

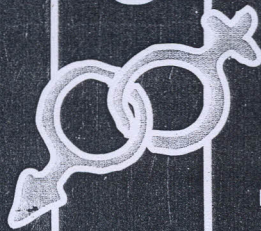
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Gender & Behaviour

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EDITORIAL

With this Volume Ten Number One, 2012 we have maintained our younger journal: Gender & Behaviour for a decade. The Twenty articles that make this issue are from every corner of the world, all aimed at illuminating the gender and behaviour studies terrain. In December 2012, we shall publish the Volume 10, Number 2 with our DECADE INDEX of Gender & Behaviour.

I am greatly beholden to Matthew Olasupo (Manager) who has been a great inspiration to me. We congratulate all the stakeholders of our efforts. God will bless you. We say a big thank you to all our wellwishers.

Sincerely yours,

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The Viagra Revolution

The three pills;

Cialis(tadalafil),

Viagra(Sildenafil), and

Levitra(Vardenafil) have

revolutionalized the treatment

of erectile disorder over the

past decade

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Socio-Demographic Variables as Predictors of Knowledge, Attitude and Behaviour of Undergraduates in Reproductive Health and HIV Prevention

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Abstract

Reproductive health problems and HIV and AIDS continue to be a major public health problem affecting mostly the youths. Consequently, various interventions have been used to reach young people with the aim of preventing the spread of HIV. The purpose of this study is to find out the contributions of undergraduate students' demographic variables in facilitating their knowledge of reproductive health including HIV and AIDS issues, change in attitudes and behaviour towards the prevention of HIV. A sample of 1,036 undergraduates, 548 male and 488 female students was involved in the study. The sample was drawn from three old generation federal universities located in the South-west, Nigeria. An instrument which comprised of four Sections was used to collect data for the study. Regression analysis was used to analyse the data collected, and multiple regression analysis of variance (ANOVA). Beta weights and t-test were used to test the level of significance. The six socio-demographic variables (course of study, level, marital status, age, religion, gender) jointly account for 6% of the total variance in undergraduates' knowledge of reproductive health, HIV Prevention Issues, Attitudes and behaviours. Course of study, marital status and age of respondents contributed significantly to undergraduates' knowledge of reproductive health including HIV and AIDS issues, change in attitudes and behaviour towards HIV prevention.

Key words: HIV prevention, Behaviour, Attitudes, University students, Nigeria

Background

The global prevalence of HIV and AIDS shows that an estimated 39.5 million people were living with HIV at the end of 2006, with 4.3 million people new infected with the virus. At the end of 2007, there were 22.0 million people living with HIV in Sub-Saharan Africa, and 45% of new infection occurred in young people aged 15-24 years. In Nigeria, an estimated 2.6 million people are living with HIV. Even though there is a decrease in the

prevalence rate of HIV infection worldwide, the pandemic continues to pose serious challenges to individuals, families, communities and the nations, more so, with new infections commonly found among young people aged 15-24 years (UNAIDS/WHO, 2008).

Young people are particularly affected because many of them participate in risky activities including unprotected sex with multiple partners. The situation is worse in developing countries where many factors contribute to their risk for sexual and reproductive health problems such as Sexually Transmitted Infections (STIs), early pregnancy and its negative health consequences. Young people are disproportionately affected by factors that increase their vulnerability to poor sexual and reproductive health. For example, due to their physiological make up, adolescent girls are more susceptible to STIs and HIV infection than adolescent boys. Age and gender differences, early marriage and poverty in particular, influence sexual behaviour of young people (Dehne & Reidner, 2005; Marston & King, 2006; Brown, Jéjeehboy, Shah & Yount, 2001; UNAIDS/WHO, 2004). Early marriage for girls and the wide age difference between them and their male partners could increase the possibility of sexual coercion and reduce her skill of negotiation. Also, due to poverty, young girls are forced into prostitution as a means of livelihood (WHO, 2002). Other factors documented to contribute to young people's risks for sexually transmitted infections including HIV are risky sexual behaviour (UNAIDS/WHO, 2004), incorrect and incomplete information (Osotimehin, 2006), poor access to youth friendly services (ARFH, 1998), and attitudes and low perception of risks (Falaye, 2008).

As a formidable human resource and recognizing the risks they face, various interventions have targeted the young people in different settings. Most of such programmes are commonly implemented in schools where large number of students can be reached (ARFH, 1998); and out of school communities to reach young people who are not in the regular school setting (Ajuwon, Titilaye & Oshiname, 2008; ARFH, 1998). Awareness creation in different settings on sexual and reproductive health including HIV and AIDS is also supported with clinical service provision, which need to be available, accessible, and acceptable and appropriate (Bearinger, Sieving, Ferguson & Sharma, 2007).

Clark, Fiedrick, Ndiou, Neilands and McFarland (2006) for instance trained professional soccer players to provide HIV education for 7th grade boys and girls in Bulawayo, Zimbabwe. Ajuwon, et. al (2008) promoted the use of Voluntary Counselling and Testing (VCT) services among secondary school students and apprentices in selected locations in Ibadan, Nigeria with the use of trained peer educators. In addition, the Association for

Reproductive and Family Health targeted in-school youth and out-of-school apprentices in motor spare part trade, hair dressers, fashion designers and pharmacy assistants with information on reproductive health backed up with clinical service provision at a youth friendly centre and a satellite clinic.

With varying degree of success most of the key strategies for health promotion and prevention of HIV include sexuality education programmes that provided information for improved knowledge, attitudinal change and behaviour modifications as well as skills development. This is in congruence with Oppenheim's (1966) viewpoint that attitudes are reinforced by beliefs.

Evidences abound on the promotion of more positive students' attitudes towards school subjects with improved knowledge (Adesoji, 2000; & Falaye; 2004). Nevertheless, in health related issues, the picture is not too clear about the influence of knowledge on attitudes and behaviour. For instance, in the Steil, Lorenzo and Sydnamar (2010)'s study carried out in the US; predictors of negative attitudes towards environmental tobacco smoke were knowledge and smoking status. Income and gender were other predictors of attitudes, while preventive behaviours were predicted by attitudes and age.

A study carried out in Edo State, Nigeria, revealed that educational attainment improved attitudes of women towards the abolition of Female Genital Mutilation (Chinwe, undated) whereas, in Sudan; Makki and Faith (2004) found that despite high level of education and economic status of families, 73% of female respondents were circumcised. Similarly, Numale and Azure (2008) found no correlation between students' awareness of Voluntary Counselling and Testing (VCT) and respondents' readiness to uptake VCT services. This finding is consistent with the view of Osotimehin (2006) who remarked that despite the high level of awareness about HIV and AIDS, it is yet to translate into appreciable behavioural changes among youths in Nigeria. According to Irwin, Millen and Fallois (2003), understanding how to control the spread of HIV is limited if only individuals' risk factors are considered while neglecting the socio-economic factors that drive the pandemic.

Even though the relationships among knowledge, attitudes and gender have also been widely studied across various disciplines (Adesoji, 2000; Falaye & Ayoola, 2006), with inconsistent findings, not much has been recorded on factors responsible for variations in knowledge of reproductive health, HIV prevention issues, attitudes and behaviour particularly among undergraduates. It is, therefore, hypothesized in this study, that some socio-demographic variables of undergraduates

contribute to predicting their knowledge, attitudes and behaviour towards the prevention of HIV.

Purpose of the Study

This research sought to find out the contributions of university undergraduate students' socio-demographic variables (course of study, level, marital status, age, religion, gender) in predicting their knowledge about sexual and reproductive health including HIV and AIDS issues; change in attitudes and improved behaviour towards the prevention of HIV.

Research Questions

1. What are the composite and relative contributions of socio-demographic variables to predict undergraduates'
 - a) knowledge of Reproductive Health;
 - b) knowledge of HIV and AIDS issues;
 - c) attitudes towards HIV Prevention;
 - d) behaviour related to reproductive health and HIV prevention.
2. Which of the socio-demographic variables is most influential in predicting students'
 - a) knowledge of Reproductive Health?
 - b) Knowledge of HIV and AIDS issues?
 - c) Attitude towards HIV prevention;
 - d) Behaviour related to reproductive health and HIV prevention.

Methods

Research Design

The study adopted a survey research type using the predictive approach

Sample

A sample of 1,036 undergraduates, 548 male and 488 female students, aged between 17 and 31 years old was involved in the study. The sample was drawn from three old generation federal universities located in the South-west, Nigeria.

Instrument

A 47-item questionnaire was used for data collection. The questionnaire was divided into four sections for ease of administration, coding and analysis. Section A consists of 25 items measuring the knowledge of reproductive health, and HIV and AIDS issues. Section B consists of 12 Likert type items to measure the attitude of participants while Section C contains 10 items on behaviour and practices related to reproductive Health and HIV and AIDS issues. Section D sought information on the socio-demographic characteristics of participants. The Cronbach's alpha 0.85 indicate the level of reliability of the questionnaire.

Procedure for Data Collection

Six research assistants, two for each study site, assisted with data collection. Prior to the field work, the researchers visited the study sites and permission was sought from the Deans of Student Affairs of the universities. The students were informed that the data will be used strictly for research purposes, and information provided will be kept confidential. Students were served with copies of the questionnaire in their lecture halls/rooms and were returned immediately after completion. This ensured high rate of return. Participation was voluntary.

Data Analysis

Regression analysis was used to analyse the data collected and regression analysis of variance (ANOVA), Beta weights and t-test were used to test the level of significance.

Results

The results in Table 1a show the joint contribution of the independent variables (course of study, level, marital status, age, religion and gender) to predict the undergraduates' knowledge of reproductive health. The six socio-demographic variables jointly accounted for 6% of the total variance in predicting undergraduates' knowledge of reproductive health. With a multiple correlation (R) of 0.255, and adjusted R^2 of .060, the joint contribution of the socio-demographic variables to the prediction of undergraduates' knowledge of reproductive health is significant at the 0.05 level of significance ($F_{11,931}$; $P < 0.05$)

Table 1a

Regression summary and estimates of the joint and relative contributions of socio-demographic variables to undergraduates' knowledge of Reproductive Health

Multiple R = .255 R² = 0.65
Adjusted R = .060 S.E. = 4.244

Source of Variation	SS	Df	MS	F	Sig.
Regression	1289.430	6	214.905	11.931	.000*
Residual	18534.508	1029	18.012		
Total	19823.938	1035			

The parameter estimates of the relative contribution of the six socio-demographic variables to predict the undergraduate knowledge of reproductive health show that there is significant relative contribution of course of study ($\beta = .225$; $t = 7.242$; $P < 0.05$), marital status ($\beta = -.082$; $t = 2.161$; $P < 0.05$) and Age ($\beta = .107$; $t = 3.044$; $P < 0.05$) on Knowledge of reproductive health. On the other hand, there is no significant contribution of students' level, religion and gender on undergraduates' knowledge of reproductive health (Table 1b)

Table 1b

Regression estimates of the relative contributions of socio-demographic variables to the prediction of undergraduates' knowledge of Reproductive e Health

Variable	B	Std. E	Beta	T	Sig.
Constant	3.278	.513		6.391	.000
Course of Study	.469	.065	.225	7.242	.000*
Level	.001	.001	.049	1.557	.120
Marital Status	-1.043	.483	-.082	-2.161	.031*
Age	.051	.017	.107	3.044	.002*
Religion	.098	.297	.011	.330	.742
Gender	-.119	.249	-.016	-.479	.632

The composite contribution of the independent variables to predict the students knowledge of HIV and AIDS issues as indicated in Table 2a revealed that the variables jointly accounted for 6.8% of the total variance in the prediction of the undergraduates' knowledge of HIV and AIDS issues ($R = .272$; R square = .074; Adjusted R square = .068; $F_{6,1029} = 13.664$. The joint contribution to the prediction is significant at 0.05 level of significance.

Table 2a
Regression summary and estimates of the composite contributions of socio-demographic variables to the prediction of undergraduates' knowledge of HIV and AIDS issues

		Multiple R = .272		F = .074	
		Adjusted R = .068		Sig. = 5.055	
Source of Variation	SS	Df	MS	F	Sig.
Regression	1289.430	6	214.918	13.664	.000*
Residual	18534.508	1029	18.055		
Total	19823.938	1035			

For the individual contributions shown in Table 2b, course of study ($\beta = .160$; $t = 5.163$; $P < 0.05$), age ($\beta = .100$, $t = 2.865$; $P < 0.05$); and gender ($\beta = .073$; $t = 1.413$; $P < 0.05$) made a significant contributions to the prediction of the undergraduates' knowledge of HIV and AIDS issues while their level, marital status and religion made no significant contribution to the prediction at the 0.05 level of significance.

Table 2b
Regression estimates of the relative contributions of socio-demographic variables to the prediction of the undergraduates' knowledge of HIV and AIDS issues

Variable	Unstandardised Beta	Std. Error	Standardised Beta	T	Sig.
Constant	23.003	.611		37.647	.000
Course of Study	.398	.077	.160	5.163	.000*
Level	.001	.001	.031	.993	.321
Marital Status	.610	.575	.040	1.061	.289
Age	.057	.020	.100	2.865	.004*
Religion	.500	.354	.046	1.413	.158
Gender	.657	.296	.073	2.219	.027*

The regression analysis yielded coefficient of multiple regression (R) of .420; R square of .177 and adjusted R square of 0.172. The $F_{6,1029}$ ratio of 36.819 is significant at the 0.05 level. The results indicated that the six socio-demographic variables taken together accounted for 17.2% of the total variance in the prediction of the undergraduates' attitudes towards HIV and AIDS issues (Table 3a).

Table 3a
Regression summary and estimates of the composite contributions of socio-demographic variables to the prediction of undergraduates' attitudes towards HIV Prevention issues

Source of Variation	Multiple R = .420		R ² = .177		
	SS	df	MS	F	Sig.
Regression	10321.823	6	1720.304	36.819	.000*
Residual	48078.697	1029	46.724		
Total	58400.520	1035			

Adjusted R = .172 S.E. = 6.83547

Table 3b also shows the variables and their unstandardised regression weights with their corresponding standard errors, the Beta (β) coefficients and t-values. Five of the six (6) variables significantly contributed to the prediction of students' attitudes towards HIV issues. These are course of study ($\beta = .112$; $t=3.840$; $P < 0.05$), marital status ($\beta = .191$; $t = 5.385$; $P < 0.05$), Age ($\beta = .103$; $t = 3.121$; $P < 0.05$), religion ($\beta = .104$; $t = 3.431$; $P < 0.05$) and gender ($\beta = .146$; $t = 4.707$; $P < 0.05$). Only students' level did not significantly contribute to the prediction of their attitudes towards HIV prevention at the 0.05 level of significance.

Table 3b
Regression estimates of the relative contributions of socio-demographic variables to the prediction of undergraduates' attitudes towards HIV Prevention issues

Variable	B	Std. E	Beta	T	Sig.
Constant	22.048	.826		26.686	.000
Course of Study	.400	.104	.112	3.840	.000*
Level	-1.001	.002	-.013	-.441	.660
Marital Status	4.186	.777	.191	5.385	.000*
Age	.084	.027	.103	3.121	.002*
Religion	1.641	.478	.104	3.431	.001*
Gender	1.885	.400	.146	4.707	.000*

Table 4a shows that the use of six socio-demographic variables to predict undergraduates behaviour yielded a multiple correlation (R) of .379, R square of .144; Adjusted R = .139. The results show that the independent variables taken together seem to predict the students' behaviour towards HIV related issues ($F_{3,1029} = 28.783$; $P < 0.05$). The variables jointly accounted for 13.9% of the total variance in students' behaviour.

Table 4a
a) Regression summary and estimates of the composite contributions of socio-demographic variables to the prediction of undergraduates' behaviour related to reproductive health and HIV prevention

Source of Variation	Multiple R = .379 Adjusted R = .139		R ² = .144 S.E. = 3.4067		MS	F	Sig.
	SS	Df					
Regression	2092.248	6			48.708	28.783	.000*
Residual	12466.424	1029			2.115		
Total	14558.672	1035					

Similarly, results in the table 4b indicate that all the predictor variables except students' level significantly predicted students' behavior at the 0.05 alpha level. Course of study ($\beta = .101$; $t = 3.406$); marital status ($\beta = .095$; $t = 2.631$); Age ($\beta = .148$; $t = 4.420$); Religion ($\beta = .074$; $t = 2.375$) and gender ($\beta = .155$; $t = 4.924$) significantly contributed to the prediction of undergraduates' behaviour towards HIV issues.

Table 4b
Regression estimates of the relative contributions of socio-demographic variables to the prediction of undergraduates' behaviour related to Reproductive Health and HIV prevention

Variable	B	Std. E	Beta	T	Sig.
Constant	10.121	.421		24.058	.000
Course of Study	.181	.053	.101	3.406	.001*
Level	.001	.001	.051	1.687	.092
Marital Status	1.041	.396	.095	2.631	.009*
Age	.061	.014	.148	4.420	.000*
Religion	.578	.244	.074	2.375	.018*
Gender	1.004	.204	.155	4.924	.000*

Discussion

Findings from this study reveal that the six independent variables jointly predicted undergraduates' knowledge of reproductive health and HIV and AIDS issues, attitudes and behaviour related to HIV prevention.

A progressive increase in the joint contributions of the variables from knowledge of reproductive health (6.0%), knowledge of HIV and AIDS issues (6.8%) to attitudes (12%) is observed, while the contribution of the socio-demographic variables on behaviours related to HIV prevention declined to 3.9%. That is, the socio-demographic variables, taken together, contributed most to the prediction on attitudes out of the four independent variables. This

means that for attitudes to be modified there must be a corresponding knowledge base. This finding confirms the fact that attitudes have a knowledge component (Oppenheim, 1966). However, a decrease in the strength of the socio-demographic variables to contribute to the prediction on behavioural changes is in line with Makki and Faith (2004) and Osotimehin (2006) who reiterated that behavioural changes are not easily achieved in people, especially the youths, notwithstanding the knowledge they may have on the issue.

The beta weights in Tables 1b, 2b, 3b and 4b reveal the relative contributions of the socio-demographic variables considered in this study to the prediction of undergraduates' knowledge of Reproductive Health, knowledge of HIV and AIDS issues, attitudes towards HIV Prevention and behaviour related to reproductive Health and HIV prevention. The most potent predictors of the undergraduates' knowledge of Reproductive Health are their course of study ($\beta = .225$) and age ($\beta = .107$), while the least contributor is marital status ($\beta = -.082$). Similarly, course of study ($\beta = .160$), age ($\beta = .100$) and gender ($\beta = .073$) in descending order predicted the students' knowledge of HIV and AIDS issues.

For attitudes towards HIV prevention issues, marital status ($\beta = .191$) was the most potent predictor, followed by gender ($\beta = .146$). With respect to undergraduates' behaviour towards HIV prevention issues, gender ($\beta = .155$) is the most powerful predictor, followed by age ($\beta = .148$). These findings support a widely held opinion that the level of maturity and responsibility increases with age and marital status. Unexpectedly, religion is the least predictor of undergraduates' behaviour towards HIV prevention issues.

Conclusion and Recommendations

While there has been an increase in the knowledge of HIV and AIDS in the general population, it is necessary to intensify strategies that improve the knowledge base particularly among the young people, with a view to positively influencing their attitudes and modifying their behaviour. However, prevention efforts need be tailored to the different cohorts of Nigeria's young people taking their socio-demographic characteristics into consideration. Strategies aimed at mitigating the impact of HIV and AIDS on the young people are likely to be more effective if their socio-demographic variables are factored into such interventions.

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