Global Journal of HUMAN-SOCIAL SCIENCE: G Linguistics & Education

Abera Getachew Obsa[1] and Berihu Angesom Weldihane[2]

[1] Ambo University

Received: 12 December 2016 Accepted: 1 January 2017 Published: 15 January 2017

Abstract

Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome (HIV/AIDS) has become increasingly public health problem worldwide. Particularly in developing countries' higher institutions like Ethiopia. The victims are youngsters; productive age of the population. The primary prevention and control of the spread of HIV/AIDS infection is through awareness and changing behavior remains at the highest priority. However few studies have been conducted among university students of Ethiopia on their self-efficacy of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome prevention and control. Hence, this research is intended to investigate the Knowledge and self-efficacy of MaddaWalabu University undergraduate Students on HIV/AIDS.An institutional-based cross-sectional the study design was conducted among 605 under graduate students of MaddaWalabu University students were selected using random sampling and data were collected using by structured self-administered questionnaire. Descriptive independent sample t-test and ANOVA were computed to analyze the data

Index terms— knowledge, self-efficacy, hiv/aids, university students.

1 I.

Background he world is now nearing the end of the third decade of the Acquired Immunodeficiency Syndrome (AIDS) epidemic.

Unfortunately, although enormous progress in prolonging and improving the quality of life of those infected with Human Immunodeficiency Virus (HIV) have been made, the world still has neither a cure for nor a vaccine to prevent this disease. Perhaps most importantly, it has become increasingly clear that preventing the transmission and the acquisition of HIV must focus upon promoting knowledge, develop self-efficacy and bringing behavioral changes **??**1]. However, it was also reported that HIV/AIDS has become the leading cause of death in the Sub-Saharan African countries major mode of transmission being heterosexual contacts **??**2]. Ethiopia is one of the Sub-Saharan African countries most severely affected by the HIV/AIDS pandemic. HIV/AIDS national adult prevalence rate is estimated at 1.5% **??**3]. The adult prevalence of HIV infection in Ethiopia was estimated to be 2.4% in which most of the burden occurring among younger age groups **??**4, **??**].

HIV/AIDS infections continue to be one of the world's greatest public health challenges as no vaccines have been found for curative treatment of the deadly disease. The HIV virus is mainly spread through sexual intercourse and the main hope to prevent infection remains modification of sexual behaviors including correct and consistent condom use **??**6]. Condoms offer safe, economically cheap and practically effective means of preventing both unwanted pregnancies and sexually transmitted infections including HIV/AIDS when used consistently and properly. This prevention strategy is however hindered by low use of condom especially by people living in areas with HIV/AIDS epidemic although condoms are readily available **???**]. People's sexual behaviors take place in complex socio-cultural settings and motivations for condom use. Condom use is complex and intricate involving a range of levels such as individual, couple and community **??**6].

College students worldwide are at risk for c ontracting Sexually Transmitted Diseases (STD) and HIV/AIDS. Condom remains the integral part of HIV prevention programs. The prevalence of condom use is low despite all efforts to improve the use of it. Correct T Abera Geatchew Obsa ? & Berihu Angesom Weldihanes ? Methods: An institutional-based cross-sectional the study design was conducted among 605 under graduate students of MaddaWalabu University students were selected using random sampling and data were collected using by structured self-administered questionnaire. Descriptive independent sample t-test and ANOVA were computed to analyze the data.

Result: This study result shows that among the total study participants, majority of the students (81.3%) has ever experienced sexual relationship. To understand how to assist young people i n practicing safer sex (or transferring the know ledge into safer sex practices) , research hers **??**11] have considered prevention communication as one of the key tools for behavioral change.

In 2010, about 68% of all people living with HIV resided in sub-Saharan Africa. It is also accounted for 70% of new HIV infections, in 2010 **??**12]. HIV/AIDS is affecting young members of the societies especially adolescents between the age of 15 to 24 who are vulnerable and at risk of the disease. This young people represent 45% of all new HIV infections **??**12]. It is also estimated that most regular undergraduate university students lie within the age group of 18 to 24 years [13]. In Ethiopia, higher risky sex (i.e. sex without adequate protection) both within women and men are most prevalent among those living in urban areas in Addis Ababa. Among those with secondary or higher education level are in the highest quartile. Among men, the prevalence of higher risky sex is also notably high in Gambela, Dire-Dawa, Harare, Tigray and Afar **??**14]. Although there are some encouraging signs, surveillance results indicate that the epidemic is still progressing at a slower rate than previously predicated **??**13].

According to the second round HIV/AIDS Behavioral Surveillance Survey in Ethiopia, it was found out that around 9.9 percent of the in-school youth (14.6 % of males and 5.3 % of females) had sexual experience **??**13]. The mean and medium age of sexual debut among youth was 16 years. Only that 41.8 percent of in school youth who had sex with non-commercial partners reported consistent use of condoms. These are not withstanding; there is urgent need to understand factors influencing condom use to inform designing of effective preventive strategies **??**7].Self efficacy reflects a person's level of confidence in his or her ability to control the environment [15].

Sexual intercourse is the main mode of HIV transmission in Ethiopia, which is mainly driven by young people [16]. Condoms are a key component of prevention strategies that individuals can choose to reduce their risks of sexual exposure to HIV [16]. [10], however, condom utilization for prevention of HIV transmission requires people to exercise control over their own behavior. Even though individuals acknowledge that safer sex practices reduce risk of HIV infection and possess the required skills, they do not adopt them when they lack a sense of self efficacy [17].Thus this study aimed to investigate Knowledge and Self-Efficacy on HIV/AIDS among Undergraduate Students of MaddaWalabu University, Southeast Ethiopia.

2 II.

3 Significance of the Study

Knowledge and self-efficacy of students concerning HIV/AIDS are the main variables for social development of a society and country at large. Competent and efficient professionals and personnel can be produced if our future professionals (students) get help and support during their stay at the university in relation to HIV/AIDS self-efficacy problems. So that, studying knowledge and self-efficacy of the students regarding HIV/AIDS; used for promoting HIV/AIDS prevention, intervention, and control. In turn, investigating the problem contributes for development and poverty reduction of the country in general. It is also essential for policy formulation and revision concerning HIV/AIDS services. Furthermore, the finding of this result will be as the base line data for other interested professionals to conduct further study.

4 III.

5 Methods

6 a) Study design and area

Institutional-based cross-sectional study was conducted. The study used quantitative study design. Among 605 randomly selected regular undergraduate students in March, 2014 of MaddaWalabu University in Ethiopia were participated which is found 430 KMs to the Southeast of Addis Ababa (capital city of Ethiopia) in Oromia National Regional State. The university has two campuses, Robe main campus and Goba College of Medicine and Health Sciences. The study included both male and female students in both campuses. In the year 2014 the university has ten schools, one institute, one college and thirty seven departments with the total number of 11511 undergraduate and post graduate students.

7 b) Sampling and Participants

Regular undergraduate students of MaddaWalabu University were the source population and the study populations were those selected students for study through simple random sampling. The sample size was determined by using a single population proportion formula considering the assumptions: proportion of self-efficacy which was 39% [18] level of confidence of 95%, margin of error 0.05, design effect of As indicated below in a table, all of the participants (100%) reported that they have heard about HIV/AIDS. However, 123(20.3%) and 482(79.7%) of the respondents said "yes" and "no" to the question that asked if they do know anyone who is infected with HIV. Besides, 437(72.2%) of the participants reported that they do not know anyone who has died of AIDS. On the other hand, 168(27.8%) of the sample respondents responded that they do know anyone who has died of AIDS. Moreover, respondents were asked if they know the modes of HIV transmission and prevention. With regard to this question, the majority of respondents reported that Unprotected Sexual intercourse, Mother to child transmission, sharing infected sharp objects, blood Transfusion and Organ transplant are the major modes of HIV transmission as responded by 1.52 and 10% non-response rate were considered. Finally the sample size was 607.

The respondents were stratified into health and non-health campus. From the total ten non-health schools (Robe campus) and one medicine and health sciences college of the university (Goba campus), eight schools/college were selected randomly. The total sample size of the study was allocated proportionally for the schools/college. Sample allocated for the schools/college were allocated proportionally for the stratified class year under the departments of selected schools/college. Finally, simple random sampling was employed to recruit the study subject.

8 c) Data collection and analysis

In order to collect the relevant and reliable data the researcher employed close ended questionnaire from the tools used before by scholars in the area **??** *P<0.05 SS = Sum Squares; MS = Mean Square; Df = degree of freedom The statistical analysis revealed that there was a statistically significant difference between male and female students in their self -efficacy ($t = 8.130$, $df = 603$, $p<0.05$) (Table 5). However, statistical analysis between male and female students was fou nd to be significant. In addition, the descriptive statistics were also computed to find out the differences in self -efficacy by sex. And, the results reveal that relatively male students had more self-efficacy (M= 53.6698 and SD= 8.09749) than their female counter parts (M= 48.7880 and SD= 1.27338). The result has shown as that Male students are more confident than female students on HIV/AIDS self-efficacy. Generally, students have scored below average self-efficacy (Expected mean (54) > (Observed mean (52.2). *p<.05 M = Mean SD = Standard Deviation DF = Degree of Freedom As it can be infer from table -2.1 Using Students General knowledge regarding HIV/AIDS to predict Students HIV/AIDS Self-Efficacy yielded a Statically Significant Regression (R = 0.445and R2 = 0.198). That is 19.6% of the variance in Self-Efficacy was explained by the independent variables called HIV/AIDS Knowledge. Furthermore, the direct effect of Students HIV/AIDS Knowledge on their Self -Efficacy were determined by Bstandardized coefficient in the table (R= 0.445, F=148.691, *P<0.05), and then Students Knowledge of HIV/AIDS were statistically significant predictor of students Self-Efficacy regarding HIV/AIDS (Table6). V.

9 Discussion

VI.

10 Conclusions

Respondents were asked if they know the modes of HIV transmission and prevention. With regard to this question, the majority of respondents reported that Unprotected Sexual intercourse (42.5%), sharing infected sharp objects (35%), Organ transplant (29.7%), Mother to child transmission (22.5%), and blood Transfusion (13.2%), are the major modes of HIV transmission. Similarly, the participants reported that by being faithful to uninfected sex partner (50%), by avoiding sharing of sharp objects (30%), by using a condom correctly & consistently (28%), and by abstaining from sexual intercourse (20.3%) one can prevent himself/herself from HIV/AIDS. Generally, result shows as that students have moderate level of HIV/AIDS knowledge. As a result, Most of the students believed that being faithful to partner is the best prevention mechanism of HIV/AIDS. Additionally, the statistical analysis disclosed that there is statistically significant age difference ($F(3,601) = 143.473$, $P<0.05$) among students on general knowledge of HIV.

Similar with this study, [20,21] found that almost all student had heard about HIV/AIDS and approximately 95% knew the most common routs of transmission.

Furthermore, the result showed more than 60% of the students knew persons infected and died of HIV/AIDS. Moreover [22], found that 80% of the respondents know that HIV/AIDS could be transmitted via unprotected sexual intercourse, sharing infected sharp objects, blood transmission, organ plants, and about 63-86% thought abstain, condomuse, faithful to uninfected partner and avoiding sharing of sharp objects can prevent HIV transmission. The above mentioned findings of this study showed that there was an awareness and self-efficacy of the students on HIV/AIDS among Madda Walabu University.

157 However, this finding is higher than that found in a study conducted by [22].This is inconsistent with [23]
158 that reports 47.4% of this study participant believes that they could tell if someone is infected with HIV just by
159 looking at a person, indicating the lower, awareness in this study population.
160 This misconception about HIV/AIDS is very dangerous in countries like Ethiopia where the prevalence is high
161 (4.4%) as HIV/AIDS Prevention and Control office [23].
162 Self-efficacy as the degree of confidence that the respondents show in their ability to engage in safesex practices
163 by keep faithful to their partner, abstain from sex, obtaining condoms, keeping condoms, negotiating condom use
164 and using condoms with their partner/partners to protect themselves from contracting HIV/AIDS. In regarding
165 to this, there was a statistically significant gender difference in students self-efficacy ($t = 8.130$, $df = 603$, $p<0.05$)
166 in which male students individual sexual doubt and having protected sex is crucial in the prevention and control of
167 HIV/AIDS. had more self-efficacy (M= 53.6698 and SD= 8.09749) than female (M= 48.7880 and SD= 1.27338).
168 Likewise, students general knowledge regarding HIV/AIDS significantly predicts Students self-efficacy to protect
169 them safe from HIV (R = 0.445 and R 2= k0.198). That is 19.6% of the variable in self-efficacy was explained
170 by the independent variables called HIV/AIDS knowledge. Students knowledge of HIV/AIDS were statistically
171 significant predictor of students self-efficacy regarding HIV/AIDS. Specifically, students who had high knowledge
172 about the HIV/AID Smode of transmission, mode of prevention and use of condom significantly forecasts their
173 belief and confidence of capability to pass challenges of risky behaviors keep faithful to their partner, abstain
174 from sexual intercourse and to use condom correctly and consistently. This implies, if we increase the HIV/AIDS
175 knowledge of our students, indirectly we are working on their capacity and strong belief to protect them from
176 infection. Other studies also recognize that, self-efficacyis an important determinant in reducing risky sexual
177 behaviors that could lead to HIV/AIDS [24]. They examined the roles of self-efficacy, outcome expectancies, and
178 perception of peer attitudes of adolescents at the beginning of sexual activity and examined how the constructs
179 affect the use of condoms among young people who are sexually active. To the contrary, this study suggested
180 admission types and level of education had a significant effect on enactingabstinence both on confidence not to
181 make premarital sex and ability to delay sex till marriage.
182 Academic year level also had significant effect on correctly and consistently use of condom .This is consistent
183 with the findings of [23] which depicts respondents with a higher level of schooling were aware of various
184 preventive methods. Similarly in addition to the above idea [25] in order to avoid risk behaviors by limiting
185 the number of sexual partners, delaying Students had moderate level of HIV/AIDS knowledge (49.37%). As a
186 result, most of the students believed that being faithful to partner is the best prevention mechanism of HIV/AIDS.
187 There wasstatistically significant age difference in comprehensive HIV/AIDS knowledge of students. There was
188 statistically significant gender difference in students self-efficacy regarding HIV/AIDS. Male students had more
189 self-efficacy than female students. The students'level of knowledge regarding HIV/AIDS significantly predictstheir
190 level of self-efficacy of belief to protect themselves from HIV infection through abstinence, faithfulness and condom
use. About 81.3% of the students had ever experience sexual relationship. [1] [2]

1

N %

Figure 1: Table 1 :

3

4,5,

*[Note: *]*

Figure 2: Table 3 :

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[2] Knowledge and Self-Efficacy on Hiv/Aids among Undergraduate Students of Maddawalabu University, Southeast Ethiopia

4

	SS	Df	MS	F	P
Between Groups	2821.33	3	940.445	143.473	.00
Within Groups	3939.47	601	6.555		
Total	6760.8	604			

Figure 3: Table 4 :

5

Sex	N	EPM	µ	M	SD	Df	t	Sig
Sex								
Male	421			53.6698	8.09749	603	8.13	.00
		54	52.2					
Female	184			48.788	1.27338	465.454	12.034	

Figure 4: Table 5 :

6

	Sum of Squares	Mean Square	Df	?	R	R 2	Adjusted R 2	F	Sig.
Regression	6109.78	6109.78	1	0.45	0.445	0.198	1.96 (19.6%)	148.691	.00
Residual	24777.5	41.09	603						
Total	30887.3		604						

Figure 5: Table 6 :

.1 Acknowledgment

From those, only 28.4% hadregular sexual partner. The circumstances that stimulate students to have sex are: The developmental age, social environment,peer pressure, and feeling of modernity, drug abuse, media (E.g. pornography movies) and love,whereas 18.7% of the students did experience sexual intercourse still. This is why due to lack of opportunity, fear of pregnancy, HIV/AIDS and other STDS, due to religious reasons, sexual relationship phobia, thinking that is not right to do it at this age and do not want to do it before marriage and even they rationalize that it will obstacle their educational goal

Year 2017 VII.

.2 Ethical Approval

The ethical issue was approved by MaddaWalabu University Ethical Review Committee. A supportive letter obtained from the University Research Directorate to all schools. For explaining the purpose of the study, verbal consent was obtained from all participants. All the information given by the respondents has been used for research purposes only, and confidentiality was maintained by omitting the names of the respondents. There is no approval number and the University work with letter of permission written from University Research Directorate to all schools, all departments and the subjects' oral consent.

.3 VIII. Availability of Data and Materials

Data supporting the findings are in the manuscript, additional data available up on request.

.4 IX.

.5 Abbreviation

We would like to acknowledge all participants of the study.

.6 XI.

.7 Funding

There was no any external funds provided for this research References Références Referencias The study was conceived and designed by AG and BA, and both of them were involved in the conception. And also they analyzed the data. AG prepared the manuscript and critically reviewed it. Both AG and BA also assisted in the data collection and reviewed the manuscript, and have read and approved the final manuscript.

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