

Knowledge of STIs/HIV/AIDS, Risk Perceptions and Condom use among Young People living in the Slums of Ibadan, Nigeria.

Background

Young people are at the centre of the HIV/AIDS epidemic in Nigeria, just as they are in many other countries of the world. An estimated 11.8 million young people aged 15 to 24 are living with HIV/AIDS, and each day nearly 6,000 young people in the same age category are infected with HIV, yet only a fraction of them, know this (UNICEF, 2002). Young people worldwide are particularly susceptible to HIV infection; their behaviour and the services and information they receive go a long way in determining their quality of life (UNAIDS, 2001). Consequently, it is essential to focus on young people in order to stop the spread of the infection.

More than two decades into the epidemic, our data shows the vast majority of young people in Ibadan remain uninformed about sexuality, sexually transmitted infections, and implications for reproductive health. In addition, national policies focussing on the reproductive health of young people are not being implemented. Consequently, young people do not protect themselves because they lack the skills, the support or the means to adopt safer sex behaviours.

Ibadan is the largest urban centre in Oyo State, Nigeria and one of the most extensive indigenous metropolitan areas in sub-Saharan Africa, with a population of about 1.6 million people. Residential patterns show a segregation along the lines of socio-economic status (SES), with the indigenous

populations inhabiting the areas of low SES, and young people dominating the population of the areas.

Methodology

This study was conducted within 8 communities in 2 local government areas in Ibadan, Nigeria. Qualitative and quantitative methods of data collection were employed.



There were 16 focus group discussions with young people of both male and female gender, in the age categories of 15-19 and 20-24 years old. These were complemented with other methods to show knowledge of cause and effect and to identify the key priorities of young people.

Quantitative data was collected using 1,600 questionnaires administered on male and female young people in the same age categories as the focus groups. Data were collected between July and October 2001.

Key Findings

About 45% of the young people living in the slums are out-of-school, and many of those in school (41%) indulge in economic activities to generate income for school fees and to supplement family earnings. Poverty is rife.

- Three quarters of young people are sexually active with most (65%) starting between the ages of 15-19 years. Although only 7% indulged in risky sexual behaviour, most reported that multiple sexual partnerships were very common.

- The HIV awareness campaigns currently being carried out appear to be ineffective, as young people's knowledge regarding STIs/HIV/AIDS remains poor.

- Awareness and knowledge of young people are not linked to behavioural change. The responses to the survey questions appeared to reflect the "socially acceptable" behaviour, but actions were often completely different.

- Awareness of STIs/HIV/AIDS appeared high (99%), but knowledge of sources of infection, signs and symptoms are low.

- Opinion and attitudes about condoms are negative, and knowledge regarding condoms and condom use is extremely low among young people living in slums. Thus, despite the recognition of condoms as effective preventive measures, there are other social, cultural, environmental and economic barriers to their use.

- Young people recognise and prioritise problems in terms of unwanted teen pregnancies, abortion, STIs and termination of education.

- Unlike other studies indicating high influence of peers, young people state that their major sources of STIs/HIV/AIDS information are radio and TV; they also indicate that the best strategy to increase young peoples' knowledge is through health education.

- Parents/guardians do not play an active role in the reproductive health of slum youths.

- Slum communities appear closed, self-sufficient and self-sustaining, thus, young people are constrained to only what the community provides such as visiting traditional healers and herbalists. Youth-friendly services are not in place.

Policy Implications

Some poverty alleviation is necessary to engender reproductive health intervention.

- Parents and adults need to be empowered to contribute positively to the reproductive and sexual health needs of their children and wards

- Sexual and reproductive health programs need to be targeted rather than broad if they are impact on the health of young people.

- This study indicates the need for further operations/intervention research to discover what strategies would work best to improve the sexual and reproductive knowledge, and health of young people living in these very poor slum communities. These include activities targeting policy makers as well as working with parents and young people.

Full Reference:

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