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GENDER DIFFERENCES, KNOWLEDGE AND ATTITUDE OF POLYTECHNICS AND COLLEGES OF EDUCATION STUDENTS TOWARDS FAITH-BASED HIV/AIDS EDUCATION INTERVENTION ON SEXUAL BEHAVIOUR

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Abstract

The obstacles to achieving an AIDS-free generation--and the benefits of this achievement for humanity--make the constructive involvement of religious institutions crucial. In evaluating our AIDS prevention strategy, we should view religion as a potentially powerful tool, particularly in providing relevant knowledge and changing attitudes, albeit a complicated and multifaceted one. We should also remember that a single religion's response to HIV/AIDS is rarely monolithic. Therefore this study, as a part of a larger one, specifically seeks to investigate the gender differences in knowledge and Attitude of selected participants towards the effectiveness of Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education. The Mixed – Method (Survey and Interview) research design was adopted for the study while the sample for the study was two hundred respondents drawn from the two Osun State-owned Polytechnics and Colleges of Education respectively using a multistage sampling technique. The study revealed that female students in the selected institutions have significantly more knowledge (Crit-t = 1.96, Cal.t = 2.091, df = 1163, P < .05 level of significance) about the faith-based approach in preventing HIV/AIDS than their male counterparts. Both male and female genders have a significant positive attitude (F(5,197) = .616, P>.05) towards the faith-based approach in preventing HIV/AIDS. Therefore, organizing awareness campaigns at the school level to focus the youth, using the faith-based female students as peer educators, might be useful in curbing the potential involvement of young students in risky sexual behavior and in preventing HIV/AIDS.

Key words: Gender difference, Faith-Based Approach, HIV/AIDS, Sexual behavior of Polytechnics and Colleges of Education Students.

Introduction

One of the primary objectives of the Faith-Based HIV and AIDS Awareness Programme is to inculcate in young people a general overview of HIV and AIDS, its transmission, prevention, and care, and a healthy and wholesome view about the use of their bodies as God-given gifts according to the Islamic and Christian teachings. It is to encourage the students to practice the religious teachings of their respective parents. If this can be successfully achieved, the rate of HIV infection can be reduced.

Prior to one being infected with the virus that causes AIDS, the basic issues of concern are social and cultural but at the point of HIV infection, the primary issues become medical and psychological in nature. This is a dichotomy that affects the content of intervention strategies at these two stages in the prevention and management of the AIDS crisis. Faith-based approaches have played and still play a dominant role at every stage in the control of the HIV and AIDS pandemic. Before HIV and AIDS became such a societal menace, the faith community had in existence, structures for its prevention and management. The importance of the existing faith structures became evident at the inception of the HIV and AIDS crisis in the early 80s when national responses had not yet evolved (Faith-Based Aids Awareness Initiative - FBAAI, 2012).

If we want to be sincere with ourselves, we must be ready to accept that there is a strong relationship between the breakdown of moral values in our society and the spread of HIV. Therefore, if we can raise the level of morality, the HIV infection rate will reduce accordingly. It could also be true that the current high level of moral decadence particularly among the youth is to be blamed on the declining influence of our religious activities in behaviour change communication. In facing the challenges posed by HIV and AIDS, the religious body has accepted the need to be more proactive in the AIDS battle. Faith-based organizations have attempted to build capacities and understand the magnitude and intricacies of the HIV crisis in order to confront the problem. The gain from these efforts is the reduction in new HIV infection cases, stigma, and discrimination associated with AIDS in society (FBAAI, 2012).

Coleman (2011) observed that in Muslim communities, religious leaders are using Islamic principles to educate adherents about the disease. In Senegal, which has one of the lowest HIV rates in the region, Muslim leaders promote values such as abstinence and fidelity with a view to HIV prevention and "endorse condoms within a marriage if they [are] used for health reasons." Recognizing the potential benefits of involving religion in the fight against AIDS, USAID in Indonesia has partnered with religious leaders to "facilitate the implementation of HIV policy statements within the faith" and "share a compilation of fatwa (religious guidance) on HIV prevention." Some Islamic scholars in Zanzibar characterize family planning as a practice with Koranic endorsement, and their acceptance of condoms for family planning purposes has positive implications for HIV transmission. Nevertheless, while HIV/AIDS prevention programs based on Islamic principles have potential, they also have notable limitations. Invariably, these programs do not address condom use outside of the marital context of HIV transmission among men who have sex with men, as homosexuality is often culturally taboo.

The obstacles to achieving an AIDS-free generation--and the benefits of this achievement for humanity--make the constructive involvement of religious institutions crucial. In evaluating our AIDS prevention strategy, we should view religion as a potentially powerful tool, albeit a complicated and multifaceted one. We should also remember that a single religion's response to

HIV/AIDS is rarely monolithic. For instance, although the Vatican refuses to endorse "the use of condoms...in HIV/AIDS prevention programs," organizations like Catholic Relief Services have provided assistance to millions of people afflicted with the virus throughout the world.

The HIV pandemic is an "exceptional" public health emergency requiring an "exceptional" response from all sectors of society, including that of the faith communities. While significant progress has been made with the provision of life-prolonging and life-enhancing combination antiretroviral therapy to those who need it, even in low-and middle-income countries, the annual HIV incidence far outstrips the reduction in HIV-related morbidity and mortality in such places (Vitillo, 2009).

HIV/AIDS was first identified in the early 1980s. Since then the number of people infected with HIV has increased rapidly throughout the world. HIV/AIDS, since then, has become the most widely talked about a condition in history. However, each day more and more people are becoming infected. We do not use what we know is right to protect ourselves from infection with the virus. To make matters worse, many people are infected with HIV, yet do not have an HIV test to find out their status so they can get help and support (Aid for AIDS, 2005).

According to UNAIDS (2017), there were approximately 36.7 million people worldwide living with HIV/AIDS at the end of 2016. Of these, 2.1 million were children (<15 years old). An estimated 1.8 million individuals worldwide became newly infected with HIV in 2016 – about 5,000 new infections per day. This includes 160,000 children (<15 years). Most of these children live in sub-Saharan Africa and were infected by their HIV-positive mothers during pregnancy, childbirth, or breastfeeding. Currently, only 60% of people with HIV know their status. The remaining 40% (over 14 million people) still need to access HIV testing services. As of July 2017, 20.9 million people living with HIV were accessing antiretroviral therapy (ART) globally, up from 15.8 million in June 2015, 7.5 million in 2010, and less than one million in 2000. 1 million people died from AIDS-related illnesses in 2016, bringing the total number of people who have died from AIDS-related illnesses since the start of the epidemic to 35.0 million.

UNAIDS Data (2017) pointed out that Nigeria has the second-largest HIV epidemic in the world and has one of the highest new infection rates in sub-Saharan Africa. Many people living with HIV in Nigeria are unaware of their status due to the country falling short of providing the recommended number of HIV testing and counseling sites. Low access to antiretroviral treatment remains an issue for people living with HIV, meaning that there are still many AIDS-related deaths in Nigeria. Nigeria has the second-largest HIV epidemic in the world. Although HIV prevalence among adults is remarkably small (2.9%) compared to other sub-Saharan African countries such as South Africa (18.9%) and Zambia (12.4%), the size of Nigeria's population means 3.2 million people were living with HIV in 2016. An estimated 60% of new HIV infections in western and central Africa in 2015 occurred in Nigeria, together with South Africa and Uganda, the country accounts for almost half of all new HIV infections in sub-Saharan Africa every year. This is despite achieving a 35% reduction in new infections between 2005 and 2013. Unprotected heterosexual sex accounts for 80% of new HIV infections in Nigeria, with the majority of remaining HIV infections occurring in key affected populations such as sex workers.

HIV prevalence is highest in Nigeria's southern states (known as the South-South Zone) and stands at 5.5%. It is lowest in the southeast (the South East Zone) where there is a prevalence of 1.8%. There are higher rates of HIV in rural areas (4%) than in urban ones (3%). Approximately

160,000 people died from AIDS-related illnesses in Nigeria in 2016. Since 2005, the reduction in the number of annual AIDS-related deaths has been minimal, indicative of the fact that only half (51%) of those living with HIV in Nigeria are accessing antiretroviral treatment (ART).

National data suggests that 4.2% of young people (ages 15-24) are living with HIV. Awareness of HIV prevention is higher among young men than women. In 2013 Demographic and Health Survey (the most recent available), 70% of young men (ages 15-24) were aware that using a condom can reduce the risk of HIV transmission compared to 56% of their female peers. Young women have a higher HIV prevalence and are infected earlier in life than men of the same age group. In 2016, more than 46,000 young women were infected with HIV compared to 33,900 young men.

Early sexual debut is common in Nigeria, which begins at less than 15 years old for 15% of Nigeria's youth. This is one factor that increases HIV vulnerability among young people, alongside very low HIV testing rates - only 17% of young people know their HIV status. An estimated 270,000 children (0 to 14 years) in Nigeria are living with HIV. However, only 21% have access to antiretroviral treatment. An estimated 1.8 million children have been orphaned by AIDS, which has had a huge impact on the health, safety, and wellbeing of these children. Around 20% of orphans and vulnerable children do not attend school regularly and around 18% have been sexually abused. HIV also has an indirect impact on children in Nigeria whereby they become the caregivers for parents who are living with HIV. Often, this responsibility lies with girls rather than boys. This reflects the imbalance in schooling between the two genders in Nigeria, with girls missing out on HIV education that could teach them how to protect themselves from infection.

As long as there is one person infected with the HIV virus, our task is not over. And as long as HIV is in existence, the government, our faith communities, the NGOs, and those interested in saving lives must be engaged in this fight against this disease. There is some indication that the AIDS rate is much less than it was ten or twelve years ago. That means we must continue to do the same things we have been doing.

Immoral sexual behaviour is the biggest means of transmitting HIV. It is estimated that about 90 percent of HIV infections in Africa come from heterosexual sexual intercourse. HIV enters the marriage most often because one of the partners was infected through sex before marriage or sex outside of marriage. Both of these practices are considered immoral by Christians and Muslims. Therefore, approximately 90% of those who are HIV+ have been infected because of a breakdown in adhering to their religious teachings about sex. The point is that it is a breakdown in the morals of a society that encourages the spread of HIV. If we can improve the morality of a society, we can slow down the spread of HIV. Practicing religious principles about sex is the best guarantee of avoiding AIDS. That eliminates 90 percent of the chance of becoming infected.

If all people practiced the teachings of Christianity and Islam about sexuality, AIDS would disappear from the earth. Abstinence and faithfulness are 100 % effective.

Thus, the research is proposed to address the following research hypotheses:

1. There will be no significant gender difference in the knowledge of the selected participants towards the effectiveness of Faith-Based HIV/AIDS Education Intervention

on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education?

2. There will be no significant gender difference in the attitude of the selected participants towards the effectiveness of Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education?

Methods

The purpose of this study is to examine the effect of 5 - Day Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education. The Mixed – Method (Survey and Interview) research design was adopted for this study. The population for this study comprises all students of Osun State-owned Polytechnics and Colleges of Education. The sample for the study was two hundred respondents drawn from the two Osun State-owned Polytechnics and Colleges of Education. Multistage sampling technique was used in the following order: stratified sampling technique was used to select the two main religious groups (Christianity and Islam - JCCF and MSSN) of the Students in the selected schools; purposive sampling technique was used to select final year students in the selected institutions; while quota sampling technique was used to select 25 students from each of the two main religious groups in the selected institutions.

The research instrument used for the study is a self-developed questionnaire which was in accordance with the variable tested in the study. The questionnaire is divided into two sections. Section A elicits responses on the demographic data of the respondent while section B collects data on the variable tested in the study. Adopted 4- point Likert scale of strongly agreed, Agreed, disagreed, and strongly disagreed to measure. The instrument was validated using expert opinion and test-retest procedure after which it was subject to krudder Richardson Statistics. In order to obtain the reliability of the instrument it was administered on similar respondents in Oyo state and the data collected was subjected to cronbach alpha coefficient to obtain the reliability coefficient of 0.86. Descriptive statistics of frequency count and percentage were used to analyze the demographic data while t-test and ANOVA were used to analyze the joint contribution and relative contribution of the variables at a 0.05 level of significance.

Results and Discussion

Research Hypothesis 1: There will be no significant gender difference in the knowledge of the selected participants towards the effectiveness of Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education?

Table 1: t-test table showing Difference in Knowledge Due to Gender

Knowledge	N	Mean	Std. Dev.	Crit-t	Cal-t.	DF	P
Male	79	32.21	4.78	1.96	2.09	1163	.037
Female	121	32.71	5.00				

(Crit-t = 1.96, Cal.t = 2.091, df = 1163, P < .05 level of significance).

Table 1 above shows the null hypothesis, which stated that there will be no significant difference in knowledge of the selected participants towards the effectiveness of Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education due to gender among students was rejected. This implies that there is a

significant Gender difference in the knowledge effectiveness of Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education. The mean value (32.71) gotten from the table above showed that female students of Osun State-owned Polytechnics and Colleges of Education have significantly higher knowledge of the effectiveness of Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education than their male counterpart with the mean value of 32.21.

The findings of the study are at variance with the submission of Agadijanian (2005) whose study detects women's disadvantage on several measures of knowledge and prevention but also suggests that gender differences are less pronounced among members of "mainline" churches. The semi-structured interview data further highlight how gender differences are shaped in different religious environments. Although the potential of faith-based institutions in combating the HIV/AIDS pandemic is undeniable, policy-makers need to heed important differences among these institutions when devising ways to harness this potential. The result, also, negates the findings of several works of literature on gender differences in HIV/AIDS-related knowledge, attitudes, and preventive behavior in sub-Saharan Africa which typically notes women's informational disadvantage and disproportionate vulnerability to infection (e.g.,Bassett & Sherman, 1994;Haram, 1996;Susser& Stein, 2000;Adetunji&Meekers, 2001; Frasca, 2003; Turmen, 2003).

Hypothesis 2: There will be no significant gender difference in the attitude of the selected participants towards the effectiveness of Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education?

Source	Sum of squares	Df	Mean square	F	Sig
Main Effect	2.701	5	.541	.710	.616
Religion	2.701	5	.459	.656	.616
Residual	36679.045	197	6.388		
Total	36702.546	199			

In the ANOVA table above (Table 2), it was observed that there was no significant difference in the attitude of the selected participants towards the effectiveness of Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education due to religion (F(5,197) = .616, P>.05). Hence, the hypothesis was accepted.

Table 3. T-test table showing the difference in attitude due to types of Institution

Attitude	N	Mean	Std. Dev	P
Colleges of Edu	100	36.90	5.61	.190
Polytechnics	100	36.50	5.61	

(Crit-t = 1.96, Cal.t = 1.310, df = 197, P > .05 level of significance). The null hypothesis is accepted.

Further analysis on the data collected on attitude also showed that there is no significant difference in the attitude of the selected participants towards the effectiveness of Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education due to types of Institution. Table 3 showed that the calculated t value is 1.310, while the table value is 1.96 and the degree of freedom is 197. Since significant P (.190)>0.05, it implies that there was no significant difference in the attitude of the selected participants towards the effectiveness of Faith-Based HIV/AIDS Education Intervention on Sexual Behaviour of Students of Osun State Owned Polytechnics and Colleges of Education due to types of Institution. These two results show that a Faith-Based approach in preventing HIV/AIDS have a significant influence on the attitude of both polytechnics and colleges of education students in Osun State Nigeria.

These findings further corroborate the finding from the research of Ochillo, Teijlingen, and Hind (2017) that religion, and more specifically faith-based organizations (FBOs) such as churches, mosques, or synagogues, can (a) have an effect on socio-cultural factors that increase or decrease the risk of infection in society; and (b) offer preventative interventions to their followers or the wider community. They stated further that FBOs spend a large proportion of their time engaging with the community thereby shaping social norms, attitudes, beliefs, and people's reality with regards to sexual self-understanding; making them crucial partners in HIV/AIDS prevention.

This study also recorded a significant difference to the results of the test reported in the study of Sood (2015) which indicates significant gender differences in sexual attitudes of the male Laddakhi students. Sood study postulated that Laddakhi male Students held a more favorable attitude towards premarital sex, polygamy, and pornography than their female counterparts. In comparison to male participants, the young female participants reflected a favourable attitude towards establishing same-sex relationships. The participants in the study also hold misconceptions about HIV/AIDS.

Conclusion

Based on the findings of this study it is concluded that more female polytechnics and colleges of education Faith-Based students are having more knowledge of the Faith-Based approach in preventing HIV/AIDS than their male counterparts. However, both genders have significant positive attitudes towards the effectiveness of the Faith-Based approach in preventing HIV/AIDS. Therefore, organizing awareness campaigns at the school level to focus the youth, using the faith-based students as peer educators, might be useful in curbing the potential involvement of young students in risky sexual behavior and in preventing HIV/AIDS.

Recommendation

The following recommendations are therefore made based on the findings of this research:

1. The faith-based students, particularly the female gender should be used as peer educators in structured and well-organized awareness campaigns at the school level to focus the youth, in curbing the potential involvement of young students in risky sexual behavior and in preventing HIV/AIDS.
2. Faith-Based HIV/AIDS intervention programmes should be encouraged in the fight against the menace of HIV/AIDS in the polytechnics and colleges of education to positively influence the attitude of students.

3. More awareness programmes on HIV/AIDS should be organized for the male students to improve their knowledge of HIV/AIDS prevention.
4. Faith-Based approach and intervention strategies should be included in the curriculum of the polytechnics and colleges of education

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