

Attitudes Toward HIV/Aids and Sustainable Health-Seeking Behaviour

Sani Ahmadu Sule Omaku¹, Paramjit Singh Jamir Singh^{1*} & Nalah Augustine Bala²

¹School of Social Sciences, Universiti Sains Malaysia, 11800 Penang, Malaysia

²Nasarawa State University Keffi, Nigeria

*Corresponding authors: Paramjit Singh Jamir Singh (paramjit@usm.my)

Abstract

Studying people's attitudes regarding HIV/AIDS and their sustainable health-seeking behavior has the potential to contribute greatly to the development of effective measures for preventing HIV/AIDS. This study conducted a thorough assessment of the attitudes towards HIV/AIDS and sustainable health-seeking behavior among the population of Lafia in North-Central Nigeria. A survey was conducted using a cross-sectional methodology, involving 260 individuals. Data was collected using the Attitudes Toward HIV/AIDS Scale and the Health-Seeking Behavior Scale. The results indicated a strong unfavorable attitude towards HIV/AIDS ($\chi^2 = -82.41$; $p < .001$), and these attitudes were found to strongly predict sustained health-seeking behavior, $R = .24$, $R^2 = .059$, $F(1, 195) = 12.26$, $p < .001$; among the population of Lafia in North-Central Nigeria. Individuals with negative attitudes towards HIV/AIDS showed significantly lower levels of sustainability in their health-seeking behavior compared to those with positive attitudes ($\beta = -.243$, $t = -3.502$; $p < .01$). There were gender inequalities in the sustainability of health-seeking behavior, as evidenced by statistical analysis, $t(257) = 3.41$, $p < .05$. Male residents ($M = 124.89$; $SD = 61.67$) had significantly higher scores in health-seeking behavior sustainability compared to their female counterparts ($M = 120.33$; $SD = 59.56$). To promote a healthier and more knowledgeable community, the study suggests implementing targeted awareness efforts in Lafia to reduce the discrimination and stigmatization of persons, particularly girls and women, who are living with HIV/AIDS. This prejudice worsens their condition.

Keywords: attitude, health-seeking behavior, HIV/AIDS, Lafia residents, sustainability

1. Introduction

Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) remain significant global health issues, posing challenges to healthcare systems and public health efforts globally. The 2022 global HIV epidemic summary reported an estimated total of 39.0 million individuals living with HIV. Among them, approximately 37.5 million were adults aged 15 years and above, while 1.5 million were children under the age of 15. The estimated number

of women aged 15 years and above living with HIV was 20.0 million, while for men aged 15 years and above, it was 17.4 million. Additionally, according to the World Health Organization (2023), around 630,000 deaths from AIDS-related illnesses were recorded. Nigeria, being a densely populated and culturally heterogeneous country, bears a substantial HIV/AIDS burden that has far-reaching consequences extending beyond the medical domain. The increasing incidence of HIV/AIDS in Nigeria has been a significant issue since 1985, when the disease was first identified in Nigeria; it was reported in Lagos in 1986 (Awofala & Ogundele, 2018). The Centers for Disease Control and Prevention (CDC, 2023) estimated that in 2023, there were 1,910,405 individuals living with HIV in Nigeria. Of these cases, 58% were in females and 42% were in males. The highest number of infections was found among individuals between 25 to 29 years, while the number of infections was lower among individuals aged 15 to 19 and those aged 50 and above (CDC, 2023). Recent studies have revealed that the states in North-Central Nigeria have the highest prevalence of HIV, with a prevalence of 8.1% in Nasarawa State and 5.7% in Benue State (Nalah et al., 2022; Onovo et al., 2023).

2. Literature Review

Nikolopoulos and Tsantes (2022) stated that HIV has spread widely over the past three decades, exerting a significant influence on various domains such as health and criminal justice. The impact of HIV has been observed across all social and ethnic groups globally. The latest epidemiological data show that HIV continues to be a significant public health concern, consistently causing economic strain. It has resulted in the loss of over 25 million lives over the past thirty years (Awofala et al., 2018). The HIV monitoring and evaluation system is robust at the national level but lacks strength at the state and municipal government levels as well as in other sectors like public, commercial, and civil society (Akinwande et al., 2017). Furthermore, there is a lack of coordination between partners and service delivery regions that impedes the standardization of monitoring and evaluation systems, data collection methods, and reporting tools (United States Agency of International Development [USAIDS], 2021).

In the field of healthcare, it is crucial to adopt and encourage health-seeking behaviors. With the increasing worldwide prevalence of many health issues, including the HIV/AIDS pandemic, it is crucial for individuals to cultivate favorable attitudes and beliefs related to seeking medical help. The HIV/AIDS pandemic, which has resulted in the loss of millions of lives and continues to spread rapidly, has prompted academics and organizations to make tireless efforts to disseminate preventive measures through various means. These efforts have resulted in substantial reductions in transmission rates (Doyore et al., 2015). In developing nations like Nigeria, such interventions involve a range of measures aimed at fostering changes in behavior and imparting health information. Further inquiry is needed to explore the complex relationship between behavioral attitudes and health-seeking behaviors, specifically in relation to HIV/AIDS (Madu & Osuji, 2022).

In addition, although considerable effort has been devoted to the prevention, management, and treatment of HIV and AIDS, there remains a critical need for the establishment of enduring patterns of health-seeking behavior among those affected by HIV and AIDS. In order to comprehend the nature of the sustained health-seeking behavior required to address HIV/AIDS, it is crucial to elucidate the obstacles that hinder the adoption of such behavior. Stigma poses a notable obstacle in the context of HIV/AIDS (Andersson et al., 2020). Individuals who experience HIV stigma themselves are more likely to exhibit negative perceptions and attitudes toward individuals infected by HIV/AIDS. The stigmatization associated with HIV/AIDS reveals a lack of public information as well as unfavorable and inappropriate attitudes towards those who have HIV/AIDS (Khan et al., 2018). The dissociation and withdrawal unaffected individuals exhibit toward those affected by HIV/AIDS have had a negative impact on the emotional and mental well-being of those affected (Fu et al., 2023), causing significant psychological distress that can include loss of interest in life, depression, and even suicidal thoughts. Imani et al. (2021) reported that the participants in their study identified negative reactions directed toward them as the primary issue they encountered. These reactions had a significant impact on their ability to live with HIV/AIDS and resulted in a lack of healthcare facility usage. The unfavorable comments participants experienced originated from their immediate communities, encompassing their tight social circles, neighbors, families, and even spouses.

An additional formidable obstacle to attaining sustainable health-seeking behavior is the extent of prejudice experienced by individuals infected by HIV as a result of their health status. Lopez et al. (2017) defined discriminatory attitudes as any kind of unfair differentiation, exclusion, or limitation that affects a person, typically based on an inherent personal trait or perceived membership in a specific group. The discriminatory conduct displayed as a reaction to this illness arises from the thoughts and perceptions shaped by the stigmatization of HIV/AIDS. Teshale and Tesema (2022) argued that discriminatory attitudes contribute to the devaluation of those affected by HIV, as they experience a strong sense of stigmatization. If left unchecked, this prejudice can result in unaffected individuals distancing themselves from and avoiding contact with those affected. Research has demonstrated that a lack of proper understanding regarding the transmission of HIV/AIDS leads to people making stigmatizing remarks and holding unfavorable attitudes. This hinders individuals from seeking healthcare and limits the social support available for those living with HIV/AIDS (Khamisa et al., 2020; Sallam et al., 2022). Discriminatory behaviors hinder individuals from pursuing healthcare and using the existing HIV/AIDS prevention and treatment alternatives, as they have heightened apprehension about being stigmatized (Stangl et al., 2019).

According to Rao (2022), attitudes frequently stem from one's experiences or upbringing. They possess the ability to exert a significant impact on behavior, and they shape individuals' actions in many circumstances. Although long-lasting, attitudes can be subject to change due to several factors such as experience, social influences, learning, training, and observation. Perception

refers to the way our senses perceive and interpret sensory information, such as visual, tactile, auditory, olfactory, gustatory, and proprioceptive stimuli (McDonald, 2012).

Bahamonde-Birke et al. (2017) argued that attitudes and perceptions play a crucial role not only in influencing behaviors but also in the acquisition of knowledge. Recent research has suggested that people gather information and engage in information-seeking behaviors to help reduce the likelihood of engaging in high-risk behaviors and promote long-term adherence to healthcare practices (Alizade et al., 2021; Kumah et al., 2023). Ironically, however, the pursuit of knowledge may not primarily motivate individuals to seek better health and may instead function as a method of spreading information to society. Moreover, although knowledge is necessary, it may not be enough to discourage high-risk activity. People who are aware of ways to protect themselves often fail to recognize how susceptible they are to prejudice and stigmatization that discourage them from obtaining medical care. This disparity highlights the intricacy of making healthcare-seeking choices in light of the recognition of possible outcomes.

Having access to resources, knowledge, and educational initiatives regarding HIV/AIDS does not necessarily ensure successful treatment (Rapaport et al., 2023). Due to many cognitive and non-cognitive aspects, the nature of seeking health care is not uniform. This calls for a contextual understanding of individuals' behavior while seeking care. Research has highlighted the importance of cultural influences in shaping health-seeking behavior, underscoring the need to take into account both cognitive and non-cognitive factors (Rice & Liamputtong, 2023). For instance, Latif (2020) found that cultural influences have a significant impact on patients' behavior and inclination to seek healthcare. Additional factors that have been identified as influencing health-seeking behavior include insufficient knowledge, biased attitudes within the healthcare system, lack of access to medical history, legal status, and use of traditional medicine (Haileamlak, 2018; Rincón et al., 2021).

Furthermore, socio-cultural factors such as traditional beliefs, family support, public opinion, discrimination, stigmatization, the proximity of healthcare facilities to the homes of people living with HIV/AIDS (PLWHA), treatment costs, transportation availability, and the attitudes of healthcare providers have been demonstrated to play a significant role in influencing and shaping the decisions made by PLWHA regarding their treatment location or treatment method (Nalah et al., 2020, 2022). Furthermore, an individual's approach to disease management is determined by the sustainability of their health-seeking behavior (Adei et al., 2022). Health-seeking behavior sustainability refers to the actions done by people who feel ill or have a health problem in order to find a suitable and long-lasting solution. The sustainability of health-seeking behavior is a multifaceted process that is influenced by cognitive variables, community norms, provider features, and socioeconomic factors (Oberoi et al., 2016).

The sustainability of efforts to combat HIV/AIDS may depend on individuals' attitudes toward the disease and their perceptions of it (Berniak-Woźny & Rataj, 2023). According to the health

belief model, people's attitudes toward and perceptions of the sustainability of health-seeking behavior are mainly influenced by two factors: the extent to which an individual perceives the disease as a threat, the degree to which the individual believes in healthy behavior. The latter has been shown to reduce high-risk behavior (Anuar et al., 2020). Moreover, Oberoi et al. (2016) suggested that the perceived effectiveness of preventive behavior is influenced by two factors: an individual's belief regarding whether the behavior is useful; and the costs associated with carrying out preventive behavior, including monetary, temporal, and effort-related costs. This suggests that individuals may be less inclined to pursue healthcare if they perceive a potential risk to their emotional and social well-being, particularly when confronted with diseases like HIV/AIDS that are stigmatized and discriminated against.

In Nigeria, adopting the following sustainable health-seeking behaviors can have a beneficial impact on the psychological well-being of HIV-positive individuals:

1. Attending medical appointments consistently: This is imperative for individuals living with HIV/AIDS, as is strictly follow the prescribed antiretroviral therapy in order to maintain their bodily and emotional well-being.
2. Participating in support groups: Individuals should actively get involved in community support groups and organizations that focus on HIV/AIDS advocacy and awareness. Engaging with individuals who participate in such activities and have comparable experiences can offer vital emotional assistance and alleviate feelings of isolation.
3. Adopting a healthy lifestyle: This involves maintaining a lifestyle that promotes good health, such as following a balanced diet, engaging in regular exercise, and getting sufficient rest. These practices help strengthen the immune system and enhance overall psychological and physical well-being.
4. Obtaining mental health support: This entails the capacity to access professional mental health care and counseling services to manage the emotional challenges that may arise for individuals living with HIV/AIDS. Efficiently implementing sustainable health-seeking behavior can enhance individuals' resilience and facilitate their ability to overcome challenging events.

By continuously incorporating these sustainable health-seeking behaviors into their daily lives and routines, individuals can actively enhance their psychological well-being, thus improve their overall health and develop their ability to effectively cope with the problems associated with living with HIV/AIDS in Nigeria. This study aimed to investigate the influence of individuals' attitudes towards HIV/AIDS on the residents of Lafia Local Government Area, Nasarawa State, Nigeria. In this investigation, it was postulated that:

- i. Attitudes toward HIV/AIDS significantly predict sustainable health-seeking behavior among the inhabitants of Lafia Local Government Area, Nasarawa State, Nigeria.

- ii. There will be a significant gender difference in attitudes towards HIV/AIDS and sustainable health-seeking behavior among inhabitants of Lafia Local Government Area, Nasarawa State, Nigeria.

3. Method and Study Area

3.1. Research Design

This study utilized a cross-sectional survey method and a structured questionnaire to examine the attitudes toward HIV/AIDS and sustainability of health-seeking behavior within the population of Lafia Local Government Area, Nasarawa State, Nigeria. The cross-sectional approach facilitated the gathering of data from a wide array of individuals at a certain moment in time, without changing the variables or providing experimental interventions (Maier et al., 2023).

3.2. Participant

The study participants were residents of Lafia City, the capital of Nasarawa State in Nigeria's North-Central area. Lafia City has a population of 330,712 individuals. The Federal Medical Center (FMC) Lafia has a population of 3,508 individuals who have been diagnosed with HIV and are receiving healthcare services (Akawu & Charles, 2018). The study focused on both male and female individuals between the ages of 18 and 65. A total of 260 participants were chosen using a purposive sampling technique, which enabled the pre-selection of participants depending on their HIV status. Out of the participants, 140 individuals (equivalent to 53.8% of the total) identified themselves as male, 118 individuals (45.4% of the total) identified themselves as female, and 2 individuals (0.9% of the total) did not disclose their gender information. The age distribution was as follows: 69 individuals (26.5%) were below 30 years old, 113 individuals (43.5%) were between 30 and 40 years old, and 72 individuals (27.7%) were between 41 and 65 years old. Additionally, 6 participants (2.3%) did not declare their age. The distribution according to marital status was as follows: 79 (30.4%) individuals were single, 89 (34.2%) were married, 58 (22.3%) were separated, 32 (12.3%) were widowed, and 2 (0.8%) did not indicate their marital status. The religious breakdown of the participants was as follows: 89 (34.2%) identified as Christians, 136 (52.3%) identified as Muslims, 33 (12.7%) had traditional or other affiliations and 2 (0.8%) did not specify their religion. In terms of education, 98 individuals (37.7%) did not receive any formal education, 119 individuals (45.8%) completed primary education, 38 individuals (14.6%) completed secondary education, 4 individuals (1.5%) received higher education, and 1 individual (0.4%) did not disclose their educational qualifications.

3.3. Instruments

The study utilized two assessment tools, the Attitudes towards HIV/AIDS Scale and the Health Seeking Behavior Scale, to evaluate attitudes about HIV/AIDS and health-seeking behavior

among residents of Lafia Local Government Area in Nasarawa State in North-Central Nigeria. The specific measurements of each scale are specified below.

3.3.1. Attitudes towards HIV/AIDS Scale

The Attitudes towards HIV/AIDS Scale (Ambati et al., 1997) was used to evaluate individuals' perspectives of HIV/AIDS. The scale consists of 42 items and provides response options of "yes," "no," or "I don't know." The scoring system utilized a composite score approach in which all items are added together to create a comprehensive assessment of attitude. In addition, specific items are reverse scored to measure both positive and negative aspects of attitudes towards HIV/AIDS. The scale exhibited a high degree of validity and satisfactory reliability, with Cronbach's alpha reliability coefficients ranging from .57 to .66.

3.3.2. Health Seeking Behavior Scale

Health Seeking Behavior Scale (HSBS), developed by Topkaya et al. (2016), consists of 17 items specifically intended to assess sustainable health-seeking behavior. The scale's response framework utilizes a 5-point Likert scale that includes the following choices: "strongly agree," "agree," "uncertain," "disagree," and "strongly disagree." The scale's separate dimensions were identified as fear of societal stigmatization, challenges of self-disclosure, perception of being devalued, and lack of information. Cronbach's alpha values for the subscales varied from .69 to .92 across two separate samples, indicating a strong level of internal consistency.

3.4. Data Collection and Analysis

The gathered data was subjected to a thorough examination using both descriptive and inferential statistical methods. Inferential statistical approaches were used to examine research hypotheses. The chi-square test, simple linear regression, and independent t-test were used to assess Hypotheses One, Two, and Three, respectively. In order to conduct these analyses, we utilized the widely used Statistical Package for the Social Sciences (SPSS) version 13 software.

3.5. Ethical Considerations

The research adhered to the ethical guidelines for performing psychological research. Initially, the researcher requested an introductory letter from the Department of Psychology at the Federal University of Lafia, which gave information on the content and face validity of the instrument. The introductory letter directed the researcher to contact the Ministry of Health and the medical directors of the chosen health institution (FMC Lafia) in order to get ethical permission from the National Health Research Ethical Committee. Subsequently, the prospective participants willingly granted their approval to participate in the study by completing an informed consent

form, so expressing their readiness. The individuals were provided with assurance on the maintenance of secrecy, privacy, and adherence to other ethical considerations.

4. Results

The study employed inferential statistics and simple linear regression analysis to test Hypothesis 1 and an independent t-test to test Hypothesis 2.

Hypothesis 1: Attitudes toward HIV/AIDS will significantly predict sustainable health-seeking behavior among inhabitants of Lafia Local Government Area, Nasarawa State, Nigeria.

Table 1. Simple linear regression showing attitudes toward HIV/AIDS as a significant predictor of sustainable health-seeking behavior sustainability

DV	Predictor(s)	R	R ²	F	df	β	T	p
Health Seeking Behavior	Constant	.243	.059	12.262	1, 195		21.605	<.001
	Attitudes Toward HIV/AIDS			**		-.243	-3.502	<.01

$R^2 = .059$; $R = .243$; $df = 195$; $F = 12.262$; $p < .01$

The results shown in Table 1 indicate that the attitudes towards HIV/AIDS had a substantial impact on the sustainability of health-seeking behavior among the residents of Lafia in Nasarawa State. The correlation coefficient (R) was .243 and the coefficient of determination (R^2) was .059. The statistical analysis ($F(1, 195) = 12.262$; $p < .001$) confirmed the significance of these findings. The coefficient of determination, $R^2 = .059$, indicates that attitudes towards HIV/AIDS accounted for a significant 5.9% of the total observed variance in health-seeking behavior sustainability among the population of the Lafia metropolis. The beta weight of the result ($\beta = -.243$) indicates that participants with negative attitudes toward HIV/AIDS scored lower on health-seeking behavior sustainability compared to those with positive attitudes toward HIV/AIDS ($\beta = -.243$, $t = -3.502$; $p < .01$). Based on these outcomes, Hypothesis One, which posited that attitudes towards HIV/AIDS would strongly forecast sustainable health-seeking behavior among residents of Lafia Local Government Area, was confirmed.

Hypothesis 2: There will be a notable disparity in gender attitudes regarding HIV/AIDS and sustained health-seeking behavior among the residents of Lafia Local Government Area, Nasarawa State, Nigeria.

Table 2. Summary of independent t-test showing gender difference in attitude towards HIV/AIDS and sustainable health-seeking behavior among inhabitants of Lafia Local Government Area

DV	Group s	N	Mean	SD	SE	t	df	p
Health Seeking Behavior	Male	140	124.89	61.67	5.73	-3.406	257	<.05
	Female	118	120.33	59.56	6.25			

The findings presented in Table 2 indicate a notable disparity between genders in terms of their attitudes about HIV/AIDS and the sustainability of health-seeking behavior among the citizens of Lafia Local Government Area. This difference was statistically significant, $t(257) = 3.406, p < .05$. The analysis of the average difference reveals that male participants (Mean = 124.89; SD = 61.67) achieved substantially higher scores in health-seeking behavior sustainability compared to their female counterparts (Mean = 120.33; SD = 59.67). Based on this result, Hypothesis Two, which posited that there would be a notable gender disparity in sustainable health-seeking behavior among residents of Lafia Local Government Area, was confirmed.

5. Discussion

The objective of this study was to thoroughly evaluate the attitudes towards HIV/AIDS and the long-term sustainability of health-seeking behavior among the residents of Lafia Local Government Area in Nasarawa State in North-Central Nigeria. This paper developed and examined two research hypotheses and reported the results related to these hypotheses. The first hypothesis posited that views about HIV/AIDS would be a strong predictor of sustainable health-seeking behavior among people of Lafia Local Government Area. Using basic linear regression analysis, we demonstrated that those with negative views towards HIV/AIDS had considerably lower scores in health-seeking behavior sustainability in comparison to individuals with positive attitudes towards HIV/AIDS. This implies that those who hold negative views towards the condition are less inclined to utilize healthcare resources because of their perceptions. This finding aligns with the previous research conducted by Rathore et al. (2021), which highlighted the influence of attitudes towards particular diseases, such as HIV/AIDS, on healthcare-seeking behavior. The results further indicated that the healthcare-seeking behavior of HIV-positive individuals was significantly associated with several aspects, such as psychological, medical, situational, socio-cultural, and marketing elements ($p < 0.05$).

The results of this study also indicate that displaying a negative attitude toward individuals who are HIV-positive leads to stigmatization, fear, and a lack of secrecy. These factors act as obstacles to obtaining healthcare. Many individuals living with HIV are apprehensive about encountering acquaintances at the healthcare institution and having their HIV status discovered. This diminishes their inclination to pursue healthcare and discourages them from getting

antiretroviral therapy. This statement aligns with the research conducted by Abdulai et al. (2022), who investigated how cognitive, affective, social, and environmental aspects pose significant obstacles to seeking healthcare and treatment for HIV. Obstacles related to health facilities include the implementation of separate clinic days, extended waiting times, discrimination from family members, high expenses for medications and transportation, and the presence of posters that stigmatize HIV as resulting from extramarital affairs.

The findings pertaining to the second hypothesis indicated a notable disparity between males and females in terms of their attitudes towards HIV/AIDS and the sustainability of their health-seeking behavior ($t(257) = 3.406$; $p < .05$). Khamisa et al. (2020) examined the disparities between genders in terms of their attitudes and behaviors toward people living with HIV/AIDS. The study focused on 542 students attending higher institutions in Johannesburg, South Africa. The findings suggested no statistically significant gender differences regarding knowledge or attitude toward HIV and AIDS. Additionally, both genders exhibited a favorable attitude towards condom usage and individuals affected by HIV and AIDS. Nevertheless, 85% of students exhibited unfavorable sentiments toward HIV-positive individuals (Haroun et al., 2016). The results offer compelling evidence supporting the need to promote awareness campaigns in Nigerian universities. These campaigns would reduce the gaps in knowledge and decrease stigmatizing attitudes toward people living with HIV/AIDS.

Moreover, the results of this investigation corroborate a recent review by Chory et al. (2023). Their research rigorously examined studies that evaluate gender disparities in HIV. The findings revealed gender disparities in knowledge and risk perception among young people worldwide. Males regularly outperformed females in terms of HIV awareness, attitudes, and sexual decision-making. Socio-cultural environments make females more vulnerable to HIV infection, and there are noticeable deficiencies in girls' understanding and their tendency to seek healthcare. Women and young girls have significant challenges in safeguarding their sexual health, especially in communities where males have greater authority in making decisions about condom usage. Factors such as early marriage, limited access to HIV education, and engaging in transactional and intergenerational sex contribute to increased societal vulnerabilities to HIV infection based on gender (Comins et al., 2020; Fasil et al., 2022).

6. Conclusion

The objective of this study was to thoroughly evaluate the attitudes towards HIV/AIDS and the long-term sustainability of health-seeking behavior among the population of Lafia Local Government Area, Nasarawa State, North-Central Nigeria. The results of the first hypothesis demonstrated that people with negative views towards HIV/AIDS exhibited considerably poorer scores in terms of the sustainability of their health-seeking behavior compared to those who held positive attitudes towards HIV/AIDS. Negative attitudes towards individuals who are HIV-positive lead to decreases in their self-confidence as a result of the stigma and prejudice they

face. This, in turn, diminishes their willingness to seek healthcare and increases their susceptibility to contracting HIV. Conversely, having a favorable attitude towards those living with HIV/AIDS can potentially enhance individuals' confidence in their ability to make decisions and promote long-term health-seeking behavior for those who are HIV positive. The independent t-test showed a substantial gender disparity in attitudes regarding HIV/AIDS and sustainable health-seeking behavior among people of Lafia Local Government Area, $t(257) = 3.406$; $p < .05$. In Nigeria, a low-income underdeveloped country, socio-cultural variables have led to gender-based disparities. These disparities make girls more susceptible to HIV infection and limit their ability to seek sustainable healthcare. In this context, males have greater decision-making authority.

In order to promote a healthier and more knowledgeable community, it is the responsibility of all involved to launch focused awareness initiatives. Advertisements should be specifically crafted to enlighten the general public about the dangers of prejudice and marginalization of people, particularly girls, living with HIV/AIDS. Discrimination of this nature could worsen the already difficult circumstances experienced by individuals with the disease.

Acknowledgment

We express gratitude towards the pertinent authorities, including the Head of Department at the Federal University of Lafia, the National Health Research Ethical Committee of the Ministry of Health in Lafia, and the Medical Directors at the Federal Medical Center in Lafia. We also extend our appreciation to the participants for willingly signing the informed consent form.

References

- Abdulai, M. A., Marable, J. K., Wadus, A., & Asante, K. P. (2022). A qualitative analysis of factors influencing health-seeking behavior of people living with HIV, hypertension and diabetes in an urban area of Ghana. *Journal of Multimorbidity and Comorbidity*, 12, 1–11.
- Adei, D., Mensah, A. A., Agyemang-Duah, W., & Aboagye-Gyasi, L. (2022). Factors associated with health-seeking behavior among informal sector workers in the Kumasi metropolis of Ghana. *Cogent Public Health*, 9(1), 1–15.
- Akawu, F. A., & Charles, A. (2018). Impact of poverty on access to healthcare facilities and services in Nigeria: A study of Nasarawa State. *Journal of Economics and Sustainable Development*, 9(6), 1–9.
- Akinwande, O., Bashorun, A., Azeez, A., Agbo, F., Dakum, P., Abimiku, A., Bilali, C., Idoko, J., & Ogungbemi, K. (2017). A decade of monitoring HIV epidemics in Nigeria: Positioning for post-2015 agenda. *AIDS and Behaviour*, 21(Suppl 1), 62–71.

- Alizade, M., Farshbaf-Khalili, A., Malakouti, J., & Mirghafourvand, M. (2021). Predictors of preventive behaviors of AIDS/HIV based on health belief model constructs in women with high-risk sexual behaviors: A cross-sectional survey. *Journal of Education and Health Promotion, 10*, 446–454.
- Ambati, B., Ambati, J., & Rao, A. (1997). Dynamics of knowledge and attitudes about AIDS among the educated in southern India. *AIDS Care, 9*(3), 319–330.
- Andersson, G. Z., Reinius, M., Eriksson, L. E., Svedhem, V., Esfahani, F. M., Deuba, K., Rao, D., Lyatuu, G. W., Giovenco, D., & Ekström, A. M. (2020). Stigma reduction interventions in people living with HIV to improve health-related quality of life. *Lancet HIV, 7*(2), e129–e140.
- Anuar, H., Shah, S. A., Gafor, H., Mahmood, M. I., & Ghazi, H. F. (2020). Usage of health belief model (HBM) in health behavior: A systematic review. *Malaysian Journal of Medicine and Health Sciences, 16*(11), 201–209.
- Awofala, A. A., & Ogundele, O. E. (2018). HIV epidemiology in Nigeria. *Saudi Journal of Biological Sciences, 25*(4), 697–703.
- Bahamonde-Birke, F. J., Kunert, U., Link, H., de Dios Ortuzar, J. (2017). About attitudes and perceptions: Finding the proper way to consider latent variables in discrete choice models. *Transportation, 44*, 475–493.
- Berniak-Woźny, J., & Rataj, M. (2023). Towards green and sustainable healthcare: A literature review and research agenda for green leadership in the healthcare sector. *International Journal of Environmental Research and Public Health, 20*(2), 908–126.
- Centers for Disease Control and Prevention (2023). *HIV/AIDS epidemic control*. <https://www.phis3project.org.ng/wp-content/uploads/2023/12/HIV-AIDS-Epidemic-Control-September-2023-V2.pdf>
- Chory, A., Gillette, E., Callen, G., Wachira, J., Sam-Agudu, N. A., Bond, K., & Vreeman, R. (2023). Gender differences in HIV knowledge among adolescents and young people in low-and middle-income countries: A systematic review. *Frontiers in Reproductive Health, 5*, 1–10.
- Comins, C. A., Rucinski, K. B., Baral, S., Abebe, S. A., Mulu, A., & Schwartz, S. R. (2020). Vulnerability profiles and prevalence of HIV and other sexually transmitted infections among adolescent girls and young women in Ethiopia: A latent class analysis. *PLoS One, 15*(5), 1–14.
- Doyore, F., Chafo, K., & Moges, B. (2015). Health seeking behavior for HIV/AIDS among public college community, Ethiopia: A qualitative study using behavioral models. *Journal of Clinical Trials, 5*(4), 238–244.
- Fasil, N., Worku, A., Oljira, L., Tadesse, A. W., & Berhane, Y. (2022). Association between sexual and reproductive health education in peer group and comprehensive knowledge of HIV among adolescent girls in rural eastern Ethiopia: A community-based cross-sectional study. *BMJ Open, 12*(10), 1–7.
- Fu, J., Chen, X., Dai, Z., Huang, Y., Xiao, W., Wang, H., Si, M., Wu, Y., Zhang, L., Jing, S., Liu, X., Yu, F., Mi, G., & Su, X. Y. (2023). HIV-related stigma, depression and suicidal

- ideation among HIV-positive MSM in China: A moderated mediation model. *BMC Public Health*, 23(1), 1–12.
- Haileamlak, A. (2018). What factors affect health seeking behavior? *Ethiopian Journal of Health Science*, 28(2), 110.
- Haroun, D., El Saleh, O., Wood, L., Mechli, R., Al Marzouqi, N., & Anouti, S. (2016). Assessing knowledge of, and attitudes to, HIV and AIDS among university students in the United Arab Emirates. *PLoS One*, 11(2), 1–11.
- Imani, B., Zandi, S., khazaei, S., & Mirzaei, M. (2021). The lived experience of HIV-infected patients in the face of a positive diagnosis of the disease: A phenomenological study. *AIDS Research and Therapy*, 18(95), 1–8.
- Khamisa, N., Mokgobi, M., & Basera, T. (2020). Knowledge, attitudes and behaviours towards people with HIV and AIDS among private higher education students in Johannesburg, South Africa. *Southern African Journal of HIV Medicine*, 21(1), 991–998.
- Khan, M. S., Unemo, M., Zaman, S., & Lundborg, C. S. (2018). HIV, STI, prevalence and risk behaviours among women selling sex in Lahore, Pakistan. *BMC Infectious Diseases*, 11(1), 119–127.
- Kumah, E., Boakye, D. S., Boateng, R., & Agyei, E. (2023). Advancing the global fight against HIV/AIDs: Strategies, barriers, and the road to eradication. *Annals of Global Health*, 89(1), 83–89.
- Latif, A. S. (2020). The importance of understanding social and cultural norms in delivering quality health care – A personal experience commentary. *Tropical Medicine and Infectious Disease*, 5(1), 22–30.
- Lopez, S. M. J., Ramiro, V. R., & Roxas, E. A. (2017). Measuring stigma and discrimination towards people living with HIV among health care workers in a tertiary, government teaching hospital in the Philippines. *Acta Medica Philippina*, 51(4), 319–326.
- Madu, E. N., & Osuji, H. (2022). Children and child behavioral health in Nigeria: Current efforts in policy, research, and practice. In F.M.Ssewamala, O. Sensoy Bahar, & M. M. McKay(Eds.), *Child behavioral health in Sub-Saharan Africa*(pp. 113–123). Springer. https://doi.org/10.1007/978-3-030-83707-5_6.
- Maier, C., Thatcher, J. B., Grover, V., & Dwivedi, Y. (2023). Cross-sectional research: A critical perspective, use cases, and recommendations for IS research. *International Journal of Information Management*, 70, 1–6.
- Nalah, A. B., Azlinda, A., & Paramjit, S. J. S. (2020). A qualitative study exploring harmful cultural practices and HIV stigma in North-Central Nigeria. *Asia Proceedings of Social Sciences (APSS)*, 6(1), 5–11.
- Nalah, A. B., Azlinda, A., & Paramjit, S. J. S. (2022). The impact of gender discrimination and HIV stigma on women living in North Central Nigeria. *Cogent Social Sciences*, 8(1), 1–16.
- Nikolopoulos, G. K., & Tsantes, A. G. (2022). Recent HIV infection: Diagnosis and public health implications. *Diagnostics (Basel)*, 12(11), 1–17.
- Oberoi, S., Chaudhary, N., Patnaik, S., & Singh, A. (2016). Understanding health seeking behavior. *Journal of Family Medicine and Primary Care*, 5(2), 463–464.

- Onovo, A. A., Adeyemi, A., Onime, D., Kalnoky, M., Kagniniwa, B., Dessie, M., Lee, L., Parrish, D., Adebobola, B., Ashefor, G., Ogorry, O., Goldstein, R., & Meri, H. (2023). Estimation of HIV prevalence and burden in Nigeria: A Bayesian predictive modelling study. *eClinical Medicine*, 62, 1–15.
- Rapaport, S. F., Peer, A. D., Viswasam, N., Hahn, E., Ryan, S., Turpin, G., Lyons, C. E., Baral, S., & Hansoti, B. (2023). Implementing HIV prevention in Sub-Saharan Africa: A systematic review of interventions targeting systems, communities, and individuals. *AIDS and Behaviour*, 27(1), 150–160.
- Rathore, M. A., Rashid, Z., Khushk, I. A., Rathore, M. A., Mashhadi, S. F., & Ramzan, N. (2021). Factors affecting health care seeking behaviour among newly diagnosed HIV cases in Rawalpindi, Pakistan. *Annals of King Edward Medical University*, 27(2), 269–275.
- Rice, Z.S., & Liangputtong, P. (2023). Cultural determinants of health, cross-cultural research and global public health. In P. Liangputtong (Ed.), *Handbook of social sciences and global public health* (pp. 1–14). Springer. https://doi.org/10.1007/978-3-030-96778-9_44-1
- Rincón, U. F. A., Godinho, R. C. S., Machado, M. A.S., Oliveira, K.R.D.S.G., Neira, E. C. A., de Sousa, N. C. V., de Sousa, L. L., Barbalho, M. V. M., Piani, P. P. F., & Pedroso, J. D. S. (2021). Health knowledge, health behaviors and attitudes during pandemic emergencies: A systematic review. *PLoS One*, 16(9), 1–14.
- Sallam, M., Alabbadi, A. M., Abdel-Razeq, S., Battah, K., Malkawi, L., Al-Abbadi, M. A., & Mahafzah, A. (2022). HIV knowledge and stigmatizing attitude towards people living with HIV/AIDS among medical students in Jordan. *International Journal of Environmental Research and Public Health*, 19(2), 745–760.
- Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., Simbayi, L. C., Barré, I., & Dovidio, J. F. (2019). The health stigma and discrimination framework: A global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine*, 17(1), 31–44.
- Teshale, A. B., & Tesema, G. A. (2022). Discriminatory attitude towards people living with HIV/AIDS and its associated factors among adult population in 15 sub-Saharan African nations. *PLoS One*, 17(2), 1–14.
- Topkaya, N., Şahin, E., & Meydan, B. (2016). The development, validity, and reliability of the barriers to seeking help scale for college students. *International Journal of Higher Education*, 6(1), 48 – 62.
- United States Agency of International Development (2021, August). *Data collection methods and tools for performance monitoring: Monitoring toolkit*. https://usaidlearninglab.org/system/files/resource/files/data_collection_perf_monitoring_final2021.pdf
- World Health Organization (2023). *Summary of the global HIV epidemic 2022: Epidemiological fact sheet*. <https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/j0294-who-hiv-epi-factsheet-v7.pdf>.