

**HIV/AIDS AWARENESS CAMPAIGNS AND SEXUAL BEHAVIOR OF  
UNDERGRADUATES IN IMO STATE UNIVERSITY, OWERRI**

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**ABSTRACT**

The research set out with the main aim of expanding knowledge on HIV/AIDS awareness campaign and sexual behaviour of undergraduates: A study of Imo State University Owerri. Objectives of the study include: to ascertain how HIV/AIDS campaign awareness can lead to change in sexual behaviour of undergraduates: to determine the most prominent sources of HIV/AIDS transmission and to ascertain how HIV/AIDS spread can be reduced or prevented. A random sample of 345 respondents were purposively selected from the newly admitted undergraduates from the various facilities and colleges of Imo State University in the 2012/2013 academic year. Data obtained from the questionnaire was analyzed using the simple percentage approach to analyze the variables. It was found out that: all the respondents are aware of HIV/AIDS pandemic it was also revealed that unprotected sexual relationship is a major source of HIV/AIDS transmission. The study therefore recommended that: HIV/AIDS awareness creation should not rest only on the media but also through other personal and interpersonal approaches. Further the study recommended the concept of no HIV/AIDS status confirmation no sex should be adopted.

**Keywords:** HIV/AIDS, Awareness, Campaigns and Sexual Behaviour

## Introduction

The latest statistics released by United Nations International Children Education Fund UNICEF (2015) show that in Nigeria those between 20 - 24 have the highest HIV/AIDS prevalence of 8.1 percent in 2010, while those between 15-19 years were increasingly getting exposed to HIV infection: UNICEF's figures agree with health report released in April, 2013 by the Federal Ministry of Health, which rated Nigeria's estimated 2.6 million adult population living with the HIV virus as the highest in West Africa.

Nigeria is also fourth after India, South Africa and Ethiopia on the list of worst affected countries in overall terms. Both UNICEF and the ministry of Health also indicate that the prevalence rate among those between 15 and 49 has been rising steadily from 3.4 percent in 1995, to 6.7 percent in 2005 to 7.3 percent in 2015. Looking back, HIV/AIDS was first diagnosed in the United States of America (USA) in 1981. Since then the virus like a wild fire had continued to spread through the entire globe with a renewed vengeance. Again the virus moving like a car without break, had unstopably been cutting down lives at prime ages when they are most needed by the society. Who will stop this monster that has reduced the rich, the poor, the powerful, the saint and innocent in our midst into dishonorable graves?

The major thrust of the anti HIV/AIDS component is the changing of sexual behavior This is because; the most observable cause of HIV infection among the youths is through heterosexual relations. It is also assumed that the great risk factor for the young adults is sex with the multiple partners. Incidentally, most Nigeria undergraduates belong to this high risk age group which is known to be both sexually active and prone to having sex with multiple partners (UNAIDS, 2009). Since HIV has a long gestation period, those who contract HIV as undergraduates may die sooner or later after the completion of their studies, at a great loss to their families and the nation (Okoye 2001).

UNICEF (2001, p.74) captures the consequences of HIV) AIDS more succinctly in the following words: “It has impacts on life expectancy, demography, orphan hood, the family/community structure, the economy, development, security and even the very survival of communities and nations”. The National Action Committee on AIDS (NACA fact sheet 2011) came up with the 3 year period HIV/AIDS emergency action plan with the following objectives, increasing awareness knowledge and sensitization of the general population and key stakeholders; promoting behavior change in both low risk and high risk populations, ensuring that communities and individual are empowered to design and initiate community specific action plans; institutionalizing best practices in care and support for people living with HIV/AIDS: mitigating the effect of the disease in people living with it, orphans and other affected groups; creating networks of people living with HIV/AIDS and others affected by AIDS; establishing an effective HIV/AIDS surveillance system, and stimulating research on HIV/AIDS.

On a last note, there is no doubt that HIV is feeding fat on lack of knowledge. Omodo (2012 p116) posits that most Nigerians hold the impression that HIV/AIDS has a cure, courtesy of the African traditional herbs. Indeed, this long held ignorance coupled with the low levels of Condon use in Nigeria constitute drawbacks to the efforts at stemming the dreaded pandemic, Therefore the essence of this paper is to ascertain the HIV/AIDS awareness campaign and sexual behavior of undergraduates particularly in Imo State University Owerri.

## **Statement of the problem**

Since the first recorded case of HIV/AIDS in 1986 the dreaded disease had continued to be one of the greatest concerns in recent times. Human Immunodeficiency Virus (HIV) the causative agent of Acquired Immunodeficiency Syndrome (AIDS) is fast impacting on economic and life expectancy and increase in Infant mortality on live births, the epidemic has also facilitated the re-emergence of disease conditions such as pulmonary tuberculosis and other opportunistic infections as well as also deepening household poverty.

## **Objectives and significance of the study**

The objectives of the study are:

1. To certain how HIV/AIDS awareness can lead to change in sexual behaviour of the undergraduates of Imo State University Owerri.
2. To determine the most prominent sources of HIV/AIDS transmission.
3. To ascertain how HIV/AIDS spread can be reduced or prevented.

Quantitative data of the type generated from this study are needed for health safety planning and advocacy. The study will aid sex education and management of HIV/AIDS among students and beyond.

## **Review of Literature**

### **Causes of HIV transmission**

Recent studies have proved wrong the long held belief that HIV/AIDS patients are reaping what they have sewn as a result of their heterosexual relationship. Though this belief to a large extent may be true, but it is safer to conclude that there are several other salient ways of contracting the deadly virus aside from sexual intercourse. Some of the ways of transmitting this disease can take the form of transmission from an infected mother to her child, it can also be transmitted through infected blood transfusion, sharing of infected sharp objects, rape, or recklessness when caring for persons or relatives who are sick and dying of HIV/AIDS

### **Stages of HIV/AIDS Development.**

Alkins (2009) contends that there are three principal stages of HIV/AIDS development in the human body once medication is not administered by the infected person. According to Atkins, the first stage is the primary or a symptoms stage, which varies from individual to individual. Sometimes it can come in the form of acute headache, body pulse, hair loss, itching, stooling, constant vomiting, feverish condition and other opportunistic illness. At this stage, the infected person should be placed on ART not minding the CD4 count in order to reduce HIV transmission to an uninfected person. The second stage is the development of large amount of virus in the blood cell. At this state, the blood cell count will drop below 200. This means that the immune systems will be weakened by these virus attacks, thereby creating room for other illness in the body to start manifesting. The body of the infected person will begin to shrink as the white blood cells are been clothed because of excessive virus contamination of the blood cells. If proper medication is not administered, the attack will progress into a fully blown case, resulting to the third stage which is the acquired immune deficiency

syndrome (**AIDS**). At this final stage, the HIV virus has completely invaded the cells of the entire body system.

## **Prevention Techniques**

### **Protected or Gentle sex**

This concept implies that when sexual activities are done with condom, it tends to prevent the transmission of the virus to the other partner. Wales (2016) posited that people who use condoms for sex, have 90% chances of zero HIV/AIDS infection. Further, it is imperative to check Partners HIV/AIDS Status before sexual relations. According to Labosk, (2014) it is a way of safe landing for pre-marital sex relationships. When partners know their HIV/AIDS status on time, they will be in a better position to determine how their sexual relation will be carried out for their best interest. When people know their HIV/AIDS status, they are better placed to control their sexual behavior in the direction that will not endanger the opposite sex partner.

### **Semen's/Vaginal fluid relationship.**

Surprising as it may be, many sexual intercourses without the release of sperm or semen by the male partner may not inherit or transmit infection even in discordant cases i.e. where the other female partner is positive to HIV/AIDS virus. The same applies to a female who in the intercourse stage has not reached orgasm and cannot produce any vaginal fluid. In such a case transmission cannot take place even if the male partner has produced semen; (British Broadcasting Corporation News, (2010). The explanation behind this is that it is only when both sex partners reached the orgasm stage that the sperm sack and the vaginal glands are open for release of fluid. At this point there are 80-90% chances of virus contraction or exchange.

### **Awareness Creation on HIV/AIDS.**

Yahaya (2003) maintained that radio is a major source of information in Nigeria, and in the words of Ojebode (2003). "Radio is now everywhere. The taxi driver in Lagos, the itinerant fisherman in Kolo creeks, the farmer in Tivland and the roving nomad behind his cattle join others across the planet to pursue their daily endeavour's with one faithful comrade-radio."

Communication in all its entities is the key process underlying changes in sexual behavior which according to Edegoh and Nwaninwo (2013) is the most, effective way of preventing transmission. Furthermore, it is importing to stress that one of the biggest responsibilities of all forms of Government is to provide good health and security to her citizens. To realize, this, they have as a matter of necessity deployed the use of the various media of communication such as radio, television, social media, newspapers and others, towards ensuring that an in-depth awareness campaign is created to mobilize and influence change in overall attitude behavior. To laud this role of the media in creating awareness on the prevention and management of HIV/AIDS infection, Bertrand and Rimon II (2002) posit that communication plays a vital role in health promotion and health education. All over the world, communication has been employed to address health issues, including fertility, teenage pregnancy, sexual lusts, and sexually transmitted diseases.

### **Interpersonal Communication**

Communication with others is an inescapable factor of our existence. According to Samovar *et al* (1969), in almost all professions, people spend approximately three-fourths of their waking time

communicating results in various kinds of relationships that constantly change. Ndolo (2006 p1-2) defines interpersonal communication as the transactional process of exchanging messages and negotiating meaning to convey information and to establish and maintain relationship. As human beings operate in reciprocal ignorance" interpersonal relations which through contact between persons will facilitate the free flow of exchange of knowledge between persons; on several social, domestic, political, religious and health issues which are of concern to the development of humanity. It is in this regard that the Ministry of Health partner with the Federal Government and other concerned agencies to mobilize health workers for the purpose of counselling and interacting with other persons to improve their knowledge and awareness of the HIV/ AIDS disease.

### **Traditional Media**

Traditional media which can also be called Ora media or native media are customized communication channels adopted by people in specific societies in sharing ideas, meanings values and information which also includes health. These are culturally defined media which form part of the identity of the people. They are channels that facilitate two way interactional communication among people in rural and even urban settings. They include gongs, flutes, oral tradition, symbols and symbolic objects. Raffia leaves, masquerades, festivals, town criers, secret societies, age grades, churches, mosques, town halls etc. Nwabueze (1980, p82) observes that "even where modern media have penetrated isolated areas, the older forms maintain their validity; particularly when used to influence attitudes, instigate actions and promote change. It is on the premise of this that Wilson (1987) cited in Lakunle (2013 p 202-205) maintains that the traditional media constitute a continuous process of information in all spheres of human activity including health.

### **Outdoor media**

These are media through which messages can be displayed outside for audience consumption. Colorful and graphical display of messages can be provided at strategic locations to create awareness of products, services, and ideas for specific interest purposes. It is therefore not uncommon to see all forms of posters, postal panels, mobile billboards, electronic signs and other transit advertising used strategically to create knowledge and awareness of health related issues, like Ebola, Polio, Cholera outbreak HIV/AIDS etc Udeani (2009).

Increasingly the use of pamphlets and flyers have been seen to play a significant role in the use to reach people in the rural communities. The latest trend is the textual display of message in the local language of the people Obodo (2015)

### **Challenges Facing Carriers of HIV/AIDS**

An exposition of the numerous challenges facing careers of HIV/AIDS, will serve as a stop check syndrome towards controlling erotic desire for sex among people in the teenage, adolescent ages and beyond. Thus in a study by Ojekunle, Adeoti and Ogunderu (2012). The study found that the most difficult challenges confronting HIV/AIDS infected persons include desolation by friends' due to poor knowledge of the transmission dynamics of the disease, religious abandonment as the carriers are seen to be responding to biblical injunction that the wages of sin which includes promiscuity, adultery and infidelity is death, loss of job, social and cultural debasement. Besides these challenges, carriers are known to go through name callings, mockery and other psychological trauma. Parks (2013) posits

that most people die psychologically the moment they are diagnosed to be HIV/AIDS positive. Doms *et al* (2012) states thus:

No one single sickness has gained popularity in no short a time as HIV/AIDS. It is in the light of this that many societies associated it to one form of name or the other, with these names suggesting the end of the road to the carrier. I will not feel misguided saying that this is God's own way of bringing the world to an end"

### **Theoretical Framework**

This study is anchored on Health Belief Model (HBM). This theory was developed in the 1950s by Nochbaum, Rosenstock and Kegels. The basic assumption of the model is that a person's behaviour can be predicted based on how vulnerable individual consider themselves to be. The HBM Model believes that for any action to commerce, there must be a "Cue" to facilitate the behaviour change process. This could start from a discussion with a friend or a radio/television programme or a personal chat with HIV/AIDS counsellors.

The HBM assures that for behaviour change to occur, four basic events must take place. The individual must need a motivation to change their behaviour. The individual must accept the fact that there is a risk in continuing the current behaviour. The individual must believe that the change will have benefits and these benefits must be seen to outweigh the barriers. The individual must have the "Confidence" to make the change to their behaviour. The justification for the use of this theory lies in the fact that sometimes people do not respond positively to health campaigns despite the benefits derivable from the promoted interventions.

### **Methodology**

The study adopted the survey method. All the undergraduates admitted for the 2012/2013 academic year numbering 2200 as obtained from the office of the registrar made up the study population. The above number reflect newly admitted undergraduates of all the faculties and colleges in the University. The sample for the study is 366 respondents. This was determined by the use of Taro Yamane's statistical formula for the determination of known population. The sampling techniques for the study are purposive and random sampling. This presupposes that the respondents were distributed into 2 broad groups of science and humanities and from there respondent were randomly selected for the study. A research of this nature can only be useful if the data generator is analysed, interpreted, presented for readers understanding. To this end simple percentage was found useful here.

### **Data presentation and result:**

A total of 366 copies of questionnaire were distributed but only 345 copies were returned useful. The tables below contain other information.

**Table 1: Respondent's Awareness of HIV/AIDS Pandemic**

RESPONSES	NO. OF RESPONDENTS			
	Males	Females	Total	%
Yes	149	196	345	100
No	0	0	0	0
Total	149	196	345	100

**Source:** HIV/AIDS Survey 208.

Table 2: Shows that the entire population of 345 respondents comprising males and females are aware of the existence of HIV/AIDS pandemic.

**Table 2: Respondent's Sexual Behaviors**

VARIABLES	NO. OF RESPONDENTS			
	Males	Females	Total	%
Only one	31	38	69	20
More than one	103	138	241	70
No answer	15	20	35	10
Total	149	196	345	100

Table 5 shows the sexual behavior of students. From the table, 69 or (20%) said only one, 241 or (70%) said more than one, while the remaining 35 or (10%) said No answer. This is indicative of the fact that most people keep more than one relationship.

**Table 3: Prevention Techniques for HIV/AIDS**

RESPONSES	NO. OF RESPONDENTS			
	Males	Females	Total	%
Protected or gentle sex	113	147	260	75
Checking partners HIV/AIDS status	18	26	44	13
Education	11	20	31	9
Knowledge of semen/vaginal fluid R/S	7	3	10	3
Total	149	196	345	100

**Source:** HIV/AIDS survey 2018.

Table 6 shows that 260 or (75%) said protected or gentle sex, 44 or (13%) said checking partner's HIV/AIDs status while 31 or (9%) said education. The remaining 10 or (3%) said knowledge of semen /vaginal fluid relationship. This means that protected or gentle sex is the best form of HIV/AIDS prevention.

### **Discussion of findings**

How can HIV/AIDS awareness campaign lead to change in sexual behaviour? Result from data generated showed that all the respondents are aware of HIV/AIDS pandemic. This implies that the media has been functional in awareness creation on HIV/AIDS. This idea agreed with Preye (2016) assertion that the media is a powerful instrument of idea dissemination.

What is the most prominent source of HIV/AIDS transmission? To this question majority of the respondents (49%) agree that transmission is mostly through unprotected heterosexual relationships. These positions however agree with Ogungbeson (2016) assertion that raw or unprotected sex increases the chances of HIV/AIDS contraction. The implication of this finding revealed that people should be conscious of protected sex if they cannot abstain from it.

How can HIV/AIDS be reduced or prevented? Responding to this question majority of the respondents agree that it is through protected or gentle sex. This opinion corroborated the assertion of Ahandu (2014), that when sex partners use condoms they are protected against disease contraction and for women unplanned pregnancy. This implies that there is high advocacy for protected sex.

### **Conclusion**

It is imperative to stress in the conclusion that unprotected and heterosexual relationships are responsible for the rising incidence of HIV/AIDS spread among university undergraduates. In spite of this, the media has been playing a functional role towards ensuring that people adhere to the need to play safe and prevent the contraction of HIV/AIDS virus through providing information on its transmission and prevention patterns.

### **Recommendations**

In line with the above findings the following recommendations are offered.

1. Awareness campaign should not rest only on the main stream media but also through other personal and non-personal approaches.
2. The concept of no HIV/AIDS status confirmation, no relationship should be adopted. This is to help enhance knowledge so as to know how to cope with a relationship.
3. People should be encouraged to adhere to gentle and protected sex.
4. Sex negotiations should be advised to make for better understanding of the other partner.

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