

Full Length Research Paper

Assessing the extent of HIV/AIDS education and prevention among secondary school students in Oredo, Benin City, Nigeria

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Research has been carried out on the prevention of HIV/AIDS and is still on all over the world both in the developed and developing countries because of the morbidity and drain caused by the disease in the economy as well as the continuous increase in the downward trend of the age range of the young ones who engage in sexual activities. With an assessment of the extent of knowledge, findings from the survey reveal that most students have heard of HIV/AIDS before. Some have been involved in sex either once or more than once, and half of this group did not use condoms as they gave various reasons for that. Suggestions are therefore made on effective and efficient ways through which HIV/AIDS education could be carried out for better impact based on the research findings.

Key words: HIV/AIDS, prevention, education, knowledge, assessment.

INTRODUCTION

HIV/AIDS education has been on the increase ever since the realization of the pandemic. Over two decades after the incursion of HIV/AIDS into human chronicles, the pandemic is yet to be fully comprehended and apprehended as its medical, psychological and social implications remain unabated (Aderinto et al., 2009). In spite of continuous education and awareness programmes, the rate of increase of youths' involvement in unsafe sex and other practices that expose them to the infection is escalating. It is important to note that there are factors other than sex that can expose one to the infection. This leaves many persons in danger of contracting HIV/AIDS if the necessary preventions are not taken. Therefore Health Organizations and Non Governmental Organization (NGO) have taken it as a matter of priority to constantly carryout public enlightenment campaigns on the issue even though there is continuous rise in the number of cases of HIV/AIDS infected people.

Scientists have made it possible to know one's HIV status; so some people know their status because they have done the blood tests required, but many people e.g. teenagers still do not know their status.

They are completely ignorant of it and some even hold the belief that they can never get infected with the virus, which is really their position, as their engagement in sex is very high. It is for these reasons that the researchers wish to assess their level of awareness and the effectiveness of the HIV/AIDS programmes so far held by government organizations and the various NGOs around them.

Its modes of transmission besides sexual intercourse have been studied as there are many interplaying issues that could be addressed through impartation of knowledge on secondary school students. Also, there is need for a laboratory test to be carried out to know one's status since the signs of HIV are not obvious at the early stages. Though scientists have not been able to discover

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a cure for HIV/AIDS, indiscriminate and abnormal sex is on the increase. However, some youths who are aware of the disease have become complacent as HIV has become almost like any other problem in life, like meal to take or companion to keep (Awake, November 2004, 9).

Particular focus is on sexual activities amongst the youths. One would expect that with the increase in awareness programmes going on, young people will apply caution and be modest in their attitudes to sex activities but little is seen as there seems to be an increase in the desire to experiment with sex. It is true that the best preventive measure from getting infected with HIV/AIDS is abstinence. As Marrazzo (2009) opined, unlike many serious diseases, simple measures could be applied to prevent Sexually Transmitted Infections (STIs). The most effective and dependable prevention method is abstinence—that is, refraining from sex completely. Hence, where there is no sexual contact, there would be no risk of developing STIs especially among young, unmarried people. Again, monogamy as a cultural practice, in which two partners have no sexual relations with none else but themselves, also greatly reduces the risk of spreading and contracting STIs. But secondary to that is safe sex involving the use of condom, which is however not 100% safe as it can break or slip off during intercourse. The doctrine of abstinence among unmarried persons is a very reliable antidote against sexually transmitted infections. Complementing the foregoing, Larry et al. (2004) noted that the rarity of monogamous partnerships and increasing unprotected sex are fueling the rapid expansion of the HIV epidemic.

Today, the need to inculcate knowledge and raise awareness of sex and sexual activities among adolescents cannot be overemphasised. Hence it has become necessary to incorporate topics on HIV/AIDS education into the academic curriculum of secondary schools. Where this is already existing, stronger emphasis should be placed on educating the students regularly. Teachers, counsellors and other stakeholders within the educational system should not by-pass the topic as majority of these youths at this stage become very aware of changes in their body, especially the presence of sex urges, which some want to experiment with, yet the misled or misguided are already seriously sexually active.

The problem of HIV/AIDS today and the increasing rate of sexual activities among youths have made it necessary to inquire from them how much understanding they have about HIV/AIDS and its prevention and how they react to the concept. Knowledge is power but little can be said about what the youths really understand or believe about the reality of HIV/AIDS because of their increasing sexual activities. It is true that HIV/AIDS has become a major public health crisis that stands to significantly hinder development in Nigeria as children and young persons are generally more susceptible to the virus (Aderinto, 2007). Seminars, lectures, workshops, jingles and

programmes on television and radio stations, news papers, magazines, journals and bill boards talk about HIV/AIDS in various ways today but there seems not to be much impact on the youths and if it is in the academic curriculum of secondary schools, it is still not making the expected impact (Omage, 2011). Consequent upon this is the need to assess the extent to which knowledge gained from HIV/AIDS education has influenced preventive behaviour of youths at the secondary level.

The decline in social services and the persistently high prevalence of STIs are the result of a failing health system. The breakdown of the education system represents a missed opportunity to provide young people with the knowledge and skills necessary to lead a healthy sexual life (Buvé, 2006).

Perhaps the greatest threat to world population in the next few decades will be HIV/AIDS as there is still no known cure (Keene, 2001), and since its appearance at the beginning of the 1980s the AIDS epidemic has posed one of the greatest challenges to development and social progress in the world. HIV infection has grown exponentially in many countries and cultural, economic and political phenomena have been blamed for this evolution. Expressions currently in use such as “disease of poverty” or “disease of development” evoke the scope of the problem by indicating that AIDS is not limited to questions of sexual behaviour or questions of health (Zoa Zoa, sax, 2006). Apart from the major avenue of the disease spread, school children need to know about what Vylder (1999) wrote, “other forms of spread of the virus, such as through medical injections or infection through transfusion of poorly screened blood, continue to take their toll in human suffering, and should receive proper attention in all preventive strategies, as they are of marginal importance for an understanding of major socioeconomic factors and consequences of the disease”.

The paper, therefore seeks to examine the extent of HIV/AIDS education and prevention among secondary school students in Oredo, Benin City, Nigeria, which is narrowed down to the following specific objectives:

- To investigate youths’ knowledge about HIV/AIDS.
- To inquire into the rate of sexual activities among them.
- 3 To ascertain their beliefs about safe sex and free sex.
- 4 To emphasize the need for abstinence.
- To examine how often these youths are exposed to HIV/AIDS as a topic

Human Immunodeficiency virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) has been a global problem for many years. Discovering its modes of transmission enabled scientists arrive at the preventive measures, tactful management and also discovering drugs used in treating HIV/AIDS patients. So far, the cure for HIV/AIDS has not been found but emphasis is placed

on educating people globally to bring about an awareness expected to reflect by a downward trend of the pandemic but unfortunately, it is not so.

Education is an essential feature of human life, a process of teaching/learning and could be formal or informal. Formal education takes place in the classroom while informal takes place anywhere else. With the great number of youths between ages 15-24 that are being infected with HIV in their thousands, in addition to the 890,000 young infected people in 2009, Averts media galley (2011) gave an answer to the question, "why is AIDS education for young ones an issue?":

"HIV and AIDS necessitate discussion about sensitive subjects such as sex and drug use. Many people believe that it is inappropriate to talk to young people about these subjects and fear that doing so will encourage the young ones in risky behaviours. Such attitudes are often based on moral or religious views rather than evidence and the severity limits around the world. Substantial evidence shows that educating young people about safer sex and the importance of using condoms does not lead to increase in sexual activity..."

Avert also talked about the different approaches to HIV/AIDS education in schools. Opinions are divided between education promoters who take "abstinence – only approach" to sex education and those who advocate a more comprehensive approach. Which approach is favoured significantly affects how young people are educated about HIV/AIDS. Sex education that focuses on abstinence is based on the belief of encouraging young people not to have sex until marriage; it is the best way to fight against/reduce HIV/AIDS infection. This approach limits AIDS educators by not providing information about how young people can protect themselves from HIV infection if and when they do choose to have sex. It is vital for the prevention of HIV that schools provide comprehensive sex education which educates about the importance of condom use as well as promoting delayed initiation of sex.

The need for HIV/AIDS education programmes: An overview of general efforts

In reality, HIV/AIDS pandemic cuts across all classes of human beings, children, student/adolescents, adults, the aged, the beautiful and the ugly as it is synonymous with death and the avoidance of premarital sex is the ultimate solution (Musa et al., 2007). Secondary school students should not be fooled on these issues as premarital sexual behaviour and practices will bring about various medical complications, social and psychological disturbances in later life like infertility, distrust in spouse and consequently, failed marriages (Musa et al., 2007). According to Omage (2011), in 1987, a national AIDS

control programme was launched to co-ordinate national responses to HIV/AIDS in India. Their activities covered surveillance, blood screening and health education of the people of India on HIV/AIDS. In 1992, the government set up a National AIDS Control Organization (NACO) to oversee policy formulation, prevention and control programmes relating to HIV and AIDS. The government also launched a strategic plan, the National AIDS control programme (NACP) for HIV/AIDS prevention and States AIDS Control Society (SACS). All the above named launched programmes engaged in HIV/AIDS education in organizations, surveillance, making and implementing policies etc. In 2007, the NACP's highest priority was to reach 80% of high risk groups including sex workers, homosexuals (gay), injecting drug users, the young and the marginalized. The civil society or community organizations also worked in partnership with SACS and held outreach programmes focusing on behaviour change through peer education, distribution of condoms and other sex reduction materials, treatment of Sexually Transmitted Diseases (STD) linking the people up with health services as well as advocacy and training HIV/AIDS education were also done.

There is also a currently registered women organization in Nepal, Kathamanda, India known as ABC/Nepal – Anti – Trafficking, Basic Human Rights and Cooperatives. They are into creating awareness regarding issues surrounding the trafficking of women and young girls in Nepal, leading to the increase of HIV/AIDS among this group. ABC/Nepal also creates strong network against trafficking of women and young girls by promoting self – reliance, self-development, training and economic empowerment. HIVICTORIOUS (2011), a United State based NGO educates youths and young adults about healthier choices in sexual practices to avoid sexually transmitted infections/diseases (STIs/STD) and HIV/AIDS, towards passionate advocacy, towards helping to shape HIV/AIDS policy, active fund raising events, camps for youths affected or infected by HIV, guest – speaking encouragements and youths prevention education in schools, colleges, jails, prisons, and community organizations, also through Television and radio programmes, magazines, newspapers and written articles. The international HIV/AIDS Education charity engages in target group HIV/AIDS education. They reach high risk groups like homosexuals in settings like workplaces, schools, home to reach the most vulnerable, poor and marginalized people.

In Asia, the Cambodian HIV/AIDS Education Care (CHEC 2011), an NGO working towards empowering communities and the general public in addressing tuberculosis (TB)/HIV/AIDS and sexually transmittable infections (STI) creates a sense of self reliance and ownership as the response to both knowledge and awareness of HIV/AIDS amongst youths / adolescents and women, through the training conducted by the community trainers and focal persons increases. This

effort is done through enhancing the capacity of the community trainers so they can be role models in the training and dissemination of information to youths and women by mobilising resources both in terms of materials and skills development, to improve the quality of lives of people living with HIV/AIDS. CHEC expands its work with key multimedia system and networks such as Television, radio, public forums, and conferences which they can use as the basis for targeting public education and advocacy on HIV/AIDS.

Again, in acknowledgement of the rising trend of HIV prevalence in Thai young people, the GSC 2011, partnered with Bangkok office of Programmes for Appropriate Technology in Health (PATH) to design and implement the “English for Life” (EFL) weekend camp programme in summer of 2007. This youth education programme was designed to provide HIV/AIDS prevention and English training for these secondary schools teachers and students. The programme utilized English as a mode of information transmission and also met the great demand of secondary schools for training in English. Each month, it constituted a training workshop and four student’s camps. The training workshops and student camps were conducted over a three day period as well as an additional day prior to the camp set aside for preparation. In Australia, a non-governmental organization known as Shiloh HIV/AIDS Education service does outreaches to senior secondary schools. The Shiloh team’s message to the students and their teachers is to take responsibility for their own health because education is the major weapon to combat HIV/AIDS.

In Africa, in Botswana, the Botswana National Policy on HIV/AIDS was approved and adapted by the government through presidential directive in 1993. The health sector was in the lead in HIV and AIDS prevention and care through information, education and communication, control of STDs, condoms promotion and counselling for prevention.

In Zimbabwe, children are currently been taught about HIV/AIDS in schools. NGOs also have used tele-broadcast, radio, drama and community groups to convey prevention messages on HIV/AIDS. In Malawi, Temwa-sustainable Community Development Health Education primarily has been focused on HIV/AIDS education. It reaches out to young vulnerable people by establishing AIDS Action Clubs in schools, doing peer education and training. They educate the young on Sexual Reproductive Health (SRH) and encourage increased use of condoms among males and females within that same age range in 2008. In Uganda, sex education in schools and on radio focused on the need to negotiate safe sex and encourage teenagers to delay the age at which they first have sex. In Nigeria, specifically in Kwara State, an AIDS Awareness Initiative Programme by Family Life Health HIV Education (FLHE 2011) holds Programme round secondary schools training and retraining teachers so they can effectively

communicate when teaching their students. In Lagos an HIV/AIDS Awareness Campaign (2011) by NLM Gateway, an international NGO went through secondary schools to raise a sustainable HIV/AIDS prevention programme team. Using peer health educator approach, they equip the young people by contact with adequate information on reproductive health and sexuality issues in order to help them make informed responsible choices.

The case of Benin City, Edo State

The urgent need to assess the extent of HIV/AIDS education and Prevention among Secondary School Students cannot be overemphasised. Though efforts have been put in, there is still much to be done. In Edo State, various governmental, non-governmental and international organizations are into HIV/AIDS education, care and treatments. It is obvious that sexual activity among secondary school students seem to be high as one study in Benin City involving 24 focus group discussions (FGDs) with young ones of ages 15-20 regarding sexual behaviour of peers revealed that sexual activity is common among their peers mainly due to physical attraction for romantic relationships which might include sex, the desire for material/financial gain is a primary motivation. Many of these students had knowledge of HIV but many believed its infection was inevitable and when they had a Sexually Transmitted Disease (STD) most of them consulted (and were more likely to consult) traditional healers than orthodox medical doctors due to high costs as they believe sex is a symbol of maturity. Suggesting media campaign as measure (Temin et al., 1999) from an Interviewer-collected data of 2,070 never-married adolescents aged 15–19 years were analyzed to determine association between age of sexual debut and demographic, psychosocial and community factors it was inferred that early sexual activity among adolescents is associated with considerable negative health and development outcomes. An understanding of the determinants or predictors of the timing of sexual debut is important for effective intervention, but very few studies to date have addressed this issue in the Nigerian context (Fatusi, and Blum, 2008). From a survey of responses from 852 students in Benin City, it was found out that an overwhelming majority of adolescent students are aware of the HIV/AIDS problem but only 16.2% knew the cause of the disease because they felt that kissing, living with infected persons, and sharing their utensils could result in infection and 60% held sexual intercourse as the primary source of transmission, yet, multiple sexual partners was a behavior among 13-15 age group; playing with sharp object, frequent clean head shave with unsterilized barbing instruments and promiscuity were some of the risk taking behaviors among these students that makes them liable to HIV (Wagbatsoma and Ojojie, 2006).

Falaiye (2010) cited in Omage (2011) says “Thick kick HIV/AIDS out of Benin City Project” aims at using football to educate in-school adolescents in Benin City, about HIV/AIDS and thus reduce HIV transmission in the City. Activities, while implementing the project include formulation of male and female football teams, project briefing meetings, peer education, training, football matches, intense media outreach, cultural dances, drama and a host of other presentations. Based on the report on the training of teachers for the implementation of Family Life and HIV Education (FLAE) in Edo State, the Girls Power initiative (GPI) in collaboration with Ministry of Education ran a three weeks training programme for social studies and basic science teachers in the state in April 2009. The essence was to help teachers in the specific subject areas learn the skills of communicating issues about HIV/AIDS along side sex education. The Network for Justice and Democracy (NJD) organized Secondary Schools Based Peer Education Programme on Human Trafficking in June-July 2006. It was held in some secondary schools in various Local government areas of Edo State. The Idia Renaissance also is into HIV/AIDS education and training programmes. Some of the programmes held by Idia Renaissance include a two day training/workshop on HIV/AIDS and life skills held at Evbomodun in March 2006, an Awareness Rally on HIV/AIDS and Human Trafficking in Fugar in Etsako Central LGA in April 2006 and the same programme in Orhiomwon Local Government Area in September 2006. Omage (2011) advocates that since many youths today in Edo State become sexually active early, then government and non-governmental organisations and other stake holders should advocate an incorporation of HIV/AIDS education in the school's curriculum and a mandatory teaching of youth for an early knowledge about the prevention of HIV/AIDS from junior secondary to senior secondary level to enable the youths to ask questions early from the right persons (teachers) and build awareness in them throughout their secondary school. Early knowledge will enable them know what to do peradventure they cannot abstain if they do not fall victims of social vices like rape or sharing sharp objects.

Putting HIV/AIDS' Education and Prevention among Students in the context of the rational choice and social exchange theory

The rational choice theory is a theory of action that sees individual self-interest as the fundamental human motive and traces all social activities back to act of rational calculations and decision making that are supposed to have produced them (Scott and Marshal, 2009). The social Exchange Theory has its roots in behaviourist sociology which concerns itself with the effects of an actor's behavior on the environment and its impact on the actor's later behavior (Ritzer, 2008), and this relationship

is based on the learning process by which “behavior is modified by its consequences” (Baldwin and Baldwin, 1986 cited in Ritzer, 2008). It postulates that in order for an exchange to take place, target markets must perceive benefits equal to or greater than perceived costs. At the center of social marketing theory is the theory of exchange. Exchange is the act of giving something and getting something in return (Omage and Adedoyin, 2012). As in commercial marketing the exchange should be mutually beneficial, or it would not take place. HIV/AIDS information is vital to the necessary change in behavior expected of students whose choices to turn away from illicit and careless sexual behaviours and other HIV risk-taking practices will only be informed by a consideration of the cost-benefit relationship, the benefits they stand to gain from such behavioural change. Indeed, Unuigbo and Ogbeide (1999) asserted the need for information from education thus: to institute meaningful preventive measures for the control of HIV/AIDS, there is need for more information relating to the perception and knowledge of AIDS and the sexuality of our adult population who forms a significant at-risk group.

MATERIALS AND METHODS

Non- experimental research coupled with the survey method was used by the researcher to ascertain the extent of knowledge and compliance with instructions of previous HIV/AIDS educator by the youths under observation. Both male and female students from two selected secondary schools were under observation during the period of study. The target population comprised secondary school students in the metropolis. There are 40 government secondary schools in Benin City; these were divided into 3 strata based on arrangement by sex (10 girls school and 6 boys schools and 24 mixed sex schools). Since the mixed sex schools had the highest representation, two mixed-sex schools were chosen from the strata using judgemental sampling method. Oba Akenzua II secondary school and Ihogbe College both in Oredo Local Government Area were selected. A stratified random sampling technique was used to divide the school into 6 classes of Junior Secondary 1-3 and Senior Secondary 1-3 and respondents were selected from each level based on an accidental sampling procedure such that 10 students each were chosen from JSS 1, JSS 2, JSS 3, SSS 1, SSS 2 and SSS 3 of each school giving a total of 60 respondents each from both schools. The sample size therefore summed up to 120 students comprising, 60 from Ihogbe College and 60 from Oba Akenzua Secondary School. The questionnaire contained thirty – three (33) items meant to elicit the needed data. It was divided into two sections A and B. Sections A captured respondents socio-demographic information and section B contains questions on the study. A total of 120 questionnaires with open and close ended questions were administered on respondents in the field. The researcher with the support of the class teachers of the respondents administered the questionnaire and retrieved them on completion.

FINDINGS AND DISCUSSION

Data collected were analysed using tables with simple percentages. A hundred and twenty respondents of both

sexes from Oba Akenzua II Secondary School and Ihogbe College both in Oredo L.G.A responded to the questions raised in the instrument. Oba Akenzua II Secondary School was labelled "A" and Ihogbe "B".

Respondents' socio-demographic data

This section includes information on age, sex, level of study and religion of respondents. Data are presented with corresponding percentages in Table 1.

Table 1 shows that the age group of the youths under study, the largest group in A was between 14 – 16 years and the smallest age group was between 10 – 13 years; in B the largest age group was within 17-20 years while the smallest age group was within 10 – 13 years. A and B together reveal that the larger group of people under study fell within 14-16 years and 17-20 years. In both schools there were more male respondents than females and in both schools Junior Secondary 1–3 and Senior Secondary 1–3, they were given equal opportunities. The dominant religion of the respondents from the above table is Christianity.

Responses from questions based on research objectives

Table 2 shows that all respondents have heard of HIV/AIDS before. This infers that there is a level of knowledge about HIV/AIDS. To the question, "Where did you hear of it for the first time?" In school 'A' majority (40%) of the students heard in school while the minority (5%) heard from friends. In school 'B' majority (40%) of students heard from the mass media while the minority (15%) heard from their parents. The combination of 'A' and 'B' shows that first hand information about HIV/AIDS was from the mass media (45 respondents or 37.5%), the next response "in school" came from 40 respondents, (33.3%) afterwards came, "my parents" which was from 21 respondents (17.5%), lastly "through friends" from 14 respondents (11.7%). Majority of the students responded "YES" in school 'A', all 60 students (100%) and 'B', 58 students (96.7%). To the questions "Do you actually believe that HIV/AIDS is real?" and "Have you heard of persons who died of HIV/AIDS before?", the dominant response was "YES" in both schools, inferring that majority of the students know that HIV/AIDS can cause death. Responses to, "Are you aware that HIV/AIDS can spread?", apart from school 'B', where only 2 people (3.3) indicated "NO" every other person's response was "Yes"

Table 3 shows those who ticked the responses, but does not include those who did not. Looking at it, there is a general agreement that blood transfusion, sexual intercourse and exchange of sharp objects can spread HIV/AIDS. This infers that the students have the knowledge of spread of HIV/AIDS. However, in school 'A'

37 respondents (61.7%) and 41 respondents (68.3%) in school 'B' said HIV/AIDS can be spread through deep mouth kissing. The minority said HIV/AIDS can spread through mosquito bites /and hugging.

Table 4 shows the responses to various questions below:

'Can HIV/AIDS be prevented?' Dominant response was "Yes" with the minority saying "No". "Can HIV/AIDS be cured?" In school "A", 46.7% said "Yes" and 53.3% said "No". In school "B", 70% said "Yes"; this infers that there is still great ignorance in this regard. Similarly, the question, "Do you believe that everyone is at risk of contracting HIV/AIDS?" In school "A" 63.3% said "Yes" and 36.7% said "No"; while in school "B" 71.7% said "Yes" and 28.3% said "No".

Most (86.7%) of the respondents agree that HIV/AIDS can be prevented. 58.3% believe it can be cured while 41.75% say curing it is impossible; on the possibility of everyone contracting it 67.5% say everyone is at the risk of contracting it while 32.5% disagree with this view.

From Table 5, 60.5% of respondents from both schools have heard about safe sex before. 65.8% understand that safe sex is abstinence. While 53.3% from both schools say it means using condoms during sexual activities, 33.3% also disagree that using condoms can prevent HIV/AIDS and 26.7% strongly agree it can while 40% agree it does prevent HIV/AIDS. Indeed, in a related study involving 723 randomly selected female students in Benin City, aged between 13-18, only 26.9% use condom during sexual activity; yet over 77% of the sample were sexually active as at the time of the research (Unuigbe and Ogbeide, 1999). This signals that much still needs to be done in terms of expanding campaigns. In a related study respondents, aged between 15-20 attending secondary schools in Benin City, and who believe that sexual activity is common among their peers considered media campaigns as the best way to educate young people about STDs and the use of condom (Temin et al., 1999).

About half of the sample respondents have attended seminars on HIV/AIDS before. Majority of respondents have not attended seminars on HIV/AIDS before, approximately 36% have attended. 18.3% attended the seminar in the school hall, 6.7% in the hospitals and 5.8% in the church. About 31% have attended these seminars only once and about 36% of respondents did so in the last one to three years. This has implication for extent of HIV/AIDS education (Table 6). There is therefore need in revisiting the need for HIV/AIDS enlightenment programs.

Most of the respondents (60.8%) from both schools have a subject where they learn about HIV/AIDS, 80% have been taught HIV/AIDS education more than once. 84.2% agree to the fact that a regular HIV/AIDS education will reduce youth's early indulgence in sexual activities. However about 40% have no such subjects. In

Table 1. Respondent's socio-demographic data.

Age	A Frequency	B Frequency	Total
10-13	6 (10%)	6 (10%)	12 (10%)
14-16	35 (58.3%)	19 (31.7%)	54 (45%)
17-20	19 (31.7%)	35 (58.3%)	54 (45%)
Total	60(100%)	60 (100%)	120 (100%)
Sex			
Male	35 (58.3%)	36 (60%)	71 (59.2)
Female	25 (41.7%)	24 (40%)	49 (40.8%)
Total	60 (100%)	60 (100%)	120 (100%)
Level of study			
Junior secondary	30 (50%)	30 (50%)	60 (50%)
Senior secondary	30 (50%)	30 (50%)	60 (50%)
Total	60 (100%)	60 (100%)	120 (100%)
Religion			
Christianity	55 (91.7%)	53 (88.3%)	108 (90%)
Islam	3 (5%)	1 (1.7%)	4 (3.3%)
Others	2 (3.3%)	6 (10%)	8 (6.7%)
Total	60 (100%)	60 (100%)	120 (100%)

Table 2. Students' level of knowledge and awareness of HIV/AIDS.

Responses	Question: Have you heard of HIV/AIDS before?					
	A Frequency	%	B Frequency	%	Total	%
Yes	60	100	60	100	120	100
No	–	–	–	–	–	–
Total	60	100	60	100	120	100
Question: Where did you hear of it for the first time?						
Responses	A Frequency	%	B Frequency	%	Total	%
Through Friends	3	5	11	18.3	14	11.7
In school	24	40	16	26.7	40	33.3
My parents	12	20	9	15	21	17.5
Mass media	21	35	24	40	45	37.5
Total	60	100	60	100	120	100
Question: Do you actually believe that HIV/AIDS is real?						
Responses	A Frequency	%	B Frequency	%	Total	%
Yes	60	100	58	96.7	118	98.3
No	–	–	2	3.3	2	1.7
Total	60	100	60	100	120	100
Question: Have you heard of persons who died of HIV/AIDS before?						
Responses	A Frequency	%	B Frequency	%	Total	%
Yes	51	85	43	71.7	94	78.3
No	9	15	17	28.3	26	21.7
Total	60	100	60	100	120	100
Question: Are you aware that HIV/AIDS can be spread?						
Responses	A Frequency	%	B Frequency	%	Total	%
Yes	60	100	58	96.7	118	98.3
No	–	–	2	3.3	2	1.7
Total	60	100	60	100	120	100

Source: Field Survey 2011.

Table 3. Students' perception on the mode of transmission of HIV/AIDS.

Responses	Question: how can HIV/AIDS spread?					
	A Frequency	%	B Frequency	%	Total	%
Through mosquito bites	11	18.3	8	13.3	19	15.8
Through hugging	4	6.7	3	5	7	5.8
Through deep mouth kissing	37	61.7	41	68.3	78	65
Through blood transfusion	60	100	59	98.3	119	99.2
Through sexual intercourse	59	98.3	59	98.3	118	98.3
Through exchange sharp objects	58	96.7	60	100	118	98.3

Table 4. Students' perception on HIV/AIDS' prevention and cure.

Responses	Question: Can HIV/AIDS be prevented?					
	A Frequency	%	B Frequency	%	Total	%
Yes	53	85.3	51	85	104	86.7
No	7	11.7	9	5	16	13.3
Total	60	100	60	100	120	100

Responses	Question: Can HIV/AIDS be cured?					
	A Frequency	%	B Frequency	%	Total	%
Yes	28	46.7	42	70	70	58.3
No	32	53.3	18	30	50	41.7
Total	60	100	60	100	120	100

Responses	Question: Do you believe that everyone is at a risk of contracting HIV/AIDS?					
	A Frequency	%	B Frequency	%	Total	%
Yes	38	63.3	43	71.7	81	67.5
No	22	36.7	17	28.3	39	32.5
Total	60	100	60	100	120	100

Source: Field Survey 2011.

a related research, Wagbatsoma and Okojie (2006) found that an overwhelming majority of adolescents were aware of HIV/AIDS but only 16.2% had knowledge on what causes the disease. They concluded that level of knowledge of the study population was very poor correlating with their reckless sexual practices. However, prevention is the best option to the disease; the more informed youths are the better the enhancement of their preventive behavior (African Journal of Reproductive Health, 2006: 10[3] cited in Wagbatsoma and Okojie, 2006) (Table 7).

A total of 20% of all respondents from both schools have at one time or the other had sex. 10% of them did so once and 10% more than once. About 11% of respondents never used condoms while about 10% of total respondents used. Those who did not use condoms attributed it to various reasons which included no time (3.3%), a first attempt (1.6%), natural was better which was the view of 2.5% of all respondents, 0.8% did not because they never knew their parents to use condoms,

1.6% did not because they were HIV/AIDS negative, then another 0.8% did not because they were not old enough to purchase such commodities. Yet 10% of all respondents experimented with sex because they lacked sufficient information and other 10% did because they lacked self-control. It can therefore be said that youths are involved in sexual activities whether penetrative or not. Many do not use condoms either out of carelessness, naiveness or lack of proper education. On this, Musa et al (2007) suggested that premarital sexual activity is high among adolescents and found that adequate passage of information and knowledge would help most adolescents – amongst whom are students to deviate from the practice of promiscuity (Table 8).

CONCLUSION AND POLICY IMPLICATIONS

With increasing sexual activities among youths especially those of secondary school age and with the incidence of

Table 5. Students' perception of illicit sex and HIV/AIDS.

Questions	Responses	A Frequency	B Frequency	Total
Use of condoms can prevent HIV/AIDS infection	Disagree	21 (35%)	18 (30%)	39 (33.3%)
	Agree	22 (36.7%)	27 (45%)	49 (40%)
	Strongly Agree	17 (28.3%)	15 (25%)	32 (26.7%)
	Total	60 (100%)	60 (100%)	120 (100%)
Have you ever heard of the term safe sex before?	Yes	39 (65%)	34 (56.7%)	73 (60.5%)
	No	21 (35%)	26 (43.3%)	47 (39.2%)
	Total	60 (100%)	60 (100%)	120 (100%)
What is your understanding of safe sex?	Keeping away from sex (abstinence)	24 (40%)	33 (55%)	57 (65.8%)
	Having unprotected sex	4 (6.6%)	0 (0%)	4 (3.3%)
	Using condoms	31 (51.6%)	33 (55%)	64 (53.3%)
	Using drugs before and after sex	14 (23.3%)	7 (11.6%)	21 (17.5%)
	Total	60 (100%)	60 (100%)	120 (100%)

Source: Field Survey 2011.

Table 6. Students' attendance to seminars on HIV/AIDS.

Question	Responses	A Respondents	B Respondents	Total
Have you attended seminars on HIV/AIDS before?	Yes	22 (36.7%)	21 (35%)	43 (35.8%)
	No	38 (63.3%)	39 (65%)	77 (64.2%)
	Total	60 (100%)	60 (100%)	120 (100%)
If yes, where?	*Urhokpota Hall	1 (1.7%)	1 (1.7%)	2 (1.6%)
	Lagos	1 (1.7%)	1 (1.7%)	2 (1.6%)
	Hospitals**UBTH	4 (6.7%)	4 (6.7%)	8 (6.7%)
	Church	1 (1.7%)	6 (10%)	7 (5.8%)
	School Hall	15 (25%)	7 (11.6%)	22 (18.3%)
	Rally	- (-)	1 (1.7%)	1 (1.6%)
	TV House ***NTA	- (-)	6 (10%)	6 (5%)
How many times have you attended such?	Once	17 (28.3%)	20 (33.3%)	37 (30.8%)
	More than once	5 (8.3%)	1 (1.7%)	6 (5%)
How long ago did you attend?	1-3 years ago	22(36.7%)	21(35%)	43(35.8%)
	4-5 years ago	0(0)	0(0)	0(0)

Source: Field survey 2011. *A town hall in Oredo**University of Benin Teaching Hospital **Nigerian television Authority.

Table 7. Students' access to HIV/AIDS education.

Question	Response	A Respondents	B Respondents	Total
Do you have a subject area where you receive HIV/AIDS education?	Yes	35 (58.3%)	38 (63.3%)	73 (60.8%)
	No	25 (41.7%)	22 (36.7%)	47 (39.2%)
	Total	60 (100%)	60 (100%)	120 (100%)
Will regular HIV/AIDS education reduce youths' early indulgence in sex?	Yes	50 (83.3%)	51 (85%)	101 (84.2%)
	No	10 (16.7%)	9 (15%)	19 (15.8%)
	Total	60 (100%)	60 (100%)	120 (100%)

Source: Field survey 2011.

Table 8. Students' involvement and frequency of involvement in sexual activities.

Question	Response type	A Respondents	B Respondents	Total
Have you ever had sex before?	Yes	13 (21.7%)	11 (18.3%)	24 (20%)
	No	7 (11.7%)	11 (18.3%)	18 (15%)
	No response	40 (33.3%)	38 (31.7)	78 (65%)
	Total	60 (100%)	60 (100%)	120 (100%)
If yes, how many times?	Once	6 (10%)	6 (10%)	12 (10%)
	More than once	7 (11.7%)	5 (8.3%)	12 (10%)
	No response	47 (78.3%)	49 (81.7%)	96 (80%)
	Total	60 (100%)	60 (100%)	120 (100%)
Did you or your partner use condom?	Yes	7(11.7%)	4(6.7%)	11(9.2%)
	No	6(10%)	7(11.7%)	13(10.8%)
	No response	47(78.3%)	49(81.7%)	96(80%)
	Total	60 (100%)	60 (100%)	120 (100%)
If No, Why?	There was no time	2 (3.3%)	2 (3.3%)	4 (3.3%)
	It was better natural	2 (3.3%)	1 (1.7%)	3 (2.5%)
	It was my first time	1 (1.7%)	1 (1.7%)	2 (1.7%)
	My parents didn't use	1 (1.7%)	- (-)	1 (0.8%)
	We didn't use because we were HIV negative	- (0%)	2 (3.3%)	2 (1.7%)
	I'm not of age to buy condom	- (0%)	1 (1.7%)	1 (0.8)
	No response	54 (90%)	53 (88.3%)	107 (89.2%)
	Total	60 (100%)	60 (100%)	120 (100%)
	Why did you experiment with sex?	I was not properly taught in school, church, mosque	6(10%)	6(10%)
I couldn't exercise self-control when the urge came		7(11.7%)	5(8.3%)	12(10%)
No response		47(78.3%)	49(81.7%)	96(80%)
Total		60 (100%)	60 (100%)	120 (100%)

Source: Field Survey 2011.

unsafe sexual activities it becomes necessary to find out how much knowledge youths have gained about HIV/AIDS and the reason not to engage in unsafe sexual activities. The study was carried out in two secondary schools in Oredo L.G.A of Edo State (Oba Akenzua II Secondary School and Ihogbe College which are mixed sex schools). Investigations were carried out to ascertain the level of previous knowledge on HIV/AIDS education they are exposed to and their involvement in sexual activities.

The instrument used to generate the necessary data was the questionnaire which was divided into two sections- "A and B". Section A" featured respondents' bio-data and section B" bore the questions the researcher sought to find answers to. Findings revealed that all respondents were aware of the presence of HIV/AIDS and they got the information from different sources and believe also that it is real. Most of the respondents have heard of death resulting from HIV/AIDS and are aware that it can be spread mostly by blood transfusion, sexual activities and sharing of sharp objects. Most of the respondents also believe that it can be prevented even though everyone is at the risk of the disease. Majority of the respondents have heard of safe sex and hold different views concerning this but also believe that the use of condoms can reduce the infection and subsequent spread. Over 50% have attended HIV/AIDS seminars; about 36% of these groups did about 1-3 years ago and about 31% of this group attended such seminars only once. With reference to receiving class room lessons about HIV/AIDS, about 61% have, 80% have received such lectures more than once and 84.2% believe that the regularity of such class room lectures will help reduce early indulgence in sex by youths. On respondents involvement in sex, only 20% agree to have been involved, 10% each for one time and above have had it. About 10% of this group did use condom while 11% did not use and stated various reasons for not using. As regards the reason for getting involved, 10% agreed that that they did not receive any teachings that would have guided them while the other 10% lacked self control.

The study has greatly enlightened one on youth's level of knowledge on HIV/AIDS, their belief about its reality and their level of sexual involvement. It can therefore be concluded that the youths are knowledgeable about the presence of the pandemic. They have an idea about how it can be spread and subsequently prevented. They also believe that everyone is at risk of contracting the disease if he/she observes a careless lifestyle even though to them condom use and a healthy sex life pattern through safe sex can help reduce the disease transfer that could first result from STI/STDS. Some of these youths have had sex at one time or the other with or without the use of condoms, indicating the many reasons why they did not make use of the condom as a means to prevent HIV/AIDS spread. Finally, some of these youths have been exposed to HIV/AIDS class room teachings and

seminars at different times and believe also that regular seminars and class room teachings will help to stem the quick spread of the disease and an early indulgence of youths in sexual activities as HIV/AIDS is a disease that cut them off in their prime. From findings of the study, the researcher therefore suggests an aggressive mode of educating youths on HIV/AIDS with emphasis on preventive care to help salvage the fun time of our youths and the nation at large.

A regular and constant sex and HIV/AIDS education in our secondary schools using trained HIV/AIDS educators who will in turn train the teachers to continue the training sessions.

School clubs should plan seminars and campaigns on HIV/AIDS and sex education for their students regularly.

The government should assign health personnel to go round schools to see to teachers and students welfare in the area of HIV/AIDS education and prevention.

Parents and guardians of these youths should be invited to such seminars which should be made compulsory for them so they can learn how to properly educate their wards and continue such at home.

Teachers should be trained on HIV/AIDS education and sex education regularly so they can teach the students using most recent techniques.

Youths that are HIV positive should be invited during planned sessions to address the students on the dangers of the pandemic so they can see and know it is real.

Radio and television jingles should be on air with excerpts from the seminars so students and guardians can see, hear and learn.

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