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Investigating the Attitude of Students of Tertiary Institutions towards HIV/AIDS: A Case Study of Ekiti State University, Local Government Area, Ekiti State, Nigeria

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ABSTRACT

This study aimed to investigate students' attitudes toward HIV/AIDS at Ekiti State University, Ado-Ekiti. The research utilized both descriptive and inferential survey methods, with a total of 160 respondents selected through simple random sampling. Standard Questionnaires were used to collect data, which were then analyzed using frequency count, percentage, and t-test analysis for inferential statistics. The study revealed that the causes of HIV/AIDS included unprotected sex, prostitution, and pre-marital sexual activities, while symptoms included coughing, sneezing, swollen lymph nodes, and rash, among others. Although there is no permanent cure, individuals with HIV/AIDS can maintain their health by adopting a positive attitude and managing the disease effectively. Additionally, they can learn how to remain negative if they test negative. Drawing from the study's findings, the following recommendations are made: students who find it difficult to control their sexual urges should use condoms to protect themselves from HIV/AIDS. It is essential for their attitudes toward HIV/AIDS to change positively. Moreover, they should be cautious about blood transfusions and avoid using unsterilized sharp objects like needles that have been previously used by others. The government should intensify the dissemination of information about HIV/AIDS through educational programs. Raising awareness and educating the public on prevention and management can contribute to reducing the spread of the virus. Nigerian students should be encouraged to undergo regular HIV/AIDS blood tests to know their status. Overcoming the fear of stigmatization and discrimination associated with testing is crucial for early detection and better management.

INTRODUCTION

The Human Immunodeficiency Virus (HIV) is a virus that damages the human immune system, weakening its ability to fight infections and diseases, ultimately leading to life-threatening illnesses known as Acquired Immune Deficiency Syndrome (AIDS). Since its identification in the 1980s, the origin of HIV has been a subject of scientific debate. Unfortunately, AIDS has become a global concern, claiming the lives of millions of people and ranking as the fourth leading cause of death worldwide, with Africa being the most affected region.

Various research studies have shown that the attitudes of students in tertiary institutions towards HIV and AIDS are a major concern. These attitudes can be categorized into positive and negative dimensions, which have a direct impact on the stigma and discrimination faced by People Living with HIV and AIDS (PLWHA). HIV and AIDS have been affecting humanity for around 40 years, prompting international and national efforts to combat the infection, resulting in a decline in HIV prevalence. Attitude towards HIV and AIDS is a critical area that researchers have identified as needing attention, alongside HIV and AIDS knowledge and risky behaviors. This study places a primary focus on attitudes due to its close association with stigma and discrimination. Various researchers have assessed attitudes, stigma, and discrimination using different indicators, revealing the existence of negative attitudes towards HIV and AIDS among respondents at different levels (Geraldine *et al.*,

2017; and references therein). Various studies conducted by different authors have revealed attitudes towards HIV and AIDS at varying levels. These studies present a spectrum of attitudes, ranging from negative to positive, indicating the percentage of respondents who support or oppose the propositions related to HIV and AIDS. For instance, Lohmann *et al.* (2009) reported that teachers over 40 years of age exhibited more positive attitudes compared to those aged 30-39 years. Similarly, Ranjan *et al.* (2015) found that over 50% of women from migrant worker backgrounds had a positive attitude towards people living with HIV and AIDS. On the other hand, Rahnama *et al.* (2011) disclosed that only 19.5% of students stated they would inform their partners or family if diagnosed with HIV infection, and merely 43% were willing to care for an HIV-infected person in their own house. These findings highlight the diverse perspectives and attitudes concerning HIV and AIDS among different groups of individuals.

Kuete *et al.* (2016) found that 45% of Chinese medical students preferred to avoid condom use after HIV testing, compared to 36% of foreigners. Additionally, about 29% of Chinese medical students preferred to stay away from classmates or colleagues infected with HIV, while 24% of foreigners thought it was unwise to be close to an HIV-infected person. Tavoosi *et al.* (2004) discovered common negative attitudes toward HIV-infected individuals among students. Approximately 46% of students believed that a student with HIV should not be allowed to enter an

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ordinary school, 35% preferred not to sit near an HIV-positive student in class, and 23% indicated that they would not shake hands with an HIV-positive person if they knew about their status.

Undergraduate university students, as a group, are constantly exposed to sexual risk behaviors, especially during the transition period from high school to university or as returning students in college (Fennie and Laas, 2014). Repeated exposures to sexual risk behaviors make students more vulnerable to HIV infection. Undergraduate students are highly mobile, and if not protected and educated about HIV and AIDS, they can become dispersal agents for the spread of HIV in society (Bigala *et al.*, 2014). They may also be at higher risk of engaging in risky sexual behavior, especially under the influence of alcohol or drugs, misconceptions about the knowledge and severity of HIV and AIDS, or lacking the necessary maturity to handle negative peer pressure (CDC, 2015). Given this context, it becomes crucial to implement and effectively promote and evaluate effective HIV and AIDS intervention strategies among undergraduate university students.

Statement of the Problem

Nigeria currently ranks second in the world with the largest number of people living with HIV. Since the first recorded case in 1985, the infection rate has been on the rise. Among youths, the spread of AIDS is particularly rapid and varies based on sex (male or female). The Nigeria HIV/AIDS Indicator and Impact Survey reported that women between 20-24 years old are three times more likely to have the disease than men. The highest percentage of 3.3% is seen in women aged 35-39, and among men, it is in the age group of 50-54. Despite ongoing global efforts to reverse the trend of infection, Nigeria still faces challenges due to issues such as fear of stigma, marital disharmony, risk factors, the incurable nature of the disease, and the cost of treatment. The rate of HIV/AIDS infection among undergraduates is alarmingly high. Many students were negative before entering higher institutions, but due to interpersonal relationships and exposure to new environments, some were influenced to engage in sexual acts with infected individuals, resulting in HIV/AIDS infection. The HIV/AIDS pandemic has reached an alarming rate, with governments of all nations seeking ways to control the menace. Therefore, a detailed research study is crucial to examine the attitude of students in tertiary institutions towards the disease. The study aims to identify the major modes of HIV/AIDS transmission, assess the level of awareness of the disease among students at Ekiti State University (EKSU), investigate the attitude of students towards HIV/AIDS, and suggest necessary ways to reduce the pandemic among students and the entire country.

Purpose of the Study

The general purpose of this research study is to examine the attitude of students in tertiary institutions towards

HIV/AIDS, focusing on Ekiti State University, Ado Ekiti (EKSU). The specific aims of the study are to:

1. Identify the major modes of HIV/AIDS transmission.
2. Access the level of awareness of the disease among students of EKSU.
3. Investigate the attitude of students in tertiary institutions towards HIV/AIDS.
4. Suggest necessary ways to reduce the prevalence of HIV/AIDS among students and the entire population in Nigeria.

Research Questions

The following research questions were raised:

1. What are the major modes of HIV/AIDS transmission?
2. Is the attitude of Ekiti State University students towards HIV/AIDS infected persons positive or negative?

LITERATURE REVIEW

Human Immunodeficiency Virus (HIV) is responsible for causing Acquired Immunodeficiency Syndrome (AIDS). This virus attacks and weakens the immune system by infecting immune cells and impairing their function. As the immune system deteriorates, it becomes unable to effectively combat infections and diseases, leading to what is known as “immune deficiency.” Severe immunodeficiency leaves individuals susceptible to “opportunistic infections,” which exploit the weakened immune system. The timeline of HIV progression can vary among individuals. If left untreated, most people infected with HIV will develop HIV-related symptoms within 5–10 years, although it can occur sooner. The period between HIV acquisition and an AIDS diagnosis is typically between 10–15 years, but it may take longer. Antiretroviral therapy (ART) can slow disease progression by inhibiting viral replication and reducing the amount of virus in the infected person’s blood (referred to as “viral load”).

Scientists have identified a species of chimpanzee in Central Africa as the source of HIV infection in humans. It is believed that the chimpanzee’s version of the immunodeficiency virus (called simian immunodeficiency virus, or SIV) was transmitted to humans and mutated into HIV when humans hunted these chimpanzees for meat and came into contact with their infected blood. Research suggests that HIV may have crossed from apes to humans as far back as the late 1800s. The virus gradually spread across Africa and later to other parts of the world, and it has been known to exist in the United States since at least the mid to late 1970s. AIDS represents the final stage of HIV infection when the body’s immune system is severely damaged due to the virus. In the United States, effective use of HIV medication can prevent the development of AIDS in most people with HIV. AIDS is diagnosed when a person’s CD4 cell count falls below 200 cells per cubic millimeter of blood (200 cells/mm³). (In individuals with a healthy immune system, CD4 counts range between 500 and 1,600 cells/mm³.) Additionally,

individuals can develop one or more opportunistic infections, irrespective of their CD4 count. Without HIV medication, people with AIDS typically survive for about 3 years, but once they develop a dangerous opportunistic illness, life expectancy without treatment drops to approximately 1 year. However, HIV medicines can still be effective and even lifesaving during this stage of HIV infection. The disease progresses through several stages of development.

Stages of HIV Development and Transmission Patterns

Stage 1: Acute HIV Infection

Within 2 to 4 weeks after HIV infection, individuals may experience flu-like symptoms lasting for a few weeks. This phase is known as acute HIV infection, during which the virus is highly contagious and present in significant amounts in the blood. People might not be aware of their infection as symptoms may not appear immediately. Tests like antigen/antibody or nucleic acid (NAT) tests are required to diagnose acute infection.

Stage 2: Clinical Latency (HIV inactivity or dormancy)

Also referred to as asymptomatic HIV infection or chronic HIV infection, this stage is characterized by low levels of active HIV replication. Many individuals may not exhibit any symptoms during this phase, which can last for a decade or longer without treatment. However, those on antiretroviral therapy (ART) can remain in this stage for several decades. It's important to note that HIV transmission is still possible during this period. Nevertheless, individuals who consistently take HIV medication, maintain an undetectable viral load, and stay virally suppressed pose virtually no risk of transmitting HIV to their HIV-negative partners.

Stage 3: Acquired Immunodeficiency Syndrome (AIDS)

AIDS is the most severe phase of HIV infection, marked by severely damaged immune systems. People with AIDS are susceptible to opportunistic illnesses due to their weakened immunity. Without treatment, individuals with AIDS typically survive about 3 years. Symptoms may include chills, fever, sweats, swollen lymph glands, weakness, and weight loss. A diagnosis of AIDS is made when the CD4 cell count falls below 200 cells/mm³ or when certain opportunistic illnesses occur. People with AIDS may have a high viral load and be highly infectious.

HIV Transmission Patterns in Turkey

In Turkey, HIV/AIDS cases have been increasing, with the majority of infections transmitted through heterosexual relationships. The number of cases is highest among individuals aged 20-39. In 2013, heterosexual intercourse accounted for 46.1% of cases, followed by homosexual intercourse and intravenous drug use. Studies indicate that approximately 13.3% of respondents have engaged in at least one high-risk sexual behavior, including unprotected sex. A significant number of women acquired HIV from their husbands.

Efforts to combat the HIV epidemic are ongoing, with antiretroviral therapy significantly reducing disease progression and transmission rates. Regular testing, awareness, and prevention strategies are essential to curbing the spread of HIV/AIDS and ensuring the well-being of those living with the virus.

Causes and Effects of HIV/AIDS

HIV is a virus that can spread through sexual contact, blood, or from mother to child during pregnancy, childbirth, or breast-feeding. It targets the immune system's CD4 T cells, weakening the body's ability to fight diseases. When the CD4 T cell count falls below 200, AIDS is diagnosed. HIV transmission can occur through various routes:

Sexual Contact

HIV can spread through vaginal, anal, or oral sex with an infected partner, especially if there are mouth sores or tears in the rectum or vagina.

Blood Transfusions

Although rare, HIV can be transmitted through blood transfusions. Blood banks now screen for HIV antibodies, reducing this risk significantly.

Sharing Needles

Sharing contaminated needles and syringes during intravenous drug use puts individuals at high risk of HIV and other infectious diseases.

Mother-to-Child Transmission

Infected mothers can pass the virus to their babies during pregnancy, delivery, or breast-feeding. Treatment during pregnancy can lower the risk significantly.

The Effects of HIV/AIDS are Profound Weakened Immune System

HIV infection weakens the immune system, making individuals more susceptible to infections and certain cancers.

Opportunistic Infections

Common HIV-related infections include Tuberculosis (TB), Cytomegalovirus, Candidiasis, Cryptococcal meningitis, and Toxoplasmosis.

Cancers

HIV/AIDS can lead to Kaposi's sarcoma and Lymphoma, among other cancers.

Young people's involvement in HIV/AIDS awareness and prevention is crucial due to their influence on peer groups and their receptiveness to information. Factors such as socio-economic status, media exposure, and parental education impact young people's knowledge and attitudes towards HIV/AIDS. Mass media, including the internet and satellite, can increase awareness but also propagate harmful cultural practices. To combat the

spread of HIV/AIDS, there should be a collective effort involving media, NGOs, politicians, and religious leaders. In summary, combating HIV/AIDS requires a comprehensive approach involving education, media campaigns, and community support. By raising awareness and promoting prevention, we can reduce the spread of HIV and its devastating effects on individuals and society.

Prevention of HIV/AIDS

Preventing HIV infection is crucial since there is no vaccine or cure for AIDS. However, one can take steps to protect oneself and others from HIV transmission. Here are some important prevention measures:

Use Condoms

Every time you engage in anal or vaginal sex, use a new condom. Women can use female condoms as an alternative. Ensure the lubricant used is water-based, as oil-based lubricants can weaken condoms and cause breakage.

Consider Truvada

For individuals at high risk of sexually transmitted HIV infection, the drug emtricitabine-tenofovir (Truvada) can be used. It reduces the risk, but it's essential to take it every day. Keep in mind that Truvada does not prevent other sexually transmitted infections (STIs), so practicing safe sex is still necessary. If you have hepatitis B, consult an infectious disease or liver specialist before starting this therapy and undergo a kidney function test.

Inform Sexual Partners

If you have HIV, it's crucial to disclose your status to all current and past sexual partners. They should be informed so that they can get tested.

Use Clean Needles

If you use needles for drug injection, ensure they are sterilized. Seek help for drug use to protect yourself from HIV and other health risks associated with drug use.

Medication During Pregnancy

If you are pregnant and have HIV, it's essential to receive treatment. Without proper intervention, HIV can be transmitted to the baby during childbirth or breastfeeding. Proper treatment during pregnancy can significantly reduce the risk of mother-to-child transmission. Preventing HIV infection requires individual responsibility and proactive measures to protect oneself and others. By following these prevention guidelines, we can work together to reduce the spread of HIV and create a healthier, safer community.

METHODOLOGY

Research Design

This study adopts a descriptive research design, aiming to collect data through questionnaires to address research questions and test hypotheses. The questionnaire

facilitates detailed information gathering from students.

Sampling and Sampling Technique

The population for this study includes all students in Ekiti State University, Ado Local Government Area, Ekiti State. The researchers employed a case study sampling technique and selected students through simple random sampling. From each of the eight faculties in Ekiti State University, Ado Local Government Area, Ado-Ekiti, twenty students were randomly chosen using simple random technique.

Research Instrument

A self-constructed questionnaire was used to investigate the attitude of tertiary institution students towards HIV/AIDS and collect data for the study. The questionnaire comprised three sections: A – gathering student bio-data, B – focusing on the causes of HIV/AIDS, and C – addressing students' attitudes towards HIV/AIDS.

Validity of the Instrument

To ensure comprehensibility, all challenging words in the questionnaire were made accessible to respondents. Additionally, an expert in test and measurement assessed the instrument for face and content validity, ensuring the relevance, language, clarity, and suitability of the items.

Administration of the Instrument

The researcher personally administered the questionnaires to the respondents. Before distributing the questionnaires, the researcher established rapport with the students and explained the purpose of the study. Students were encouraged to seek clarification on any unclear areas. Subsequently, the questionnaires were collected promptly to prevent removal.

Data Analysis

The collected data were analyzed using frequency counts and percentages for demographic variables. For hypothesis testing, the t-test was employed as suitable for each hypothesis. All hypotheses were tested at a significance level of 0.05. The data analysis process allowed for comprehensive insights into the attitude of students towards HIV/AIDS, contributing to a better understanding of the research topic.

RESULTS AND DISCUSSION

This chapter presents the results and summary of the findings. The data collected for the study were analyzed using descriptive statistics, t-test. The results are presented in the tables below.

RESULTS

Table 1 below shows the gender distribution of the

Table 1: Gender Distribution of the Respondents

Gender	Frequency	Percentage (%)
Male	75	46.9
Female	85	53.1
Total	160	100.0

respondents. It shows that 75 respondents are male which represent the 46.9% of the entire population while female are 85 in number which represent 53.1% of the total respondents. This implies that there are more female than male used in the study.

Table 2: Age Distribution of the Respondents

Age Range	Frequency	Percentage (%)
16-21 years	45	28.1
22-26 years	76	47.5
27 years and above	39	24.3
Total	160	100

Table 3: Religion Distribution of the Respondents

Religion	Frequency	Percentage (%)
Christianity	89	55.6
Islam	71	44.4
Traditional	0	0.0
Total	160	100.0

Table 2 reveals the frequency distribution of the respondent's age. It shows that the respondents between the age range of 16-21 years are 45 in number which represent 28.1%. Those between age range of 22-26 years are 76 which represent 47.5%, while those between age ranges of 27 years and above are 39, representing 24.3% and the lowest number of the entire population.

Table 3 shows the frequency distribution of the respondents' religion. It reveals that 89 respondents are Christians which represent 55.6% and 71 respondents representing 44.4% percent are Muslims while there are no respondent in traditional religion.

Table 4 shows the frequency distribution of the respondents' family types. It reveals that 124 respondents

Table 4: Family Distribution of the Respondents

Family	Frequency	Percentage (%)
Monogamous	124	77.5
Polygamous	36	22.5
Total	160	100.0

are Christians which represent 77.5%, 36 respondents representing 22.5% percent are polygamous.

Table 5 shows the frequency distribution of the respondents' faculties. It reveals that the respondents are equally distributed across the different faculties of the University. According to the table, 20 respondents are from Education representing 12.5%, 20 respondents are from Art representing 12.5%, 20 respondents are from Social science representing 12.5%, 20 respondents are from Sciences representing 12.5%, 20 respondents are from College of medicine representing 12.5%, 20 respondents are from Agricultural science representing 12.5%, 20 respondents are from Engineering representing 12.5%, 20 respondents are from Management

Table 5: Faculty distribution of the respondents

S/N	ITEM	Frequency	Percentage (%)
1	Education	20	12.5
2	Art	20	12.5
3	Social science	20	12.5
4	Sciences	20	12.5
5	College of medicine	20	12.5
6	Agricultural science	20	12.5
7	Engineering	20	12.5
8	Management science	20	12.5
	Total	160	100

science representing 12.5%,

The table 6 below shows that 36.8% of the respondent strongly agreed (SA), 28.1% agreed (A), 21.1% disagreed (D) and 13.7% strongly disagreed (DA) that an healthy looking person can become infected with HIV, 36.2% of the respondent strongly agreed, 28.7% agreed, 18.7%, disagreed, 16.2% strongly disagreed that one can get infected through sexual intercourse without condom, 38.7% of the respondent strongly agreed, 30.6% agreed, 22.5.7%, disagreed, 8.1.2% strongly disagreed that sharing needles among users can make one infected, 45.0% of the respondent strongly agreed, 36.6% agreed, 11.8%,

Table 6: What are the major modes of HIV/AIDS transmission scale

S/N	ITEM	SA		A		DA		SD	
		F	%	F	%	F	%	F	%
1	An healthy looking person can become infected with HIV	59	36.8	45	28.1	34	21.2	22	13.7
2	One can get infected through sexual intercourse without condom	58	36.2	46	28.7	30	18.7	26	16.2
3	Sharing needles among users can make one infected	62	38.7	49	30.6	36	22.5	13	8.1
4	Receiving blood from HIV infected person can spread the virus	72	45.0	59	36.8	19	11.8	10	6.25
5	Infected mother can transfer HIV to child during delivery or breastfeeding	70	43.7	61	38.1	20	12.5	9	5.6
6	Inadequate sex education can cause rapid spread of HIV/AIDS on campus	69	43.1	62	38.7	20	12.5	9	5.6
7	Sharing food with an infected can make one infected	70	43.7	61	38.1	20	12.5	9	5.6

Note: SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree

Table 7: Is the attitude of Ekiti State University students towards HIV/AIDS infected person positive or negative scale

S/N	ITEM	SA		A		DA		SD	
		F	%	F	%	F	%	F	%
1	I do get myself controlled when I feel sex urge	62	38.7	49	30.6	36	22.5	13	8.1
2	I always feel empathetic towards people living with HIV/AIDS	70	43.7	61	38.1	20	12.5	9	5.6
3	Those infected with HIV/AIDS need social support from everyone around them	62	38.7	50	31.2	36	22.5	12	7.5
4	It is not good to discriminate against people living with HIV/AIDS	59	36.8	45	28.1	34	21.2	22	13.7
5	It is not good to stigmatize those having HIV/AIDS	69	43.1	62	38.7	20	12.5	9	5.6
6	It is not all who got infected is guilty of sexual crime	58	36.7	46	28.7	30	22.5	26	16.0

disagreed, 8.1% strongly disagreed that receiving blood from an HIV infected person can spread the virus, 43.7% of the respondent strongly agreed, 36.6% agreed, 11.8%, disagreed, 8.1% strongly disagreed lack of adequate sex education can cause rapid spread of HIV/AIDS on campus, 43.1% of the respondent strongly agreed, 36.6% agreed, 11.8%, disagreed, 8.1% strongly disagreed that sharing food with an infected can make one infected. The table 7 above shows that 38.7% of the respondent strongly agreed, 30.6% agreed, 22.5%, disagreed, 8.1% strongly disagreed that I am willing to live with people with HIV in the same community, 43.7% of the respondent strongly agreed, 38.1% agreed, 12.5%, disagreed, 5.6% % strongly disagreed that Being I always feel empathetic towards people living with HIV/AIDS. 38.7% of the respondent strongly agreed, 31.2% agreed, 22.5%,

disagreed, 7.5% strongly disagreed that those infected with HIV/AIDS need social support from everyone around them, 36.8% of the respondent strongly agreed, 28.1% agreed, 21.2%, disagreed, 13.7% strongly disagreed that it is not good to discriminate against people living with HIV/AIDS, 43.1% of the respondent strongly agreed, 38.1% agreed, 12.5%, disagreed, 5.6% strongly disagreed that it is not good to stigmatize those having HIV/AIDS, 36.7% of the respondent strongly agreed, 28.1% agreed, 22.5%, disagreed, 16.0% strongly disagreed that it is not all who got infected is guilty of sexual crime,

Testing of Hypothesis

Hypothesis 1

Lack of sex education will significantly influence the attitude of tertiary students towards HIV/AIDS in Ekiti

Table 8: T-test between Lack of sex education and attitude of tertiary students towards HIV/AIDS

S/N	Variables	N	M	SD	t	Df	p	Remark
1	Lack of sex education	160	1.51	.726	8.9	159	0.01	Significance
2	Attitude of tertiary students to HIV/AIDS	160	1.56	.578				

Level of significance $\alpha = 0.05$

State University, Ado-Ekiti. Table 8 shows the t-test between Lack of sex education and attitude of tertiary students towards HIV/AIDS. According to the table 8 ($t = 8.9, p=0.01$), the alternate hypothesis is accepted. This implies that lack of sex

education will significantly influence the attitude of tertiary students towards HIV/AIDS.

Hypothesis 2

Lack of self control will significantly influence the attitude of

Table 9: T-test between Lack self control and attitude of tertiary students towards HIV/AIDS

S/N	Variables	N	M	SD	t	Df	p	Remark
1	Lack self control	160	1.56	.50	2.4	159	0.015	Significance
2	Attitude of tertiary students towards HIV/AIDS	160	1.8	.90				

Level of significance $\alpha = 0.05$

tertiary students towards HIV/AIDS. Table 9, t-test between Lack self-control and attitude of tertiary students towards HIV/AIDS. As shown in the table ($t = 2.4; p=0.015$), an alternate hypothesis is accepted. This suggests that lack of self-control will significantly influence the attitude of tertiary students towards HIV/AIDS.

study shows that 46.9% (75) of the entire population are male while the remaining 53.1% (85) are female, thus indicating that there are more female than male used in the study (Table 1). However, only 28.1% (45) of them are within the 16-21 years age group, 47.5% (76) fall in the 22-26 year age bracket while the least population 39 (24.3%) are from students from 27 years and above (Table 2). Similarly, the frequency distribution of the respondents' religion in Table 2 indicates that 55.6% (89), 44.4% (71) and 0 respondents are Christians, Muslims

RESULTS AND DISCUSSION

The gender distribution of the respondents used in this

and Traditional worshippers respectively. Furthermore, monogamous type of family is practiced by 77.5% (124) of the respondents and the other 22.5% (36) have polygamous family type (Table 4) which can affect their attitude towards sex and hence HIV/AIDS. Though equal numbers of respondents were selected across all faculties (Table 5), but the results show that 36.8%, 28.1%, 21.1% and 13.7% respectively strongly agreed (SA), agreed (A), disagree (D) and strongly disagree (SD) that an healthy looking person can become infected with HIV (Table 6). However, 36.2% of the respondent SA, 28.7% A, 18.7% D and 16.2% SA that one can get infected through sexual intercourse without condom. According to the Table 6, the total numbers of the correspondent that SA, A, D and SD that sharing needles among users can make one infected are 38.7%, 30.6%, 22.5.7% and 8.1.2% respectively. In addition, 45.0% of the respondent SA, 36.6% A, 11.8% D and 8.1% SD that receiving blood from an HIV infected person can spread the virus while 43.7%, 36.6%, 11.8%, 8.1% of them SA, A, D and SD respectively that lack of adequate sex education can cause rapid spread of HIV/AIDS on campus. Also, 43.1% of the respondent SA, 36.6% A, 11.8% D and 8.1% SD that sharing foods with an infected can make one infected. Similarly, the table 7 shows that 38.7% of the respondent SA, 30.6% A, 22.5% D and 8.1% SD that I they are willing to live with people with HIV in the same community. Also, 43.7%, 38.1%, 12.5% and 5.6% are those that SA, A, D and SD respectively that they feel empathetic towards people living with HIV/AIDS. The results further suggests that 38.7% of the respondent SA, 31.2% A, 22.5% D and 7.5% SD that those infected with HIV/AIDS need social support from everyone around them while 36.8% of the respondent strongly agreed, 28.1% agreed, 21.2%, disagreed and small population of 13.7% % strongly disagreed that it is not good to discriminate against people living with HIV/AIDS. This findings reveal that the respondent that SA, A, D, SD that it is not good to stigmatize those having HIV/AIDS are 43.1%, 38.1%, 12.5% and 5.6% respectively. Further investigation shows that 36.7% of the respondent strongly agreed, 28.1% agreed, 22.5% disagreed and 16.0% strongly disagreed that it is not all who got infected is guilty of sexual crime. Table 8 implies that lack of sex education will significantly influence the attitude of tertiary students towards HIV/AIDS while the results shown in Table 9 suggest that lack of self control will significantly influence the attitude of tertiary students towards HIV/AIDS.

Summary

This research aimed to explore the attitude of students towards HIV/AIDS at Ekiti State University, Ado-Ekiti. The population of the study comprised students from the university, and 160 students were selected as respondents through a simple random sampling technique. Questionnaires were used as the research instrument to collect relevant data for the study. The research design employed both descriptive and inferential survey methods.

CONCLUSION

Based on the study's results, it can be concluded that the causes of HIV/AIDS include unprotected sex, prostitution, and pre-marital sexual activities. The symptoms may include coughing, sneezing, swollen lymph nodes, rashes, among others. Although there is no permanent cure for HIV/AIDS, there are effective management and treatment methods that allow those living with the condition to remain healthy. Regular testing for HIV/AIDS is crucial for better health management, allowing individuals to take appropriate measures based on their status.

RECOMMENDATIONS

Drawing from the study's findings, the following recommendations are made:

1. Students who find it difficult to control their sexual urges should use condoms to protect themselves from HIV/AIDS. It is essential for their attitudes towards HIV/AIDS to change positively. Moreover, they should be cautious about blood transfusions and avoid using unsterilized sharp objects like needles that have been previously used by others.
2. The government should intensify the dissemination of information about HIV/AIDS through educational programs. Raising awareness and educating the public on prevention and management can contribute to reducing the spread of the virus.
3. Nigerian students should be encouraged to undergo regular HIV/AIDS blood tests to know their status. Overcoming the fear of stigmatization and discrimination associated with testing is crucial for early detection and better management.
4. Nigerian students should stay away from risky behaviors that could increase their chances of contracting HIV/AIDS. Being informed and making responsible choices can significantly reduce the risk of infection.

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