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Socio demographic Variables and Acceptance of HIV/AIDS Prevention Strategies by Secondary School Teachers in Akwa State, Nigeria

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Abstract

The purpose of the study was to investigate the influence of socio demographic variables on the acceptance of HIV/AIDS prevention strategies by secondary school teachers in Akwa Ibom State, Nigeria. A descriptive survey method was used for the study. The population for the study consisted of 6,096 teachers working in public secondary schools in the three senatorial Districts of Akwa Ibom State. A random sample of 600 from 20 schools in each senatorial District in groups of (30) teachers was used for the study. A 24- item structured questionnaire, developed by the researchers was used for data collection. Six objectives, research questions and hypotheses were also formulated to guide the study. The variables studied were educational qualification, religious affiliation, age, income, residential location and gender of teachers. Mean and standard deviation were used to answer the research questions while t-test was used to test the null hypotheses at .05 alpha level of significance. The findings show statistically significant ($P < 0.05$) influence of educational qualification, religion, age income, residential location and gender on acceptance of HIV/AIDS prevention strategies.

Keywords: socio demographic factors, HIV/AIDS, and prevention strategies.

Introduction

Historical evidence attests to the consistent quest of humanity and the desire to safeguard health against disease and disability (ononye, 2002) ^[7]. The HIV pandemic has had a profound impact on the health and socio- economic status of the nation. In this regard, the potential of HIV/AIDS to affect health and national development commands urgent attention and response (FMOH, 2005). People living with HIV and AIDS are faced with the task of maintaining optimal health status despite an increasing insult to their immune status (Maeyer, 2001) ^[4]. In Nigeria, a good number of people are living on the brink of poverty. Thus, occurrence of the infection in the family further undermines the family's ability to provide for her basic needs (piwoz, 2004) ^[8].

The Nigeria report from 1991 to 2008 indicated the following figures, 1.8% in 1991, 5.8% in 2001, and 4.4% in 2005, while slight increase of 4.6% was shown in 2008.

In Akwa Ibom State, where the researcher conducted the study, the figures were 13.0% in 2001, 6.4% in 2003, 5.7% in 2005 and 9.7% was indicated in 2008.

Essien Udim local Government Area which is part of the study sample had an alarming rate of 8.1% in 2001, 8.0% in 2003, 9.6% in 2005 and 5.8% in 2008 (FMOH, 2008) ^[2]. Ekoja (2006) ^[1] reported that economically disadvantaged people are more susceptible to high risk jobs such as commercial sex work as they migrate from the rural to urban centers. Most secondary school teachers belong to the middle level income group yet they keep large families. Insufficient income cannot address the issue of giving good medical and quality education to their children.

It has been documented that about 13% of sampled person living with HIV/AIDS in Uyo, Akwa Ibom State were aged 46-56years (opera and John, 2007). The report also had it that the people living with AIDS were aged 31 and 43years while those within 18-30 years of age constituted 33.17 %.

Statistics also indicate that for five patient affected by AIDS one is in their 20s (Singh, 2002) ^[9]. The significance of the high rates at low age groups is that children and young people are increasingly getting exposed to HIV infection at much younger ages. This suggests the need for prevention intervention to commence early to maximize its benefits.

Overcoming ignorance is the key to behavioral change (Ekoja, 2006) ^[1]. The educated class is aware of some preventing strategies such as the use of condom, avoidance of the transmission of infected blood, used of unsterilized needles and syringes. Some of the enlightened people seek medical counseling from health personnel like Doctors, Nurses and Pharmacists.

Thus in preventing HIV/AIDS transmission many strategies had been mapped out and implemented in many parts of the world, but there is still increase in rate of HIV infection. Acceptance of prevention of HIV infection is a militating factor against the dreaded disease.

The objective of this research was therefore, to assess the socio demographic factors and acceptance of preventive strategies for HIV/AIDS in Akwa Ibom State, Nigeria

Statement of Problem

In attempt to challenge HIV/AIDS pandemic, both international and National bodies accept the fact that AIDS remains the greatest health challenge (UNAID, 2002). Akwa Ibom State Action Committee on AIDS (SACA) (2005) also asserted that the AIDS phenomenon is nothing short of war. The heavy toll on human lives and large scale devastation attests to this fact. HIV/AIDS has caused more than 20 million deaths globally with 83 % (about 16million) occurring in Sub-Saharan Africa, 80% of children orphaned by AIDS (Harries, 2005). In Nigeria the prevalence rate of HIV/AIDS is 5% (FMOH, 2005).

Acceptance of intervention programmes and measures for prevention of commonly health problems is a strong index for health promotion in all cultures.

In Akwa Ibom State HIV/AIDS prevalence trend fluctuates between 12.5% in 1999, 6.4% in 2003, 5.7% in 2005, 9.7% was indicated in 2008 (Markson, 2008) ^[5]. Demographic and health survey conducted in 2004 revealed that the level of knowledge of transmission route affect prevention. Lawal (2008) ^[3] in a study reported that 70 % of secondary school teachers were still ignorant of the route of transmission and prevention strategies of HIV/AIDS and this affected their acceptance.

With the HIV/AIDS problem still looming largely in Nigeria in general and Akwa Ibom State in particular, and having been ranked as the fourth worst affected state in Nigeria, urgent attention must be paid to preventive strategies to curb further spread. With this trend, certain questions arise such as whether the age, sex, educational background, residential locations and religious background of secondary school teachers affect the acceptance of HIV/AIDS prevention strategies? The researcher addressed the above questions using secondary school teachers in Akwa Ibom State.

Purpose of the Study

The purpose of this study was to identify the socio demographic variables associated with the acceptance of HIV/AIDS prevention strategies among secondary school teachers in Akwa Ibom State. Specifically the study aimed to

1. Assess the influence of educational level on secondary school teachers' acceptance of HIV/AIDS prevention strategies.
2. Ascertain the influence of religion on secondary school teachers' acceptance of HIV/AIDS prevention strategies.
3. Determine the influence of age on secondary school teachers' acceptance of HIV/AIDS prevention strategies.
4. Determine the influence of income on secondary school teachers' acceptance of HIV/AIDS prevention strategies.

5. ascertain the influence of residential location of secondary school teachers on their acceptance of HIV/AIDS prevention strategies; and
6. Ascertain the influence of gender of secondary school teachers' on their acceptance of HIV/AIDS prevention strategies.

Research Questions

The following questions were posed to guide the study.

1. What is the secondary school teachers' status of acceptance of HIV/AIDS prevention strategies based on their level of education?
2. What is the secondary school teachers' status of acceptance of HIV/AIDS prevention strategies based on their religion?
3. What is the secondary school teachers' status of acceptance of HIV/AIDS prevention strategies based on their ages?
4. What is the secondary school teachers' status of acceptance of HIV/AIDS prevention strategies based on their income?
5. What is the secondary school teachers' status of acceptance of HIV/AIDS prevention strategies based on urban – rural residential locations?
6. What is the secondary school teachers' status of acceptance of HIV/AIDS prevention strategies based on gender?

Research Hypothesis

The following null hypotheses were formulated for this study. They were tested at 0 .05 level of significance.

1. The educational level of the secondary school teachers does not have any statistically significant influence on the acceptance of HIV/AIDS prevention strategies.
2. There is no statistically significant relation between the religion of secondary school teachers and their acceptance of HIV/AIDS prevention strategies.
3. The age of secondary school teachers does not have any statistically significant influence on their acceptance of HIV/AIDS prevention strategies.

Methodology

Research Design

The explanatory research design was used for the study. This design was considered appropriate because of its relevance in similar studies. Stockery, Shapiro, Lockman, Thor and Essex (2000) adopted this design in their study to examine the acceptance of HIV/AIDS prevention strategies as well as the prevalence of the disease in Botswana. Also Namande *et al.*, 2004 ^[6] used this design in their study to describe the level of acceptance of voluntary confidential counseling and testing in Uganda. Moreover, this design was considered most appropriate in gathering firsthand information from a large population of respondent (Ikeagwu, 1998).

Area of the Study

The area covered by this study is Akwa Ibom State located in South South Nigeria. The State has a total of 31 local Government areas which are divided into three senatorial Districts, Uyo, Eket, and Ikot Ekpene. The language spoken in Akwa Ibom are Ibibio, Annang, oron, Eket, Ibeno. The state has a high incidence of HIV/AIDS with 13.0% in 2000, 6.4% in 2005 and 9.7% in 2008 and taking 4th position in AIDS table. Essien Udim being one of the study samples had 8.1% in 2001 ^[4], 8.0% in 2003, 9.6% in 2005 and 5.8% in 2008 sentinel survey. The state is predominately a civil service state

with mainly teachers in the work force. The above report had given the researcher the impetus to carry on the research in the area.

Population for the Study

The population for the study consisted of secondary schools teachers selected from the three senatorial districts in Akwa Ibom State. The population was made up of 6096 teachers (3535 males and 2561 females) from 234 public secondary schools and 6 technical colleges (Akwa Ibom State Ministry of Education statistics Unit 2008).

Sampling Technique

Six hundred (600) teachers (about 10%) were drawn from the total population of 6096 teachers currently teaching in the three senatorial District of Uyo, Eket, Ikot Ekpene by sample random sampling technique. Gay (1976) suggested 12% minimum of the population estimate in a larger population. Eight secondary schools in Uyo where serial numbers first appeared in a table of random numbers were drawn for a study since Uyo has many secondary schools as the headquarter of Akwa Ibom state. The same method was used to draw six secondary schools from Eket and Ikot Ekpene senatorial District respectively giving a total of 20 public secondary schools. From each school the list of teachers was obtained from the principals' office and a table of random numbers used to draw 30 teachers for the study.

Instrument for Data Collection

The instrument was subjected to content validation by three lecturers. An expert in measurement and evaluation and two from Health Education Department. The instrument was accompanied with the research title, objectives and research question. The experts were asked to review the items in terms of clarity, appropriateness of the language and expression. They were also asked to make any other comments regarding the overall adequacy of the instrument. The validations authenticated the questionnaire by the response to the research questions. They ensured that they were suitable to testing the null hypotheses as well as achieving the objectives of the study. The instrument was modified along the line suggested by the experts. Finally the instrument was based on the agreement of at least two of the validators about the appropriateness of an item.

Reliability of the Instrument

The reliability of the instrument was established by administering the questionnaire to twenty (20) respondents (teachers who were not part of the study sample). Pearson Product Moment Coefficient of (.82) was obtained after stepping up with spearman Brown Formula.

Method of Data Collection

Collection of data for study was carried out by the researcher together with the help of an assistant. Copies of the questionnaire were collected back for analysis.

Data Analysis

A total number of 600 copies of the questionnaire correctly completed were retrieved from the respondents. The mean of the total score was computed for each group. The scores for the items on acceptance of HIV/AIDS prevention strategies were 24. Using a three point Likert type rating scale of 3, 2, and 1, the points were rated highly accepted (HA) 3, moderately accepted (MA) 2, and not accepted (NA) 1. The

criterion mean was established at 48. Mean and standard deviation were used to answer the research questions while t-test was used to test the null hypotheses.

Results and Discussions

The study reveals that highly qualified teachers (51.8 ± 9.7) had significantly ($P < 0.001$) higher level of acceptance of HIV/AIDS prevention strategies than teachers with lower educational qualifications (28.6 ± 3.4). This is in line with what Lawal (2008) ^[3] said; increased educational levels increases HIV/AIDS awareness and subsequent acceptance of prevention strategies.

Educational level has significant influence on the acceptance of HIV/AIDS prevention strategies.

Religion was also observed to display a significant influence in acceptance of HIV/AIDS prevention strategies. Christian teachers (46.4 ± 8.2) showed a significantly ($P < 0.001$) higher level of HIV/AIDS acceptance strategies than teachers from other religions (31.4 ± 3.1). This is confirmed by an earlier finding by McCain (2008) who stated that the foundation of morality is religion. He also stated that religion affects the spread of HIV/AIDS as well as the acceptance of its prevention strategies.

On effect of income level on acceptance of prevention strategies, teachers on GL 10 (54.5 ± 9.8) had significantly ($P < 0.001$) higher level of acceptance of HIV/AIDS prevention strategies than those on grade level 7 and below (30.8 ± 3.7). The results obtained from the study indicate that the income of secondary school teachers has influence on their acceptance of HIV/AIDS prevention strategies. This affirms the finding of the study of Suleiman (2002) ^[10] that sixty percent of the identified people living with AIDS are rural immigrants to urban communities. Rural poverty drove them away from their rural communities to urban areas. As there are no secure jobs in the cities, 92% of the migrants engage in miniature jobs and the women engage in sex to enable them end a living. Suleiman identified poverty as one of the major causes of the spread of HIV/AIDS and by implication the acceptance of its prevention strategies in Sub-Saharan Africa.

The findings are also supported by the report by Ekoja (2006) ^[1] that economically disadvantaged individuals are more prone to engage in high risk behaviour such as commercial sex work and drug use. They are less likely to receive information or once infected to obtain access to services. The low income may find it difficult to make use of such prevention strategies, such as condoms.

Teacher living in urban areas (46.6 ± 8.0) had a significantly ($P < 0.001$) higher level of acceptance of HIV/AIDS prevention strategies in comparison with teachers living in the rural settings (29.8 ± 2.9). This is in line with the study carried out by Baxi, Baxi and Maya (2004), which showed that the residential location of individuals urban/rural influence their acceptance of HIV/AIDS prevention strategies. The residential location enhances an individual access to healthcare facilities that can help in prevention of HIV/AIDS,

Gender was also observed to play a significant role in the acceptance of HIV/AIDS prevention strategies. Female teachers (47.9 ± 7.8) had a significantly ($P < 0.001$) higher level of acceptance of HIV prevention strategies when compared their male counterparts (28.4 ± 2.3).

Conclusion

The findings in this research showed statistically significant ($P < 0.05$) influence of educational qualification, religion, age, income, residential location and gender on acceptance of HIV/AIDS prevention strategies

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