

HIV/AIDS KNOWLEDGE AND UTILISATION OF HCT UPTAKE AMONG MUSLIM YOUTH IN SOUTH WEST NIGERIA

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ABSTRACT

Nigeria has the third highest population of people living with human immunodeficiency virus (HIV). Despite this, the knowledge of HIV/AIDS and uptake of voluntary counselling and testing (VCT) is still low, especially in the rural areas. This study assessed knowledge of HIV/AIDS and uptake of VCT among Muslim youths in a community in Oyo State, Nigeria. A pretested questionnaire was administered on a cross-section of 309 Muslim youth attending a religious programme in Iseyin town, Nigeria. Information about knowledge of HIV/AIDS and uptake of VCT was elicited among respondents. The majority of respondents did not know the need to assess and why VCT; however, knowledge of route of disease transmission was high, with majority mentioning sexual activity and unscreened blood transfusion, respectively, as possible transmission routes. Respondents listed avoidance of premarital sex, outlawing prostitution, and screening of blood before transfusion as protective measures respectively. Reasons for rejection of VCT included fear of stigma, marital disharmony, incurable nature of the disease and Islamic belief that HIV is most common among youth that are not religious because Islam is already against sexual intimacy before marriage.

Keywords: HIV/AIDS, HCT usage, Islam, youth, Nigeria

INTRODUCTION

HIV/AIDS is a global public health phenomenon and majority of individuals who contacted the virus live in Sub Saharan Africa. Adolescents are indicated to be at the center of HIV/AIDS epidemic. HIV counseling and testing on HIV/AIDS has been on the increase ever since the realization of the pandemic. Over two decades after the incursion of HIV/AIDS into human chronicles, the pandemic is yet to be fully comprehended and apprehended as its medical, psychological and social implications remain unabated (Aderinto, 2009). In spite of continuous education and awareness programmes, the rate of increase of youths' involvement in unsafe sex and other

practices that expose them to the infection is escalating. It is important to note that there are factors other than sex that can expose one to the infection. This leaves many persons in danger of contracting HIV/AIDS if the necessary preventions are not taken. Therefore, Health Organizations and Non Governmental Organization (NGO) have taken it as a matter of priority to constantly carryout HIV counseling and testing and public enlightenment campaigns on the issue even though there is continuous rise in the number of cases of HIV/AIDS infected people. Scientists have made it possible to know one's HIV status; so some people know their status because they have done the blood tests required, but many people e.g. undergraduates, still do not know their status..

They are completely ignorant of it and some even hold the belief that they can never get infected with the virus, which is really their position, as their engagement in sex is very high. It is for these reasons that the researchers wish to access their level of awareness and the influence of health education programmes on HIV/AIDS prevention among Muslim youth in south west , Nigeria so far held by government organizations and the various NGOs around them.

Over 50% of all HIV cases globally are young people aged 10–24 years. Despite high vulnerability to HIV infection, VCT uptake by young people is significantly lower [1]. According to sub-Saharan Africa survey (2005–2010), only 10% male and 15% female of 15–24

years knew their HIV status, implying that majority of the young people in this age are undiagnosed from the HIV epidemic, thus exposing them to high risk of either acquiring or transmitting the disease [1]. Over 50% of all HIV cases globally are young people aged 10–24 years. Despite high vulnerability to HIV infection, VCT uptake by young people is significantly

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(2005–2010), only 10% male and 15% female of 15–24 years knew their HIV status, implying that majority of the young people in this age are undiagnosed from the HIV epidemic, thus exposing them to high risk of either acquiring or transmitting the disease. Nigeria has the third highest population of people living with human

immunodeficiency virus (HIV) Zubairu , Isa Mohammed, Kabir, and Muktar (2006)

Despite this, the knowledge of HIV/AIDS and uptake of voluntary counseling and testing (VCT) is still low, especially in the rural areas. This study assessed knowledge of HIV/AIDS and attitude towards VCT among Muslim faithful youths in a community in less cities in Nigeria. Globally, around 2 million individuals were infected with HIV and this has been the lowest incidence since (Hutchinson , Mahlalela , 2006). Africa as a continent and Nigeria as a country has made great effort in curbing the spread of HIV/AIDS and in reducing the disease mortality. Evidence reveals that majority of individuals who contacted the virus live in Sub Saharan Africa (Kwaku 2013). After South Africa, Nigeria has the second largest number of people living with HIV/AIDS. Furthermore, recent estimate revealed a 41% reduction in the incidence of HIV/AIDS in Africa between the year 2000 and 2010 (Arulogun & Adefioye, 2010).

According to the UN “Youth” is best understood as a period of transition from the dependence of childhood to adulthood’s independence and awareness of our interdependence as members of a community. Youth is a more fluid category than a fixed age-group.” The Commonwealth defines youth as 15-29 years of age. The African Youth Charter defines youth as “any individual between 15-35 years of age and seeks to resolve longstanding debates about defining youth within the African context and based on Africa’s development realities.”

In Nigeria, prior to the emergency of the NATIONAL YOUTH POLICY 2019, The Nigerian national youth policy (2009) defines youth as between 18-35 years. However, the 2019 National Youth Policy has changed the above classification. By the new Policy, a youth in Nigeria therefore is a person between 18-29 years (Unini, 2019).

On the other hand, some educational psychologists have tried to be specific by defining the age of youth in terms of number of years. According to them, youth is an age between about thirteen (13) and forty (40) , (Unini, 2020). The youth period is thus covered with adolescence. Adolescence period which is marked by discovery and experimentation comes with a lot of physical and emotional changes. It is supposed that majority of the individuals get infected with the virus at this developmental stage. This is because adolescents indulge in sexual activities and due to ignorance; many of their sexual contacts are unprotected thereby increasing their vulnerability to sexually transmitted disease including HIV/AIDS (Musa, 2015).

Objectives of the Study

The main objective was to determine the level of HIV/AIDS knowledge and to explore

uptake of HIV counselling and testing among youth. The outcome of the findings could help in the formulation of policy on access of HIV counselling and testing services the youth that are Muslims, as such age-groups are at greater risk for HIV infection.

Hypothesis

H0: There is no significant relationship between HCT (HIV Counselling and Testing) and HIV/AIDS prevention among Muslim youth in Iseyin, Oyo State, Nigeria.

METHODS

Research Design

The research design that was adopted in this study was survey research design. This research design is chosen because it reports things the way they are and also specified what are to be measured.

Population

The target populations of this study were the Muslim youths that attended an Islamic programme organized by a Muslim organisation in Iseyin, Oyo State, Nigeria.

Samples and Sampling Techniques

A sample size of three hundred (300) female undergraduates were chosen from all Muslim youths that attended an Islamic programme organized by a Muslim organisation in Iseyin, Oyo State, Nigeria.

Research Instrument

The research instrument for this research work was a structured questionnaire. The questionnaire solicits information from the respondents on the uptake of HCT (HIV Counselling and Testing). The questionnaire comprised of two sections. Section A contains the socio-demographic characteristics of the respondents, section B centered on the uptake of HCT (HIV Counselling and Testing)

Validity of the Instrument

The researcher directly earlier subjected to a similar subject at a mini islamic programme in Ogun State, Nigeria where a reliability coefficient of 0.71 was obtained.

Procedure for Data Collection

The researcher used a self-administered questionnaire in collecting data for the study. The questionnaires were distributed to the respondents by the researcher and were collected on spot after response from the respondents.

RESULTS

The data for this study would be analyzed at two levels of percentages and chi square. The socio-demographic characteristic of the respondents was analyzed using descriptive statistical method.

Table1: Percentage Distribution of the Respondents by Marital Status

Marital Status	Frequency (N)	Percentage (%)
Single	250	83.3
Married	50	16.7
Total	300	100.0

The table 1 above shows the percentage distribution of the respondents by marital status. The table above depicts that 83.3% of the respondents were single and 16.7% of the respondents were married. Therefore, most respondents are single.

H_0 : There is no significant relationship between uptake of HCT (HIV Counselling and Testing) and HIV/AIDS prevention among muslim youth in Iseyin, Oyo State, Nigeria.

H_1 : There is significant relationship between HCT (HIV Counselling and Testing) and HIV/AIDS prevention among muslim youth in Iseyin, Oyo State, Nigeria.

Chi-Square Tests

	Value	Df	Asymp. (2-sided)	Sig.
Pearson Chi-Square	22.551 ^a	28	0.755	
Likelihood Ratio	23.938	28	0.685	
Linear-by-Linear Association	0.091	1	0.763	
N of Valid Cases	300			

a. 35 cells (87.5%) have expected count less than 5. The minimum expected count is .08.

Decision Rule: Since the P-value of 0.755 associated with the chi-square value of 22.551 is greater than 0.05, we accept the null hypothesis (H_0) and conclude that there is no significant relationship between HCT (HIV Counselling and Testing) and HIV/AIDS prevention among students of Olabisi Onabanjo University, Ago-Iwoye, Ogun State at 28 degree levels of freedom.

Discussion of Findings

The study has greatly enlightened undergraduates of Olabisi Onabanjo University, Ago-Iwoye, Ogun State on their knowledge towards HIV/AIDS, their belief about its reality and their level of sexual involvement. It can therefore be concluded that muslim youth in Iseyin in Oyo State, Nigeria are knowledgeable about the presence of the pandemic. They have an idea about how it can be spread and subsequently prevented. They also believe that everyone is at risk of contracting the disease in respect of religion if he/she observes a careless lifestyle even though to them condom use and a healthy sex life pattern through safe sex can help reduce the disease transfer that could first result from STI/STDS.

Knowledge of HIV prevention appeared moderately high as respondents knew that condom usage (78%), abstinence from casual sex, (70%), avoiding sharing of sharp objects (63%) and being faithful to a partner (57%) were some of the ways of preventing HIV infection. Knowledge of treatment for HIV/AIDS was equally high as 89% of the respondents indicated that they know that there was no cure for AIDS, and 82% indicated that one cannot always say by merely looking if someone is infected with the virus.

The findings in this study has shown that several socio-demographic, behavioral and health service related factors were associated with HIV testing among rural men and women.

The findings showed that the proportions ever tested were significantly higher among youth, which is somehow encouraging as youth are at particularly higher risk of HIV acquisition. Our findings agree with studies conducted in Ethiopia, and elsewhere in Africa (Zubairu, Isa, Mohammed , and Muktar, 2006).

A significant number of respondents reported fear from anxiety and stress that may result after they might have done VCT and to know that they are HIV positive as among the main reasons towards low VCT uptake. Some respondents even reported that, if the results become HIV positive they would lose focus on their other future plans (Zawadi, Gibson, [Sia](#) & Rose , 2015).

CONCLUSION

A greater percentage of the respondents had adequate knowledge of HIV/AIDS, and the majorities were willing to have VCT. However, misconceptions, fear, gaps in knowledge and limited access to VCT remain prevalent. The findings suggested the need to provide health education and scale up VCT services in Oyo State, Nigeria by targeting the efforts of international and local development partners to fund programmes at our community levels.

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