

THE IMPACT OF HIV/AIDS INFORMATION ON THE STATUS OF BEHAVIORAL CHANGE BROUGHT AMONG STUDENTS OF GONDAR UNIVERSITY, ETHIOPIA

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ABSTRACT

Objective: The objective of the study is to evaluate the impact of HIV/AIDS information on the status of behavioral change brought. HIV/AIDS is spreading in discriminating rate among students.

Method: A total of 250 male and female students were interviewed using snow ball sampling technique. A questionnaire was used to collect data. **Results:** Electronic communications-Radio, television, internet and print media- newspapers and magazine, were point out as information materials in local language (Amharic). The participants had good knowledge 45.7%, 81.4%, and 66.3%, of the cases mentioned homosexual practice, infected blood transfusion, and common use of sharp materials as major modes of transmission. **Conclusion:** Preparation of materials did not consider characteristics / qualities which are peculiar to students. Most participants had good awareness. However, information could not assurance a change in behavior for participants of this study. Most of the cases, field of study and year level of participants have a control on the degree of behavioral change brought.

Key words: Behavioural change, IEC, HIV/AIDS

Introduction

The latest statistics on the world epidemic of HIV /AIDS indicate that adult living with HIV/ AIDS till December, 2007 were approximately 33 million out of them about 50% were women. In 2005 HIV prevalence (%) reported in 2006 Report on the global AIDS epidemic in Ethiopia (0.9 – 3.5%).[1]

Students (18-30 yrs) are at the center of the global HIV/AIDS pandemic. They also are the world's greatest hope in the struggle against this fatal disease. Today's youth have inherited a lethal legacy that is killing them and their friends, their brothers and sisters, parents, teachers and role models. Yet only a fraction of them know they are infected.[2] Along with increased exposure to STIs and unintended pregnancy, adolescents who engage in sexual activity outside of marriage may face social stigmas, family conflicts, problems with college, and the potential need for unsafe abortions.[3] Adolescence is the

time of transition from childhood to adulthood, a time of physical, psychological and social changes. These changes have their specific characteristics in each cultural context and they are in steady change according to the development of society. Adolescents are a large and growing segment of the population. More than half of the world's population is below the age of 25, and four out of five young people live in developing countries.[4] During adolescence, young people develop their identity, move towards physical and psychological maturity, and become economically independent. Although adolescence generally is a healthy period of life, many adolescents often are less informed, less experienced, and less comfortable accessing family planning and reproductive health services than adults.[5] Only 217(17.9%) of the sexually active respondents reported that they always used condoms, whereas the highest proportion 802(66%) reported that they did not use condoms at all.

Ethiopia's youth accounts for about 34 percents of the total population of the country. They are exposed to various risks such as early marriage, early pregnancy, STDs including HIV, unemployment, drug abuse and crimes. Hence, there have been several initiatives concerning the youth. These initiatives are more concentrated in the urban Ethiopia. This has been highly incriminated the rural youth are the victims of the risk at most.[6]

In Ethiopia HIV/AIDS has started to spread in the 1980s. Available documents on the epidemic indicate that HIV infection was found in 1984 and the first AIDS case was reported in 1986. The prevalence of the disease was low in 1980s, but it escalated quickly through the 1990s. As a result, it rose from an estimated 3.2% of the adult population in 1993 to 7.3 % by the end of 1999.[7]

This study indicates the importance of HIV/AIDS information, which equips individuals with appropriate information about the modes of transmission, and prevention strategies thereby help to reduce risk behaviors. University students are at risk of the epidemic. In spite of this, students of higher education in Ethiopia have not been provided with the required information regarding the dangers of HIV/AIDS and STDS on campuses.[8] It attempts to identify available information materials/ sources which are accessible to students. In addition, little or no research has been done with reference to the designing and dissemination of HIV/AIDS materials based on base line data from target groups. Simply looking at their educational level and relatively better access to organizations in order to get HIV/AIDS information, one may wrongly conclude that these students are generally aware of the existence of HIV/AIDS and know basic facts about its transmission and prevention. However, some students do not regard themselves as being at risk of HIV infection.

A study conducted on 490 Jimma University students revealed that participants had very high level of knowledge 485 (97%) on HIV/AIDS and voluntary counseling and testing.74.4%

prefer being abstinent from sex and being faithful to one's partner rather than using condom to prevent HIV.86% of the participants had favorable attitude towards preventive measures.[9] There is a prevailing misconception that a mere process of informing people about the transmission and prevention of the deadly disease is sufficient to change behavior of the target group. Unfortunately, prevention of this sort, produce little or no significant behavioral change. This research is further aimed to bridge this gap.

Concerning the susceptibility of Jimma University students, HIV sero-positivity was found to be 12.2% with the highest prevalence in the public health faculty (17.3%) and the lowest in the college of agriculture 6.5%. Higher among married students 4 (33.3%) followed by those who have boy or girl friend. Regarding the trend of sero-positivity by the year of training, the highest prevalence 15 (19.5%) was found in year three students followed by fifth and second year students that had a prevalence rate of 1 (14.3%) and 25 (12.3%) respectively.[9] In a similar study which is carried out from May 1-15, 2000 among Jimma University students it was found out that over 15%believe that HIV/AIDS is not a big problem as media suggests. And 56.3% of the students who were involved in unprotected sex with casual partners do not recognize that they are at risk of HIV infection. This might be due to lack of condom as 58.2% of the respondents in this research did not know that persistent use of condom prevents HIV infection.[9]

For instance, a comparative study carried out in 1990 and 1992 among students at Gondar College of medical science disclosed that "despite their knowledge about AIDS and its modes of prevention, a large number of the students (about 22%) had sexual contact with high risk individual. To make the matter even worse, it was only 33% of them that practiced safer sex".[10]

A research conducted on 1214 college students in Addis Ababa found out no statistical difference in knowledge about preventive measures was observed for the background characteristics of sex, religion

and the college and the year in the college the student belonged to only 217 (17.9%) of the sexually active respondents reported that they always used condoms, whereas the highest proportion 802 (66%) reported that they did not use condoms at all.[11] A more recent study involving the general student population of Gondar College of Medical Sciences reported about 23% sexual contact with prostitutes and about 48% condom use.[10]

Similarly, students of Jimma University cannot be exceptions. A study conducted on 572 Jimma University students suggested that students at the final year and older ones (22-24) years respectively had an increased likelihood of being sexually experienced than their first year and younger (17-19 years old) peers. This study also showed that most of those students who practiced unprotected sexual activity had a better knowledge on sexuality related issues than their peers who had no any sexual experiences.[12]

Methodology

This study was carried out in the Gondar University, Gondar Ethiopia was conducted on a total of 250 regular undergraduate students in the Faculty of Social Sciences & Humanities and Medical College, Gondar University, total 3400 students were studying during study time,

out of which 80% male and 20% females students. They were carried out for the academic session 2006-2007 in Gondar University.

Data collection: A questionnaire was designed for collecting data. The questionnaire basically has two sections. The first part is designed to collect personal information of respondents. The second part, which consists to assess the potentialities of HIV/AIDS information to change knowledge, attitude and behaviour of students on different aspects of the diseases and the status of behavioral change brought by students. After preparing the first draft, the questionnaire was pre-tested and amendments were made accordingly. Data was collected and tabulated. Then, it was analyzed using SPSS version 12.

Results

In the **table-1**, a total of 250 students from two faculties were enrolled in the study giving a response rate of 100%. The majority of the participants 64.8% [119 (47.6%) male and 43 (17.2%) female] belong to the faculty of social sciences and humanities. The rest 35.2% respondents were from the college of medical sciences. Of these, 24% males and 11.2% females.

Table- 1: Sex wise students interviewed in the study (n=250)

Graduating year	Faculty/College					
	Social Sciences & Humanities (n=162)			College of Medical Science (n=88)		
	M	F	Total	M	F	Total
1 st yr	34	11	45	19	08	27
2 nd yr	43	17	60	23	11	34
3 rd yr	42	15	57	18	09	27
Total	119	43	162	60	28	88
Percent	47.6	17.2	64.8	24.0	11.2	35.2

Table-2 shows the Faculty wise students interviewed in the study 250 students were Social Sciences and Humanities (64.8%) and Medical Sciences (35.2%), (out of which 21.2% & 7.6% 1st year; 26.4% and 11.2 2nd years and 24.0% and 9.6% male and female students respectively).

Table- 2: Faculty wise students interviewed in the study

Faculty/College	Graduating year						Total (n=250)	
	1 st yr (n=72)		2 nd yr (n=94)		3 rd yr (n=84)		No.	%
	M	F	M	F	M	F		
Social Sciences & Humanities (n=162)	34	11	43	17	42	15	162	64.8
Medical Science (n=88)	19	08	23	11	18	09	88	35.2
Total	53	19	66	28	60	24	250	100.0
Percent	21.2	7.6	26.4	11.2	24.0	9.6		

The most broadly used source of information on HIV/AIDS was radio 74.4% followed by newspaper and Magazine, 72.0%. According to the data, the use of television as sources of HIV/AIDS information stood third in use, 71.6%. The least was video film, 28.4% where leaflets and pamphlets a little better used than video films, 34.0%. Posters were used as information sources in 35.2% of the cases (**Table-3**).

Table -3: Information receiving sources for HIV/AIDS

HIV/ AIDS information receiving source	Response	Faculty/College						Total	%
		Social Sciences & Humanities (n=162)			College of Medical Science (n=88)				
		1 st	2 nd	3 rd	1 st	2 nd	3 rd		
Radio	Yes	38	49	48	14	19	18	186	74.4
	No	07	11	09	13	15	09	64	25.6
Television	Yes	35	46	47	15	21	15	179	71.6
	No	10	14	10	12	13	12	71	28.4
Video film	Yes	12	15	17	09	11	07	71	28.4
	No	33	45	40	18	23	20	179	71.6
Newspaper & Magazine	Yes	32	44	50	20	19	15	180	72.0
	No	13	16	07	07	15	12	70	28.0
IEC	Yes	15	17	12	16	09	16	85	34.0
	No	30	43	45	11	25	11	165	66.0
Posters	Yes	18	22	14	14	14	06	88	35.2
	No	27	38	43	13	20	21	162	64.8

About more than half of the respondents, 65.6% rated that presently available HIV/AIDS information materials are satisfactory (**Table-4**).

Table -4: Opinion of participants regarding HIV/AIDS information.

Distinctiveness of source of HIV/ AIDS information	Attitude	Faculty/College		Total	%
		Social Sciences & Humanities (n=162)	College of Medical Science (n=88)		
Influential	Yes	90	61	151	60.4
	No	45	21	66	26.4
	NA	27	06	33	13.2
Group specific	Yes	62	24	86	34.4
	No	70	52	122	48.8
	NA	30	12	42	16.8
Satisfactory	Yes	101	63	164	65.6
	No	43	19	62	24.8
	NA	18	06	24	09.6

Comprehensive	Yes	80	68	148	59.2
	No	64	14	78	31.2
	NA	18	06	24	09.6
Uninteresting	Yes	71	23	94	37.6
	No	64	56	120	48.0
	NA	27	09	36	14.4
Panic affecting	Yes	88	47	135	54.0
	No	52	34	86	34.4
	NA	22	07	29	11.6

About 135 (54.0%) respondents reported that the sources of information are rather Panic affecting. More than half of the participants revealed sources of information are Influential 151(60.4%), where at the same time about 94 (37.6%) classified the as uninteresting (**Table-4**).

In the above table shows, quite a lot more than half of the participants, 73.2% repudiate their susceptibility to HIV/AIDS. On the contrary, the remaining 26.8% admitted the risk of being HIV infected. In other words only 26.8% of the respondents take in to account the probability that AIDS can happen to them (**Table-5**).

Table- 5: Risk perception of susceptibility to HIV/AIDS

Risk factors of HIV/AIDS	Social Sciences & Humanities & College of Medical Science						Social Sciences & Humanities			College of Medical Science			Grand Total	
	1 st yr std.		2 nd yr std.		3 rd yr std.		M	F	Total	M	F	Total	No.	%
	M	F	M	F	M	F								
Yes	17	05	21	11	12	06	35	11	46	18	03	21		
No	36	14	45	17	48	18	84	32	116	42	25	67	183	73.2
Total	53	19	66	28	60	24	119	43	162	60	28	88	250	100.0

Analysis of the overall concerns of the study subjects towards the expectation that AIDS corded possibly happen to them indicated that most of the third year students than first, most medical faculty students than education expect the risk of being infected in a wider extent.

As it can be depicted from the above table, only 8.8% of the respondents admitted that there is no switch over of ideas concerning HIV/AIDS (**Table-6**).

Table- 6: Response relating discussion in relation to HIV/AIDS

Relation	Social Sciences & Humanities			College of Medical Science			Grand Total	%
	Male	Female	Total	Male	Female	Total		
Friends	48	21	69	26	11	37	106	42.4
Parents	05	06	11	04	02	06	17	6.8
Relatives	01	04	05	02	01	03	08	3.2
Teachers	05	04	09	03	02	05	14	5.6
Not Discussion	11	03	14	05	03	08	22	8.8
Others	49	05	54	20	09	29	83	33.2
Total	119	43	162	60	28	88	250	100.0

Table- 7: Attitude towards people living with HIV/AIDS

Impression for HIV/AIDS person	Social Sciences & Humanities & College of Medical Science			Social Sciences & Humanities	College of Medical Science	Grand Total	%
	1 st yr std.	2 nd yr std.	3 rd yr std.				
I will treat them positively	64	80	77	140	81	221	88.4
I will treat them negatively	05	09	07	16	05	21	8.4
No response	03	05	---	06	02	08	3.2
Total	72	94	84	162	88	250	100.0

According to the data in the **table-7**, the majority of the respondents 88.4% expressed a positive attitude to keep on getting on with people living with HIV/AIDS. Nevertheless, 8.4% of the respondents reported that they will treat them negatively any sort of relation with infected persons. Here, almost all of the respondents of the medical faculty, 88.4% said that they will treat HIV infected people with accurately and some manner as any one is being treated.

Discussion

Radio newspapers and magazines, television, video film, IEC materials and posters were cited as HIV/AIDS information materials and/or sources by 74.4%, 72.0%, 71.6%, 28.4%, 34.0% and 35.2% of the cases respectively. The participants noted that radio is the most widely used source information followed by newspapers and magazines, and television. This finding is consistent with what was reported with another author, that radio and TV are the main sources information in teaching about HIV/AIDS.[11&13] the accessibility of HIV/AIDS information materials is unquestionably increasing. This being true, the participants' perception towards the materials is worth to be considered.

Concerning the perception of participants towards HIV/AIDS information materials, 60.4%, 34.4%, 65.6%, 59.2%, 37.6%, 54.0% of the respondents pointed out that the currently available information materials/sources are influential, group specific, satisfactory, comprehensive, uninteresting, and panic affecting respectively. On the other hand, 26.4%, 48.8%, 24.8%, 31.2%, 48.0%, and 34.4% of the respondents indicated that HIV/AIDS information materials and/or sources are not influential, group specific, satisfactory, comprehensive, uninteresting, and panic affecting respectively.

As it can be seen, a considerable proportion of the participants evaluated and/or judged the presently available HIV/AIDS information materials /sources negatively. Similarly, a study conducted in Jimma area on knowledge, attitude and practice showed that there are different IEC materials which are used for education purposes by concerned authorities and anti-AIDS clubs. But, programs are poorly implemented due to lack of acceptance and beauty for most people.

Some of the problems in the use of information, education and communication (IEC) materials could be language barriers, uneven distribution of materials, lack of clarity of the message, less attractiveness and poor interpretation of the message. Though there are some misconceptions and indicators of poor knowledge, knowledge on the modes of transmission is adequate. This is in agreement with findings of other studies.[12,14] Concerning the risk perception of susceptibility to HIV/AIDS, 26.8% of the respondents take into account the chance that HIV/AIDS can happen to them. On the contrary, the large majority (73.2%) of the respondents did not considered they as being at the risk of HIV/AIDS infection.

Faculty/college wise, most medical college students than those participants

from the faculty of education expect the risk of being infected in a wider extent. This may be attributed to the fact that participants from the medical college deal with the issue in their day to day academic life. As far as the year level of participants is concerned, most of the participants from the fourth year expect the risk of being infected than those participants in the first year. This may be due to differences in experience.

Information Exchange on HIV/AIDS
Regarding participants habit of exchanging information on HIV/AIDS, 92.2% stated that they practice open Attitude towards people living with HIV/AIDS discussion on ideas pertaining to HIV/AIDS with different people. Of this, significant proportions (42.4%) of the respondents have been exchanging information/ knowledge on HIV/AIDS with friends. This may be due to the increased similarity in age, language, need, etc between study participants and their peers. This signifies the importance of peer education in the HIV/AIDS prevention. This is also indicated in other studies.[13]

The attitude of respondents towards people living with HIV/AIDS, 221 (88.4%) respondents seem to have a positive attitude towards persons living with HIV/AIDS. On the other hand, 21 (8.4%) of the respondents expressed their negative attitude towards people living with the virus. Though the proportion of respondents with such an attitude is very small, it could initiate people living with the virus to make irresponsible acts. Such an attitude may be resulted from the fear arousing power and death orientedness of currently available HIV/AIDS information materials and sources.

Conclusions

Different HIV/AIDS information materials/sources were cited by participants. Of these, Radio, Newspapers and Magazines, Television, Video film, IEC

materials, and Posters were cited. Radio ranked first followed by newspapers and magazines, and television. Results of this study made clear that majority of the participants had good knowledge about the different modes of transmission.

As far as attitude is concerned, 221 (88.4%) respondents seem to have a positive attitude towards people living with HIV/AIDS. Where as, 21(8.4%) of the participants expressed their negative attitude.

It is hardly possible to say that due attention is given in understanding environmental and contextual factors in which students live. This is because a significant proportion students evaluation perceived currently available materials negatively respondents indicated that the existing materials are not influential, group specific, satisfactory, comprehensive, uninteresting, and panic affecting respectively.

Respondents have not used their high level of knowledge about HIV/AIDS to bring desirable behavioral and attitudinal changes, and correct high risk behaviors. Therefore, it will be sound to conclude that knowledge on HIV/AIDS does not guarantee a change in the risk behavior of respondents. Though participants exhibited good level of knowledge, they themselves reported as they were involved in a number of riskier behaviors.

This is evident in that the large majority of the respondents did not regard themselves as being at the risk of HIV/AIDS infection. More over, information exchange on HIV/AIDS with others is very limited. What is worse is that some participants have negative attitude towards people living with HIV/AIDS. The field of study and year level to which participants belonged to have an impact on the level of behavioral change brought.

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