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INFLUENCE OF BEHAVIOURAL LIFESTYLE OF TERTIARY INSTITUTION STUDENTS ON INCIDENCE OF ACQUIRED IMMUNE DEFICIENCY SYNDROMES IN OYO METROPOLIS, OYO STATE, NIGERIA

By

Baba Dare, A; Oguntunji, O. I. & Eric Iyobo, O.

Abstract

This paper examined influence of behavioural lifestyle of tertiary institution students on incidence of Acquired Immune Deficiency syndrome in Oyo Metropolis, Oyo State, Nigeria. A descriptive research survey was adopted for the study. A stratified random sampling technique was used to select a sample of three hundred and fifty (350) students in 300 level in the state owned tertiary institutions. A structure questionnaire that was scrutinized by experts in the field of reproductive health and family life education was used for the study. A reliability value of 0.73 coefficient correlation was obtained with the use of test – retest method. In all, three research hypotheses were formulated and tested at 0.05 alpha level of significance. Data collected were analysed by the use of chi-square (χ^2) statistical method. The result of the study shows that variables such as sexual lifestyle, social lifestyle and sexual myths influence the incidence of Acquire Immune Deficiency Syndromes (AIDS). Based on the findings of the study, it is recommended that all young adult should use protective devices before sexual intercourse and desist from having multiple partners. Also, much emphasis should be laid on teaching of sex education at all levels of our educational system.

Introduction

In the last two decades, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have become a public health threat in Nigeria. HIV/AIDS was first reported in the United States of America in 1981 and it has spread unremittingly to several regions of the world with Africa having over ten percent of world's population remaining the most affected region (Durojaiye, 2009). In 1987, the first case of HIV infection was reported from Saki in Oke-Ogun area of Oyo State, but nothing drastic was done to curtail the HIV/AIDS scourge, both in the state and the nation at large (Oyo State Ministry of Health, 2003).

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Heterosexual intercourse takes about 85 percent of how HIV is contracted in Oyo state and this result can be compared with other states in Nigeria and other developing countries (Oyo State Ministry of Health, 2003; Akinso, 2003). Federal Ministry of Health (2006) asserted that heterosexual transmission is the primary mode of acquiring HIV in Nigeria as in other developing countries. In sub-saharan Africa where the disease is most endemic, it was found that an almost global awareness of AIDS lethality and of HIV transmission mechanism co-exists together with a reluctance in adopting consequent preventive measures as protected sexual intercourse (Bernardi, 2002).

Close linkage between HIV/AIDS and poor behavioural lifestyle has been found in many previous studies. Green (2003); Vaughan and Vaughan (1998) and Wright (1994) observed that involvement in sexual maladaptive behaviour had escalated in spite of the scare and scourge of the HIV/AIDS pandemic that conceivably should have made partners more mutually faithful. Relative findings were reported by Entou and Agwale (2007); Onah, Mbah, chukwuka and Ikeme (2004) who revealed that undergraduate students indulged in unprotected sex even though these undergraduates reported high levels of knowledge about HIV.

According to Adimora, Schoenbach, Bonas, Martison, Donaldson and Stancil (2002); Fielder and Carey (2010), sexual attitudes and orientations of young adults in universities and college have been consistently shown more positive attitude towards premarital sex than 20-30 years ago. These shifts in attitude to premarital sex seem to suggest that a younger person will be more likely than not to be in a sexual relationship with more than one person. Similarly, in a study of 118 female college students to estimate the prevalence of sexual maladaptive behaviour, it was found that fifty one percent (51%) of them engaged in oral, vaginal and anal sex prior to college entrance; 36 percent at the beginning of their first semester, and 60 percent by the end of their first semester (Fielder and Carey 2010).

Kelly (2001) has described as a culture of death the tendency that is paramount in the universities whereby female are open to sugar daddy practices, sexual experimentation, prostitution on campus, unprotected causal sex, gender violence, multiple concurrent partnerships. These tendencies according to Martin and Alexander (2006) are exacerbated by university students living away from home and hence away from the various family members. However, Marit, Leo, Marat, Clas and Rune (2008) observed age range for sexual contact for male to be 11-20 years with a median of 16 while for female was 14-22 years with a median of 18.

Young people are particularly vulnerable to HIV infection because of the physical, psychological, social and economic attributes of adolescence (Earl, 1995). Most students are also at risk of HIV/AIDS due to the high level of risky sexual behaviours and the attitudes, expectations and limitations of the societies in which they grow up (Population Reference Bureau, 2000). Studies have shown that, adolescents who begin sexual activity early are likely to have sex with more partners, and with partners who have been at risk of HIV exposure (WHO, 2002).

Gayla (2011) opined that heterosexual college students and those engage themselves in risky sexual behaviour (anal intercourse and multiple partners) are highly at risk of contacting HIV and at the same time transmitting HIV/AIDS. The case is different in Uganda as a study reported that Uganda has been able to halt and reverse the HIV pandemic through individual behaviour change like abstinence, being faithful and condom use (Gayla, 2011). Family Guidance Association of Ethiopia (2001) posited that despite the low level of perceived vulnerability of young adults to HIV/AIDS some claimed to have changed their behaviour to

avoid the risk of HIV infection thus: abstinences from sex, limiting oneself to a single trusted sexual partner, using condom, avoiding sharp objects, avoidance of unsafe injection.

It was asserted by Family Health International YouthLens (2003) that abstinence and condom use have been recommended as measures for controlling the spread of HIV/AIDS among adolescents; but their usage as prevention strategies in Nigeria remain low for the fact that condom promotion has continued to face religious, logistic, social and economic obstacles (Federal Ministry of Health, 2005; Isiugo-Abanihe and Oyediran, 2004; Adedimeji, Omololu and Odutolu, 2007; Araoye and Fakeye, 1998).

It has been observed among the students that night party attendance, social clubbing, wearing sexually suggestive dresses and exposure of body nudes are rampant social factors which predispose them to unprotected causal sex with HIV infection as the attendant consequences. Although social lifestyles have been hampering abstinence which was found to be the best method of preventing HIV transmission. Kirby (2007) highlighted romantic love for partners, gifts, monetary reward and pressure as the perceived obstruction to the adoption of abstinence among the students. Equally, Gayla (2011) affirmed peer pressure, lack of maturity, alcohol and drug use as other social factors that put college students at risk of HIV infection. This is evident because of the teeming attendance of pregnant unmarried adolescents attending maternity facilities occurred as a result of material need (Blum, 2002).

Brown, Jejeebhoy, Shad and Yount (2001) and Federal Ministry of Health (2005) revealed that sexually active males attributed non-adoption of abstinence to their perception of sexual intercourse being a normal practice which they could not do without. The widespread perception that men's sexual needs are beyond their control and demand immediate satisfaction has been reported in other regions while a higher prevalence of premarital sex among the males has been related to such mistaken beliefs (Obi, Ozuma and Onyebuchi, 2006).

Peer influence and alcohol are mentioned together as drivers of concurrent sexual relationships. Kelly (2001) and Otaala (2004) found that concurrent sexual relationship leading to the high incidence of HIV at university campuses were mediated and strengthened by several factors which include lax visitation of opposite sex and sexual experimentation that are strongly influenced by drugs and alcohol. Evidence for peer pressure among male students to have sex with several female partners is considerably based on various significant studies (Vaughan and Vaughan, 1998) and Green (2003).

Studies have shown that female students in-between the ages of 20 and 30 years were involved in concurrent sexual relationships that had definite advantages in the form of money and material goods (Parker, Makhubele, Ntlabati and Connolly, 2007). The young female students see themselves as consumerists entrepreneur who give sex in exchange for gifts and other material or modernist items. They see themselves as active agents and entrepreneur who deliberately exploit their partners in the relationship (Lederer-Madlala, 2004).

In the same vein, Hunter (2006) reported similar results that university female students exchanged sex for account payment and fashionable clothing among several other services. The attendant result according to Martin and Alexander (2006) is a high rate of AIDS – related death among students with the probability of thousands of them being infected with HIV virus. Exchange of sex for material goods or money, the use of sex to barter for good grades, the use of sex for stress relief, and juvenile competition for prestige that includes sex with multiple partners and sex to avoid being laughed at have been reported (Thabo, 2010). Heterosexual transactional sex to obtain funds for school, luxury items and to gain connections in social network is fairly common among the youth in many African Countries (Oladimeji and

Mojisola, 2011; Iyaniwura, Daniel and Adelowo, 2007; Luke and Kurz, 2002). In addition, some girls engage in multiple sexual relationships with older men who provide them with material things such as cell-phones, clothing and pocket money thereby transmitting HIV infection they might have acquired from men old enough to be their fathers to another person (Thabo, 2010).

Notable sexual beliefs and myths are associated with high incidence of HIV infection among the young adults. There is a widely spreaded belief and misconception among the youth that immunity goes well along age if complemented by washing the genital organ with lemon or local liquor after sexual intercourse (Family Guidance Association of Ethiopia, 2001). Among the sexual myths which young people believed in include, HIV is happening to others but they are immune against it. This disease affect gays not heterosexual or it happens to minorities alone (Gayla, 2011).

Oladimeji and Mojisola (2011) expressed issue of sexual myths as a widespread evil among adolescents and had a great influence on their decision to abstain from premarital sex leading to high incidence of HIV/AIDS. Noted among the sexual myths are: if a male does not have sex by age 16, it means he is important and may frequently have stomach upset. The person may have a low sperm count and would not be able to acquire the skills needed to have sexual intercourse in the future (Oladimeji and Mojisola, 2011).

Also, if a female does not have sex by age 19, her vagina may close up and when she wants to have sex later in life it will be painful. She may also be infertile, or have problems having her first child and may have to undergo caesarean operation during childbirth (Gayla, 2011; Oladimeji and Mojisola, 2011).

Statement of the Problem

Level of awareness of HIV/AIDS is very high among higher institution students, yet there is still escalation in the rate of HIV incidence among them. University and college environment were found to provide great opportunity for HIV high-risk behaviours, including unsafe sex and multiple partnerships (Adefuye, Abiona, Balogun and Lukobo-Durrell, 2009; Maswanya, Moji, Horiguchi, Nagata, Aoyagi, Honda and Takemoto, (1999). Durojaiye (2009) explained that the pandemic of HIV remains on the increase with young people at increased risk of infection because of their poor behavioural lifestyle like having multiple sex partners and seldom for Voluntary HIV Counselling and Testing (VHCT).

Based on the above perception and assertions, the study examines influence of behavioural lifestyle of tertiary institution students on incidence Acquired Immune Deficiency Syndromes incidence in Oyo metropolis, Oyo State, Nigeria.

Research Questions

1. Does sexual lifestyle of tertiary institution students have significant influence on incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis?
2. Does social lifestyle of tertiary institution students have significant influence on incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis?
3. Does sexual myths among tertiary institutions students have significant influence on incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis?

Research Hypotheses

1. Sexual lifestyle of tertiary institution students will not have significant influence on incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis.
2. Social lifestyle of tertiary institution students will not have significant influence on incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis.
3. Sexual myths among tertiary institution students will not have significant influence on incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis.

Methodology

The study adopted the descriptive survey research design. The population of the study comprised of full-time registered 300 level students of Emmanuel Alayande College of Education and Federal College of Education (Special) for the year 2010/2011 academic session estimated at 3,500. The stratified random sampling technique was used to select 35 respondents each from ten departments totaling 350 as sample for the study and thereby representing 10 percent of the estimated population.

The instrument for the study was a modified two likert-scale self-structured questionnaire validated by experts in the field of medical sociology and health education. A reliability coefficient of correlation of 0.73r was obtained using spilt-half method and this make the instrument reliable for the study. Data obtained were coded and analyzed with the use of chi-square (χ^2) inferential statistical method.

Results and Discussion

The data collected were coded, analysed and tabulated below:

Hypothesis one: Sexual lifestyle of tertiary institution students will not have significant influence on incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis.

Table 1: Chi-square (χ^2) analysis of influence of Sexual lifestyle on incidence of Acquired Immune Deficiency Syndromes

S/N	Item	A	D	Row Total	Cal. χ^2	Df	cont. value	Dec.
1	Most students accept and enjoy unprotected sex compare to condom use	201 (57.4%)	149 (42.6%)	350	18.88	3	7.82	Rejected
2.	I have had sex several time with my lover(s)/future partner(s)	220 (62.9%)	130 (37.1%)	350				
3.	I have heard of my mate(s) having more than one sexual partner	164 (46.9%)	186 (53.1%)	350				
4.	Students engage in sex to relief stress and boredom	198 (56.6%)	152 (43.4%)	350				
	Column Total	783	617	1400				

The table above shows a calculated chi-square (χ^2) value of 18.88 and a table value of 7.82 with degree of freedom 3 at 0.05 alpha level. It could be asserted that the calculated chi-square value is greater than the χ^2 table value. Therefore, hypothesis one is rejected and this indicated that sexual lifestyle of tertiary institution students significantly influence incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis.

Hypothesis Two: Social lifestyle of tertiary institution students will not have significant influence on incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis.

Table 2: Chi-square (χ^2) analysis of influence of Social lifestyle on incidence of Acquired Immune Deficiency Syndromes

S/N	Item	A	D	Row Total	Cal. χ^2	Df	cont. value	Dec.
1	Students give accept sexual due to monetary reward/material goods	203 (58%)	147 (42%)	350	24.18	3	7.82	Rejected
2	Intake of Drug Alcohol prone students to sexual experimentation.	187 (53.4%)	163 (46.6%)	350				
3	Female students prefer having sex with older men to their mates.	206 (58.9%)	144 (41.1%)	350				
4	Peer influence lure students to sex.	196 (56%)	154 (44%)	350				
	Column Total	792	608	1400				

Table 2 above shows a calculated chi-square (χ^2) value of 24.18 and a chi-square (χ^2) table value of 7.82 with degree of freedom 3 at 0.05 alpha level of significance. Since the calculated value is greater than critical value, the tested hypothesis two is hereby rejected. This implied that social lifestyle is significantly influence incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis.

Hypothesis Three: Sexual myths among tertiary institution students will not have significant influence on incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis.

Table 3: Chi-square (χ^2) analysis of influence of Sexual myths on incidence of Acquired Immune Deficiency Syndromes

S/N	Item	A	D	Row Total	Cal. χ^2	Df	cont. value	Dec.
1	Washing of genital with locally prepared materials after sex prevents the spread of HIV.	130 (37.1%)	220 (62.9%)	350	32.0	4	9.49	Rejected
2.	A woman who delay sex may have problem having her first child.	202 (57.7%)	148 (42.3%)	350				
3.	Skills needed by male to have sex in the future may be deprived if sex is initiated late.	213 (60.9%)	137 (39.1%)	350				
4.	Early sex is encouraged among females to prevent painful sex later in life.	221 (63.1%)	129 (36.9%)	350				
5.	Low sperm count can set in if a man had sex late in life.	227 (64.9%)	123 (35.1%)	350				
	Column Total	993	757	1750				

The table 3 above shows a calculated chi-square (χ^2) value of 32.0 and a chi-square (χ^2) table value of 9.49 with degree of freedom 4 at 0.05 alpha level of significance. It can be inferred that sexual myths among tertiary institution students significantly influence incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis.

Discussion of Findings

It was revealed from analysis of tested hypothesis one in table one (1) that sexual lifestyle of tertiary institution students influence incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis. The result above affirmed the assertion of Entou and Agwale (2007); Onah, Mbah, Chukwuka and Ikeme (2004) who revealed that undergraduate students indulged in unprotected sex even though these undergraduates reported high levels of knowledge about HIV. Similarly the result buttressed Kelly (2001) who opined that university students are open to sugar daddy practices, sexual experimentation, prostitution on campus, unprotected casual sex, gender violence and multiple concurrent partnerships.

The analysis in table two (2) shows that the social lifestyle of tertiary institution students influence incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis. The findings above was supported by Leclerc – Madlala (2004) who posited that young female students see themselves as consumerists entrepreneur who give sex in exchange for gifts and other modernist items. This same result was justified by Thabo (2010) who asserted that some girls engaged in multiple sexual relationships with older men who provide them with material things such as cell phones, clothing and pocket money thereby transmitting HIV infection they might have acquired from men old enough to be their fathers to another person.

The result of analysis in table (3) shows that sexual myths among tertiary institution students influence incidence of Acquired Immune Deficiency Syndromes in Oyo metropolis. The above findings concurred with Family Guidance Association of Ethiopia (2001) which stated that, there is a widely spreaded belief and misconception among the youths that immunity goes well along age if complemented by washing the genital organ with lemon or local liquor after sexual intercourse. Equally, Oladimeji and Mojisola (2011) agreed with the above results by affirm that noted among the sexual myths are; if a male does not have sex by age 16, it means he is impotent and may frequently have stomach upset. Also, the person may have a low sperm count and would not be able to acquire the skills needed to have sexual intercourse in the future.

Conclusion

Based on the findings of this study, it is concluded that all the variables tested-vis-à-vis, sexual lifestyle, social lifestyle and sexual myths – significantly associated with HIV incidence among tertiary institution students in Oyo metropolis, Oyo State, Nigeria.

Recommendations

In the light of the findings of this research, it is therefore recommended that:

- (i) Young adults are encouraged to use condom and disengaged from both multiple sexual partners and concurrent sex.
- (ii) There is need for proper home training and teaching of moral values on the issue of sexuality by parents.
- (iii) Youths are encouraged to be contented in whatever state they found themselves and avoid unnecessary pressure.
- (iv) There is need for health education to educate the communities on sexual myths and misconceptions; and its attendant risks.
- (v) Much emphasis should be laid on teaching of sex education at all levels of our educational system.

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