

**RELATIONSHIP BETWEEN KNOWLEDGE OF HIV/AIDS AND SEXUAL  
BEHAVIOUR AMONG ADOLESCENTS IN JOS METROPOLIS**

**BY**

**HALIMA SADIYA ABUBAKAR, Ph.D; (MCASSON )**

**DEPARTMENT OF EDUCATIONAL FOUNDATIONS**

**USMANU DANFODIYO UNIVERSITY, SOKOTO**

**AND**

**MUHAMMAD ADAM,( MCASSON )**

**DEPARTMENT OF EDUCATIONAL FOUNDATIONS**

**ABUBAKAR TAFAWA BALEWA UNIVERSITY, BAUCHI**

**A PAPER PRESENTED AT THE 14<sup>TH</sup> ANNUAL NATIONAL CONFERENCE OF  
NIGERIAN SOCIETY FOR EDUCATIONAL PSYCHOLOGISTS (NISEP)**

**THEME : ADOLESENT BEHAVIOURS : ISSUES AND PROBLEMS**

**MONDAY 6<sup>TH</sup> TO FRIDAY 10<sup>TH</sup> OCTOBER, 2014**

**VENUE : CONFRENCE AUDITORIUM , NATIONAL INSTITUTE FOR EDUCATINAL  
PLANNING AND ADMINISTRATION (NIEPA) , ONDO ,ONDO STATE .**

## **Abstract**

The study critically reviewed acquired immune deficiency syndrome (AIDS) in relation to students' sexual behaviour in Jos metropolis. To achieve this, two null hypotheses were postulated and tested. A cross-sectional correlation design was employed on 200 students. The sample was drawn from 5 secondary schools using disproportionate stratified sampling techniques. A self developed 20 item scale was used in collecting the data. Data were analyzed using Pearson product moment correlation coefficient. Result revealed a significant relationship in the two null hypotheses. Recommendations offered, suggested encouragement to form clubs that will enlighten students on transmission and prevention of HIV/AIDS as well as avoiding risky sexual behaviour among students.

## **Introduction**

Aids stand for acquired immune deficiency syndrome. It is caused by human immune deficiency virus (HIV). The virus spare no gender, religion, classes of people, political inclination and race. It affects anybody that comes into contact with it. AIDS epidemic is global crises and a formidable challenge to the development and social progress of the entire world since it was discovered in 1981. It has become one of the destructive epidemics recorded in history despites the effort of world bodies such as the world health organization (WHO), united nations children education fund (UNICEF), United nation development program (UNDP), United Nation on Acquired Immune Deficiency Syndrome (UNAIDS), and much scientific researches there is no vaccine to prevent HIV and no cure has been found for now. Prevention relies mainly on public awareness campaign and individuals behaviour change in a supportive environment.

According to a report by UNAIDS, it was observed that young people are at the centre of the global AIDS epidemic of 1.7 million young people worldwide, 5.4 million are estimated to be living with HIV. About 4 percent of new HIV infection are among young people (UNAIDS, 2010). These young people remain more prone to HIV/AIDS epidemic in terms of rate of infection, vulnerability, impact and potential for change. The young generation were born and brought up in a world contaminated by AIDS, but many of them still lack the comprehensive and correct knowledge on how to prevent HIV infection. This situation persist even though the world has agreed that young people have the human right to education, information and services that could protect them from harm. After knowing the silence inherent in the epidemic and climates in AIDS by the stakeholders there are little incentives for adolescents to be encouraged to seek for counseling and testing.

It is easy for adolescents to proclaim that he can avoid HIV infection because He/she has never had any casual sex before marriage. Obviously, it is not always easy to do so with people who engaged in casual sex before marriage. Equally it is not easy for the adolescents to overcome the temptation of trying to experiment sexual intercourse. Children in secondary schools experience physical changes in their body as they grow. They always experience new emotional feelings about friends of the opposite sex that urges them to try sex. There is also many pressure from peer group to experiment sex before marriage. Indeed this is not the culture of the African tradition. The casual sex culture is neither that of African nor of the Christian or Muslim religion (Sambo, 2009). A casual sex is dangerous to the life of all and sundry because it will expose them to sexually transmitted diseases. A feeble minded adolescent who might think that having sex is safe, fun and harmless and might not overcome the temptation and desire that urges him/her experiment sex. Thus allowed him/her to be pushed into it for the first time. The first experience in sex will made it possible to desire for more experiences in it. It may be too late before he/she discovered that he/she is infected by HIV/AIDS

Plateau state had suffered from a lot of crises and uprising for the past 14 years. These reasons made the Federal Government of Nigeria to deployed peace keepers to calm the situation in the state. This peace keepers personels come to the state from various parts of the country leaving their wives behind. One could possible have in mind that, if, these soldiers and policemen would go after local girls (mostly adolescents in secondary schools) to quench their sexual ureges. This action can lead to the spread of HIV infection in the state. The inter-agency standing committee (2005) observed that sexually transmitted rates among armed forces personnel are generally 2 to 5 times higher than in civilian population. They (Federal agency for control of AIDS, 2012) also said it can be much greater in terms of conflict. This might be the

reason for the state to be rated as the 6<sup>th</sup> states of the federation with the highest HIV prevalent rate.

There is a high risk of HIV vulnerability among refugees and internally displaced persons in plateau state as a whole and in Jos North Local Government Area in particular. In emergency situation rape and exchange of sex for survival are the most likely visible manifestation of violence in every society. This can lead to a fast and wide spread of HIV infection within the population.

The adolescent fall in between the ages of 12 to 25 years (Iliya, 2010.) this age bracket falls in between the ages with the highest HIV prevalence in Plateau state. Plateau AIDS Control Agency (2005) posited that, those people in the age bracket of 15-49 years have 60% among people living with HIV/AIDS in the state. Most of our students in the secondary schools fall in this age brackets (15-49 years). Therefore, all human, material and financial support need to be deployed to reduce or eliminate entirely the infection of HIV/AIDS in the state.

### **Statement of the problem**

The HIV infected persons faced a lot of discrimination and stigmatization of different forms from family, peer group and the general public, this make the infected persons keep mute over their conditions. Families and friends who should care for the younger generation avoid these victims because of ignorance. This negative societal attitude has discouraged many people from revealing their positive status or even going for drugs. The infected students are likely to dropout of school due to lack of sponsorship and ill health that makes them incapacitated to cope with academic activities.

## **Research Questions**

Research Questions were formed to give a focus to this study.

1. To what extent is the relationship between the knowledge of HIV/AIDS among male and female adolescents in secondary schools in Jos Metropolis.
2. To what extent is the relationship between adolescents' sexual behaviours and the contraction of HIV/AIDS among secondary school students in Jos Metropolis.

## **Objectives of the study**

Objectives were postulated to give a guide to this research work.

1. To examine the relationship between the knowledge of HIV/AIDS among male and female adolescents in secondary schools in Jos North L.G.A
2. To examine the relationship between adolescents sexual behaviors and the contraction of HIV/AIDS among students in secondary schools in Jos metropolis.

## **Hypotheses**

Hypotheses were employed to give a guide to this study as thus:

1. There is no significant relationship between the knowledge of HIV/AIDS among male and female adolescents in secondary schools in Jos North L.G.A
2. There is no significant relationship between adolescents' sexual behaviours and the contraction of HIV/AIDS in secondary schools in Jos metropolis.

## **Research Design**

Cross-sectional correlation design was employed in this study. Thus, data was collected from representative samples or cross-sections of the population and studied over a short period of time. The rationale for this design is to determine the appropriateness of the relationships that existed between two or more variables. (Awotunde and Ugodunhuwa, 2004). It therefore determines whether two or more variables are related or not.

## **Population**

The population for this study consisted of public senior secondary schools two (SSII) students in Jos North local government area, with a total population of six thousand four hundred and twenty (6,420) students. It included both male and female students.

## **Samples and sampling Techniques**

Purposive sampling technique was used in drawing five (5) secondary schools as sampled schools for the study. The rationale for using purposive sampling technique is to ensure that each zone has an equal number of schools representing the zone. The local government was divided into five zones. Each zone is represented by one (1) school. The disproportional stratified sampling techniques was used in drawing the sample of two hundred (200) students. Forty (40) students (twenty (20) males and twenty (20) females) were drawn from each of the five schools. The fish bowl method was used in the selection of the schools. All the names of the schools with each stratum were written in order of the zones on pieces of papers and the papers with the names of the schools from the zones. One paper was randomly selected and the names of the schools on those pieces of papers were those that participated in this study.

## **INSTRUMENTATION**

The instrument for data collection in this study was a researcher designed structured questionnaire titled adolescent knowledge of HIV/AIDS and sexual Behavior scale (AKHASBS) it was a twenty (20) items scale, which was modified on 4 point likert scale of strongly agree (SA); agree (A); Disagree (D) and strongly disagree (SD). Experts in the department of guidance and counseling and measurement and evaluation validated the instrument. It yielded reliability co-efficient of 0.90 using cronbach alpha method.

### **Procedure for Data Collection**

The validated instrument (AKHASBS) was distributed to two hundred (200) students selected from five (5) secondary schools in Jos North L.G.A. Research assistants were employed and trained for the purpose of administering and retrieving of the instrument. The total scores were derived from the submission of the sub total in the four columns to give a raw score. The raw scores were calculated in order to determine the knowledge of HIV/AIDS among the students.

### **Method for data analysis**

The Pearson product moment correlation co-efficient statistics was employed to analyse the hypotheses. The justification for the used of this statistics is that, it is useful for determining the strength and direction of the relationship between two scales variables. Punach (2001) posited that it is procedures that compute the pairwise associations for a set of variables. The choice of this procedure is therefore considered appropriate. The level of confidence was set at 0.01.

## Findings

A summary of data obtained on relationship between knowledge of HIV/AIDS and sexual behaviour among adolescents in Jos metropolis is presented as thus:

### Hypotheses

*HO<sub>1</sub>: There is no significant relationship between the knowledge of HIV/AIDS among male and female adolescent in secondary schools in Jos metropolis.*

Table 1: Pearson product moment correlation co-efficient of the relation of HIV/AIDS among male and female students in secondary schools in Jos metropolis.

| Variables                                     | N   | Mean  | Std  | df | r-cal | r-crit | Remark      |
|---|-----|-------|------|----|-------|--------|-------------|
| Female –test scores<br>of adolescent students | 100 | 11.92 | 2.15 | 99 | .888  | .267   | significant |
| Male-test score<br>of adolescent students     | 100 | 10.36 | 1.97 |    |       |        |             |

Correlation is significant at 0.01 levels  
Source: researchers' field work 2014

The result presented in table 1 above shows the female test analysis of the relationship between scores of analysis the male test analysis towards their knowledge as regard HIV/AIDS in secondary schools in Jos metropolis. The table shows that the critical value (.267) is less than the calculated r-value of .888 at  $p < 0.01$  level of significant. This means that there is significant relationship between knowledge of HIV/AIDS among male and female students in secondary schools in Jos metroplos. To this end, *HO<sub>1</sub>* is hereby rejected and the alternative hypothesis is accepted.

*HO<sub>2</sub> There is no significant relationship between the adolescent sexual behaviour and the contraction of HIV/AIDS in secondary schools in Jos metropolis.*

Table 2: Pearson product moment correlation co-efficient of the relation between adolescents' sexual behaviour and the contraction of HIV/AIDS in secondary schools in Jos metropolios.

| Variables                                     | N   | Mean  | Std  | df | r-cal | r-crit | Remark      |
|---|-----|-------|------|----|-------|--------|-------------|
| Female –test scores<br>of adolescent students | 100 | 55.12 | 7.68 | 99 | .532  | .267   | significant |
| Male-test score<br>of adolescent students     | 100 | 56.42 | 4.04 |    |       |        |             |

Coorelation is significant at 0.01 levels  
Source: researchers' field work 2014

The result presented in table 2 shows that female scores on no significant relationship between adolescent sexual behaviours and the contraction of HIV/AIDS and the male student scores in secondary schools in Jos metropolis indicates that the critical r-value of .267 is less than the calculated r-value of .532 at  $p < 0.01$  level of significant. This means that there is significant relationship between adolescents' sexual behaviour and the contraction of HIV/AIDS in secondary schools in Jos metropolis. To this end  $H_0$  is hereby rejected and the alternative hypothesis is accepted.

## DISCUSSION OF FINDINGS

From the analysis of the data collected and the hypothesis tested. It was discovered that there is significant relationship between the knowledge of HIV/AIDS among male and female students in Jos metropolis. This findings coincide with the findings of Dele-Osibanjo (2012) who observed that intervention of posive perception can prevent and curtail the spread of HIV/AIDS.

Findings from the second hypothesis also show significant relationship between adolescent behaviour and the contraction of HIV/AIDS

This findings agrees with senior (2012) believed that adolescents are not always reached by effective HIV intervention or preventive educational programme. Lack of receiving this information usually makes them involved in risky sexual behaviour. In a similar vein centre for disease control and prevention (CDC) (2014) in their findings give a statistics of 8,300 young

people aged 13-24 years in the 40 states in united state of America were infected by HIV in 2009 due to indulging in risky sexual behaviour.

In another study on adolescents HIV relevant sexual behaviour in a major north east city where there is major HIV/AIDS related knowledge, these adolescents reported high level of sexually risk behaviours. In addition they found out that moderate alcohol or marijuana use predicts high risk sexual behaviour. These data indicate the urgent need to develop prevention strategies for the spread of HIV among intercity youth based upon relevant predictors of risky sexual behaviour (Elsevier, 2014).

## **Conclusion**

It is well documented that areas, that suffer from crisis and uprising are at high risk of sexually transmitted infection with human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) although a growing amount of literature suggested that this pandemic indicates an urgent need to develop preventive strategies among adolescents, to curtail its spread. For it is a known fact that it has no immunization or cure for now.

## **Recommendation**

Based on the findings of the present study, the following recommendations were made.

1. Establishing functional guidance and counselling centers in the schools , employing professional personnel's that can aid in the dissemination of information as well as

providing positive perception in ways of preventing HIV / AIDS can curtail infection among adolescents.

2. Students should be encouraged to form clubs that will enlighten themselves on transmission, and prevention of HIV/AIDS as well as means of avoiding risky sexual behaviour among them.

## References

- Awotunde, P.O. & Ugodunlunwa, C.A. (2004). Research methods in education. Jos: fab Anieh (Nig). Ltd.
- Center for disease control and prevention (2014). Adolescent and school health. Available at <http://www.cdc.gov/healthyouth/sexualbehaviours.com>.
- Dele-Osibanjo, T.A. (2012). An assessment of the role of parents in preventing HIV/AIDS among secondary school student in ogun state Nigeria. Available at <http://ejournal.sed.stcom/index.php/asedu/article/185>
- Elsevier, B.V. (2014) HIV-relevant sexual behaviour among a healthy inner-city hetero sexual adolescent population in an endemic area of HIV. Available at <http://www.sciencedirect.com/scie.fetchtitleandicon>
- Federal agency for the control of AIDS (2012). Global AIDS response country progress Abuja: Federal Republic of Nigerian.
- Iliya, H. (2010). Psychological concept of behaviour modification in schools. Jos: grace production arts and prints.
- Inter agency standing committee (2005). Guideline for HIV/AIDS interventions in emergency setting genera: published by inter-agency standing committee.
- Leigh B.C. (1993). Risk behaviour for transmission of human immunodeficiency virus (HIV) among HIV sero Positive individual in urban setting. Available at <http://www.ncbi.nlm.nih.gov/m/pubmed/8256876>
- Punch K.F. (2001). Introduction to social research qualitative and quantitative approaches. London: sage publications.
- Sambo, S. (2009). Counseling strategies for minimizing youth and adolescent problem. Zaria: Ahmadu Bello University.
- Senior, F.M. (2012). AIDS epidemic fresh in risk taking youths. Available at <http://www.cdc.gov/hiv/risk/age/youth/index.html>.
- Unaid (2010). Reports on the global epidemic. Geneva: UNAIDS

