the study were discussed based on the research questions; recommendations and suggestions for further study were given based on the findings and problems encountered during the course of the study.

HIV belongs to a class of viruses called retroviruses. Retroviruses are ribonucleic acid (RHA) and in order to replicate they must make a deoxyribonucleic acid (DNA) copy to their (RNA), this destroys the T. lymphocytes cells of that immune system (Collins, 2001). It was discovered in May 1983, by some American medical scientists, they discovered a new type of virus that attacks and destroys the CD4 cells of the white blood cell. Some French medical scientists led by luc Montagneir also discovered this same virus which attacks and smells up the lymph nodes of its patients, they called this virus lymphadenopathy associated virus (Girling, 2000).

Willians, (1999) defined AIDS as a serious and deadly disease caused by a virus that attacks and destroys the body's defense system, according to him, HIV is said to develop irao AIDS when the immune system of the organism begins to breakdown as a result of more infection other ailments or germs which all the more stimulates the production of more and more AIDS virus whose aggressiveness then escalates. When production of more and more AIDS virus whose aggressiveness then escalates. When this happens, some symptoms such as swollen glands at neck and armpit, night sweets, diarrhea lasting more than one month etc. these symptoms vary from person to person and from environment to environment. Again the HIV can enter the central nervous system which often results to a very serious damage to the brain. According to Johnson (2000), once AIDS reaches this stage, the patient goes down in illness and could only be sustained for sometime by good medical care and his personal attitude to the situation.

It was earlier been noted by Philip (2000) that HIV is of two types namely HIV-I and HIV-II. The later was isolated in 1987 while the former is the original virus isolated first in 1983 and later in 1984. The HIV virus like all other retroviruses contains an unusual enzyme called reverse transcripts which can synthesize DNA from the viral RNA and that RNA is the only genetic material found in retrovirus as opposed to DNA in most other viruses. This DNA is then incorporated into the host cell and replicates itself. At some later stage which is not well understood, the host cell will produce HIV viruses.

According to Willians, (1999) HIV virus has simple structure which consists of inner and outercoat. The later comprises of protein labeled P 24 and P 18 (The figures refer to the molecular weights). The former is a lipid membrane with two kinds of glycoproteins labeled GP 120 and GP 41. GP120 helps the virus to attack and invade cells while GP41 plays a role in cell invasion. The function of P18 and P24 are not know.

Attempt has been made by researchers to get a vaccine against HIV infection or cure for AIDS but they have searched in vain for a single drug that would work well against a virus without killing the person who takes it. In the absence of a vaccine or cure, education and information is the only viable option to prevent it. According to Godwin, (2006) we will undoubtedly find such a drug one day but it is a long, long way off. How do you kill something that does not live and never dies?

The time between the point of infection and of sickness take some years about 6 months – 15 years (Rose & Rowe). During these several years the person looks healthy like any other person. It is hard to notice that a well dressed wealthy man or woman may be carrier of HIV/AIDS.

According to Godwin, (2006) there is high sexual activeness among adolescents. The infected person will unknowingly transmit the virus to his or her sexual partner, only in later stages of the infection will the person become ill or have symptoms.

The main consequences of AIDS include isolation which affects the person emotionally, psychologically, physically, mentally and socially leading to depression, anxiety, fear and decrease self esteem. The next is death which is the most dangerous out come.

Statement of the Problem

Adolescents are boys and girls between the age of 13 and 20 years. According to Mbonu, (1997) the period of adolescent is the beginning of sexual maturation and experimentation with sex, also because of peer group influence, adolescents normally engage in sexual activities in order to belong. Adolescents are permissive and as such allow a lot of freedom in sexual matters. The peer group influence also exposes them to taking of drug especially intravenous drugs which predisposes them to infection. Despite health education given through radio, television, poster, and campaign from various agencies, adolescents still behave as if they have disease including HIV/A IDS. The problem therefore is whether the adolescents are aware of existence, and problem of HIV/AIDS that they still behave the way they do. It is the abnormal behaviour in the adolescents that made the searcher to study the knowledge and attitude of adolescent towards HIV/AIDS.

Purpose of the Study

The main purpose of this study is to determine the adolescents' level of awareness towards HIV/AIDS and attitude of adolescents towards HIV/AIDS. Specifically, the study tried to

1. Find out the adolescents level of awareness towards HIV/AIDS
2. Find out the attitude of adolescents towards HIV/AIDS.

Research Questions

The following questions are formulated to guide the study.

1. To what extent do adolescents know about HIV/AID?
2. What are the attitudes of adolescents towards HIV/AIDS?

Research Hypotheses

The following hypotheses were formulated to guide the study and were tested at .05 level of significance.

1. There is no significant difference between the make and female adolescents' knowledge of HIV/ADS.

2. Gender will have no significant influence on the attitude of adolescents towards HIV/AIDS.

Method

The researcher used survey method of research design in finding out the knowledge and attitude of adolescents towards HIV/AIDS. The geographical area of the study is Onitsha North Local Government Area. The population of the study is made up of 10,000 adolescents who are boys and girls within those ages of 13 -20 years in secondary school in the area of the study. The sample of the study stood at 500 adolescents in all the secondary school that is in Onitsha North Local government Area. Multiphase sampling method was employed in selecting the sample. In the first instance simple random sampling technique was used in selecting two secondary schools that is Ado girls' secondary school and Denis memorial grammar school out of 26 secondary schools that is in Onitsha North Local government Area. Then cluster sampling technique was used in selecting 250 adolescents students from each of the secondary school selected making it total of 500.

The instrument used for data collection is questionnaire on knowledge and attitude of adolescents towards HIV/AIDS. It has three sections. Section A is for personal data, section B is on knowledge of adolescents towards HIV/AIDS while section is on attitude of adolescents towards HIV/AIDS. The instrument drafted to measure the knowledge and attitude of adolescents towards HIV/AIDS was face validated. To determine the suitability and content validity of the instrument it was presented to specialists in Nursing and Midwifery based on their suggestions and remarks, the researcher made necessary modification in the final draft of the instrument. The researcher with the help of five research assistants distributed the questionnaire to the respondents in their various schools. Out of 500 copies of the questionnaire distributed, 498 copies were collected back. Two copies got lost. The loss of two copies of the questionnaire is not significant as to affect the data analysis.

The statistical tool used to analysis data on knowledge of a adolescents towards HIV/AIDS weighted mean. The mean (\bar{X}) of any data that has the mean of 2.50 and above were regarded as positive while those with mean scores less than 2.50 were regarded as negative. The positive mean scores corresponded to the measure of opinion while negative mean scores express no opinion. The aggregate score of the subjects were used to determine the nature of the attitude of the subjects. Those who score between 11-34 are considered to have negative attitude while those who score between 35 and above are considered to have positive attitude towards HIV/AIDS. The aggregate score, frequency and percentage were used in answering the research questions while t-test was used in testing the null hypotheses.

Results

This section contains the result of the study from the returned questionnaire and summaries of the analysis. The data was presented and analyzed in relation to the knowledge and attitude of adolescents towards HIV/AIDS.

Research Question 1: To what extent do adolescents know about HIV/AIDS?

Table 1: Knowledge of adolescents towards HIV/AIDS

S/N	Items	X	Remarks
1	HIV/AIDS is now a serious problem in this great nation	2.20	Disagree
2	HIV is a type of virus that causes AIDS	2.30	Disagree
3	HIV means human immune virus	2.20	Disagree
4	AIDS means acquired immune deficiency syndrome	2.80	Agree
5	HIV is transmitted through sexual intercourse, shanty of needles, blade and singe	2.60	Agree
6	HIV/AIDS is transmitted through sexual intercourse	2.61	Agree
7	HIV is one of the sexual transmitted disease	2.30	Disagree
8	HIV/AIDS is transmitted from pregnant mother to her baby	2.54	Agree
9	HIV/AIDS is transmitted through breast milk of an infected mother	1.51	Disagree
10	Transfusion of unscreened blood is one of the ways through which HIV/AIDS can be transmitted.	2.70	Agree

Table I above shows that adolescent rejected that HIV/AIDS is now a serious problem in this great nation with a mean score of 2.20. That causes AIDS with a mean score of 2.30. That AIDS means Acquired immune deficiency syndrome with a mean score of 2.80. Furthermore, that HIV is transmitted through sexual intercourse, sharing of needle, blade and syringes with mean score of 2.60. That HIV/AIDS is transmitted through sexual intercourse with a mean score of 2.61. Again, HIV is one of the sexual transmitted diseases with mean score of 2.30. That HIV is transmitted from pregnant mother to her baby with means score of 2.54. Furthermore, HIV/AIDS is transfusion of

a screened blood is one of the way HIV/AIDS can be transmitted with mean score of 2.70.

Research Question 2: What are the attitudes of adolescents towards HIV/AIDS?

Table 2: Range of aggregate scores, frequencies and percentages of the subjects. Attitude of adolescents towards HIV/AIDS

Scores	Frequency	Percentage	Remarks
11-34	124	24.80	Negative attitude
36-60	376	75.20	Positive attitude

Table 2 above shows that 124 (24.80%) of adolescents have negative attitude towards HIV/AIDS while 376 (75.20%) of them have positive attitude towards it.

Null hypothesis I: There is no significant difference between the male and female adolescents' knowledge of HIV/AIDS.

Table 3: t- test on the mean score of male and female adolescents subjects attitudes towards HIV/AIDS

Source of variation	N	\bar{X}	SD	df	Cal.-t	Crit.-t	.05
Male	189	36.57	10.62				
				498	15.58	1.96	0.05
Female	3:1	48.45	6.43				

.05 =significant

Table 3 shows that at 5 percent significant level and 498 different the calculated t. 15.58 is greater than the critical t 1.96. The first null hypothesis is therefore rejected. The researcher concludes that there is significant difference in the attitude of male and female adolescent towards HIV/AIDS.

Summary of Findings

From the analysis the following major findings could be made:

1. Adolescents have the knowledge of HIV/AIDS
2. More than seventy-five percent of adolescents have positive attitude towards HIV/AIDS

Research question 1 focused on the extent adolescents know of HIV/AIDS. It is as however, investigated and finding revealed that adolescents know about HIV/AIDS. The adolescents irrespective of the age and level of understanding are aware of HIV/AIDS. This awareness is perceived through means media, radio, television etc. it is also through that they learn this from adult. However, this disagreed with the earlier study by Godwin (2006) which stated that young people have little or no knowledge of HIV/AIDS. Adolescents believe that adults are using the threats of HIV to prevent them from having sexual relations. Also Mbonu (1997) observed that young people are critical to AIDS but may not know that they too are at risk of the infection because of their sexual behaviour.

Research question 2 was on the attitude of adolescents towards HIV/AIDS. Data was collected and analyzed. The result shows that adolescents have a positive attitude towards HIV/AIDS. They believe that HIV/AIDS is real and it kills. They are also aware of different consequences of HIV/AIDS. They are quite assured that AIDS is a dreadful disease. This is in line with the earlier work by Catta (1997) which opines that to day's public is well informed about the fetal effect of the disease. A contrary opinion to this is by Godwin (2006) who believed that people including adolescents have a care free attitude towards HIV/AIDS.

Recommendations

The following recommendations were made based on conclusion and implications of the study.

1. The health personal should organize and give sex education to adolescents on the control and prevention of HIV/AIDS.
2. Parents have a big responsibility in this regard because the family is the first instrument of learning and to show exemplary life to their children.
3. Government should provide a forum or seminar where sex education should be given to adolescents.
4. The public should try to adhere to the instrument given to them by the health personnel and try to report any signs and symptoms on time to prevent the effects of this disease on humanity.
5. The usage of instrument on many people without proper sterilization by health workers should be avoided in order to reduce the mode of spread.

6. Church and different religious organization should educate adolescents against sexual immorality and up lift the moral standard of the youth.

Conclusion

From the discussion of findings this study the following conclusion could be safely made.

1. It is clear that adolescents are aware of HIV/AIDS.
2. It is clear that adolescents have a positive attitude towards HIV/AIDS.

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