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# Youths and Risky Sexual Behaviour: A Kap Study on Hiv/Aids amongst University of Ibadan Student

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**Abstract**

This study examined knowledge, awareness and attitude of sexual behaviour as factors likely to affect risk-taking behaviours. Six hundred undergraduates of the University of Ibadan participated in this cross-sectional survey (100 Level and 400 Level students). Data were collected using three structured and validated scales. Results indicated that HIV transmission knowledge has a significant effect on sexual risk-taking behaviours. Misconception on the transmission of HIV/AIDS was also been reported and had a significant effect on risk-taking behaviours. Inadequate and inappropriate knowledge of HIV increases youths' risky sexual behaviours. An attitude such as one cannot contract HIV in their first time of sexual intercourse also increases their chances of risky behaviour. It is, thus, recommended that HIV awareness campaigns be intensified, while attitude-change initiatives should be embarked upon to discourage youths from risky sexual behaviour.

**Keywords:** Attitude, awareness, HIV, knowledge, risky sexual behaviour, youths

## 1. Introduction

HIV/AIDS has continued to be a critical public health issue particularly in Africa, which is currently facing the worst effects of the epidemic. It is now the leading cause of death in Africa and the fourth most common cause of death worldwide (UNFPA, 2008) and this may remain so until such time that prevention efforts become effective and a vaccine is developed. At the end of 2000, over 36.1 million men, women, and children in the world were living with HIV/AIDS, out of which 21.8 million died from the disease. In the same year, 5.3 million new infections occurred worldwide, of which more than 4 million were in sub-Saharan Africa (UNFPA, 2008; NASCAP/FMOH, 2008). Currently, sub-Saharan Africa remains the region with the fastest growing epidemic and, unfortunately, the most under-estimated epidemic in previous years. The region is reported to contribute two-thirds of the total number of people living with HIV in the world (UNFPA, 2008). In 2009, there were an estimated 2.6

million (1.8 million in sub-Saharan Africa) people who became newly infected with HIV (UNAIDS, 2010) and estimated 33.3 million people (22.5 million in sub-Saharan Africa) living with HIV in 2009 (UNAIDS, 2010). AIDS has caused death of an estimated 25 million people by 2007 (UNAIDS, 2008). According to UNAIDS 2010, estimated 1.8 million people (1.3 million in sub-Saharan Africa) including about 260,000 children died of AIDS pandemic in 2009 alone (UNAIDS, 2010). HIV is responsible for one in five deaths in sub-Saharan Africa (UNAIDS and WHO, 2002). About two-thirds (68%) of all people living with HIV reside in sub-Saharan Africa (UNAIDS, 2010).

As HIV continues to spread through the world, it has become increasingly obvious that the epidemic does not follow a set course in all societies; rather, it affects different geographical areas and population sub-groups in different ways and at different times (WHO, 2010). In Nigeria, the epidemic is more concentrated in some states, while other states have more generalized epidemics. Although, the reason for the difference in the rate of infection is not very clear, some researchers have attributed it to differences in sexual behaviours (Odaibo and Olaleye, 2012).

However, youths are known to practise some risky behaviour which places the lives of young persons and those of others in danger. One of the commonest risky sexual practices found among Nigerian adolescent and young person's is their involvement in early sexual activities. Over 25% of adolescents in Nigeria have had their first sexual intercourse by age 15 years (Ajuwon, 2012). According to NDHS 2008, among women who had sexual intercourse in the 12 months preceding the study, the proportion who engaged in sexual intercourse with a non-marital, non-cohabiting partner was highest (33%) among those age 15-49 years (NDHS, 2008; NPC, 2008). The data also showed that younger men had sexual intercourse in the 12 months preceding the survey. The percentage of respondents who had sex with a casual partner was highest among those age 15-19 years (95%). Yet, not all adolescents and young persons involved in early sexual debut, sex with a casual partner or sex with multiple partners used condoms consistently (Ajuwon, 2012).

The period of adolescence encompasses the transition from childhood to adulthood during the second decade of life. It is one of the most critical periods in an individual's life, because, during adolescence many key social, economic, biological, and demographic events occur that set the stage of adult life (Bongaarts and Cohen, 1998). Most often, adolescents in the world, in general, and those in many developing countries, in particular, have been exposed to life-threatening health risks mainly because they do not have adequate information, knowledge and proper guidance about sexual and reproductive health and its problems before they reach adolescence stage (NASCAP/FMOH, 2000; UNAIDS, 2008; 2010; UNAIDS and WHO, 2008). They lack or are often with less support and guidance from their parents or communities; there are no facilities specifically tailored for them to solve problems they face and fulfil their needs as they require (Kiragu, 2001). Moreover, comprehensive national youth policies, programmes and strategies that specifically address and meet young people's sexual and reproductive health are scarcer and relatively uncommon in most countries (WHO, 2010; WHO, 2008). As a result, in many settings, adolescents have few places to get accurate information and sound guidance, counselling and treatment on sexual and reproductive health, HIV/AIDS, and sexually transmitted infections/diseases (Shah et al., 1999; WHO, 2010).

The main HIV transmission routes in Nigeria are heterosexual sex, which constitutes 90-95%, blood transfusions (which is the second largest) and mother-to-child transmission. Although injection, drug use, and homosexual sex are not among the major routes of transmission in the country, a number of studies have indicated that they are accounting for an increasing number of new HIV infections; hence, their role in the spread of the virus is becoming very important in Nigeria (Odaibo and Olaleye, 2012). At the beginning of the epidemic in Nigeria, the male-to-female ratio was approximately 1:1, implying that the prevalence in men and women were about the same. However, recent data have shown that the rate is higher in women than men. Hence, women are said to be particularly affected by HIV. For instance, in 2009, women accounted for 56% of all adults aged 15 years and above living with the virus (Odaibo and Olaleye, 2012).

## 2. Statement of the Problem

Since the beginning of the HIV/AIDS epidemic, millions of young people were infected with HIV and millions of them died of AIDS cases all over the world (8-10). Globally, they account for half of all new cases of HIV infection (UNAIDS, 2010; UNICEF, 2012). According to UNAIDS, an estimated 12 million young people aged 15-24 are living with HIV/AIDS worldwide (UNAIDS, 2010). Each day, nearly 6,000 young people of age 15-24 years become infected with HIV. The sub-Saharan African region accounts for almost two-thirds of all young people living with HIV and, of these, 75% are young girls (UNAIDS, 2010). This indicates that the present young people have not known a world without AIDS. Nigeria, which is the most populous country in Africa, has the third largest number of people living with HIV in the world. The HIV epidemic in Nigeria is complex and varies widely by region. In Nigeria, HIV contributes approximately 8% of the global burden of HIV/AIDS, with an estimated 3.47 million people reported to be infected in 2000. The median prevalence is 5.8%, although it ranges between 0.5% and 21.0% in different parts of the country (WHO, 2010).

It is generally recognized that certain sub-groups in the general population are more at risk of contracting and transmitting HIV infection than others. Youth and young adults in Nigeria are particularly vulnerable to HIV; the rate is consistently high among aged 15-24 years. Nigeria is one of those countries in sub-Saharan Africa hit by the HIV epidemic among youths owing to high risky behaviour. As in sub-Saharan Africa, young people in Nigeria are vulnerable to HIV infection as a result of early marriage, rape, high risky sexual behaviour, harmful traditional practices and low level of knowledge and awareness towards HIV/AIDS.

A major consequence of risky sexual activities amongst adolescents and young persons is their involvement of youths in risky sexual activities, which is disproportionately affected by reproductive diseases, including STI/HIV, unwanted pregnancies and their complications (Arowojolu, Ilesanmi, Roberts, and Okunola, 2002). HIV infection among the 15-19-year-old and the 20-24-year-old groups are 3% and 4.6%, respectively (FMOH, 2010); Forty-two percent of adolescent girls in a rural community in Rivers State have had induced abortion or STI, including gonorrhoea (Brabin, Kemp, Obunge, Ikimalo, Dolimore, Odu, Hart and Briggs, 1995). In Jos, 24% of the patients attending an STI clinic are aged less than 25 years (Bello, Egah, Okwori, Nwokedi, Katung, Zoakah, Opajobi, Ayeni, Barau and Mafuyai, 1997). In Calabar, 72% of patients admitted for complications of abortion are aged 12-20 years (Archibong, 1991).

The questions here are: to what extent can risky sexual behaviour expose them to HIV infection? What is the knowledge and attitude of students on risky sexual behaviour in relation to HIV? What is the extent of university of Ibadan students' awareness of risky sexual behaviour on the linkages between risky sexual behaviour and HIV infection? In this context, what measures are they taken to ensure safety? Based on the above, the following objectives are central to the proposed study.

## 3. Study Objectives

The general objective of the study was to examine the knowledge, attitude, and practice of youths and risky sexual behaviour in relation to HIV in order to generate useful information that will serve as a stepping stone for designing intervention programmes and for any subsequent programme monitoring and evaluation in the study amongst University of Ibadan Students. The specific objectives were:

1. To examine the knowledge and awareness of HIV amongst youths.
2. To examine the level of knowledge of HIV risk among sexually active youths
3. To examine the attitude of sexual behaviours amongst University of Ibadan students.

# 4. Methodology

## 4.1 The Study Area

This study was conducted in the University of Ibadan, Ibadan, Nigeria. The university has seven faculties and several departments.

## 4.2 Study Design

This study was a survey design conducted in 2013. It utilized quantitative (structured interview) to collect relevant information based on the objectives of the study on various aspects of knowledge, attitude and practice (KAP) of HIV in the study area.

## 4.3 Sample Size and Sampling Methods

For the quantitative structured questionnaire, a total of 600 students (100 level and 400 level students) across all the faculties were sampled. The sample size was computed using Lemeshow et al. (1999), considering 95% confidence and 10% precision. The sampling technique employed in this study was systematic sampling.

## 4.4 Data Collection Instruments

To collect quantitative data, a structured questionnaire focusing on the objectives of the study was employed.

## 4.5 Data Collection, Management and Analysis

The data were computerized and analyzed using SPSS software. Coding and data cleaning were performed prior to analysis. Bivariate and univariate statistics were used to report the findings of this study.

# 5.0 Analysis and Interpretation of Results

The study examined the age, sex and ethnic group of respondents in relation to HIV/AIDS knowledge, awareness and practice. The analysis revealed that 184, 59.7 percent of the respondents, were males; while 124, 40.3 percent, were females. This implies that males dominated the survey. The dominance of males was also reported in a related study by Mulu et al. (2014). On age, 34.4 percent of the respondents were 16-19 years; 52.6 percent were 20-24 years; 10.5 percent were 25-29 years; while only 2.6 percent were above 24 years. A similar age range was reported by Thanavanh et al. (2013) and Mulu et al. (2014). This shows that a majority of the respondents (92.9%) were youths within the ages of 16-24 years. This perhaps is the active age of sexual intercourse and the age of youthful exuberance that needs to be curtailed to prevent the chances of HIV infection. Hence, the study among this group of people is not out of place. Mulu et al. (2014) also note that young people aged 15 to 25 years are more at risk of contracting HIV. This assertion is consistent with Chen (2008), who observes that youths are much more prone to HIV infection as a result of lack of correct health information, indulgence in risky behaviours, and lack of access to adequate reproductive health services. In addition, the ethnicity of the respondents revealed that a majority (40.9%) were Yoruba. The Hausa constituted 15.9 percent; 11.7 percent were Igbo; while the remaining 31.5 per cent constituted other tribes, such as the Ishan, Edo, Tiv and Igala. The dominance of the Yoruba in the survey is expected as the study was carried out in the south-western part of the country where the people are mainly Yoruba.

## 5.1 Knowledge Regarding HIV/AIDS Transmission and Prevention

In this section, focus is on the knowledge of the respondents concerning the transmission and prevention of HIV/AIDS.

### 5.1.1 HIV/AIDS Transmission through Sexual Intercourse

Table 1 provides one of the transmission paths of HIV/AIDS infection. The respondents were asked if a person can get HIV the first time he or she has sexual intercourse. The responses obtained showed varying answers. This implies that people still have fair knowledge of the transmission of the virus via sexual intercourse mostly among persons having it for the first time (first timers). A considerable percentage of the respondents believed first timers cannot contract HIV; while a greater percentage (44.2%) were of the opinion that first timers can contract HIV if the best contraceptive is not used. Interestingly, 14.3% (44) seemed not to be knowledgeable, as they did not have any knowledge on HIV transmission for first timers. A large number of the students (41.6%) did not have proper knowledge on HIV transmission, and did not believe they can contract the virus in their first time of sexual intercourse. This calls for serious HIV transmission campaign on campuses mostly among young people who have just gained admissions into the university. This category of persons are young and could be cajoled by the older students into having unhealthy sexual intercourse.

**Table 1:** HIV transmission through sexual intercourse

| Options | Frequency | Percent |
|---|---|---|
| Yes | 136 | 44.2 |
| No | 128 | 41.6 |
| Don't know | 44 | 14.3 |
| **Total** | **308** | **100.0** |

### 5.1.2 Having Several Sex Partners and HIV Infection

One of the chances of getting HIV infection is being unfaithful to a single partner. On this, respondents were asked if having more than one sexual partner at a time increases the chance of getting HIV (Table 2). The responses obtained showed that most of the respondents (62.7%) affirmed that having several sex partners increases one's chance of contracting HIV. This simply means that students are aware of the danger of keeping more than one sex partner, and the need for them to remain faithful to their partners. Keeping a single sex partner reduces one's chances of being infected of the deadly virus. More campaign needs to be carried out to enable those who are unknowledgeable to be aware of healthy sexual practices. The result reported here is consistent with Mulu et al. (2014), who assert that, if an individual have multiple partner, his/her chance of acquiring the virus will be high.

**Table 2:** Multiple sex partners and HIV transmission

| Options | Frequency | Percent |
|---|---|---|
| Yes | 193 | 62.7 |
| No | 57 | 18.5 |
| Don't know | 58 | 18.8 |
| **Total** | **308** | **100.0** |

### 5.1.3 HIV/AIDS Transmission via Mosquito Bites

The students held different opinion on the transmission of HIV/AIDS via mosquito bite (Table 3). The information showed that, although a majority of the students (74%) held the opinion that HIV/AIDS is not transmitted through mosquito bite, the remaining 26% held contrary viewpoints. This shows that many students still believe that HIV/AIDS can be transmitted via mosquito bite (13.6%) and 12.3% do not have any knowledge. It could be deduced from the result that students of the University of Ibadan know that HIV/AIDS is not transmittable through mosquito bites. The misconception on the transmission of HIV/AIDS via mosquito has also been reported elsewhere. For instance, studies by Mansoor et al., (2008) and Tan et al., (2007) reported similar misconception in HIV transmission

**Table 3:** Mosquito bites and HIV/AIDS transmission

| Options | Frequency | Percent |
|---|---|---|
| Yes | 42 | 13.6 |
| No | 228 | 74.0 |
| Don't know | 38 | 12.3 |
| **Total** | **308** | **100.0** |

### 5.1.4 Condom use and HIV Prevention

Table 4 gives information on the safety of condom use during sexual intercourse. A total of 58 of the respondents, representing 18.8 percent, felt it was safer for both sex partners to wear condom at the same time during sexual intercourse; 194 (representing 63 percent) did not feel it was safer for both partners to make use of condom during sexual intercourse; while 56, representing 18.2 percent, seemed not to understand the importance of both partners wearing condom during sex. This means that it is not necessary for both partners to wear condoms during sex; as far as a partner is protected, both are safe from the possibility of contracting any sexual transmitted disease, such as HIV/AIDS. The need for both partners to wear condom is crucial, considering the chance of tear during sex. Both partners wearing condom could prevent the chance of contracting STI in the case of any damage. This result agrees with previous studies. In a related study, Koksal et al. (2005), Mansoor et al. (2008) and Thanavanh et al. (2013), note that most students knowing the use of condoms during sexual intercourse could prevent HIV.

**Table 4:** Knowledge of condom use during sexual intercourse

| Options | Frequency | Percent |
|---|---|---|
| Yes | 58 | 18.8 |
| No | 194 | 63.0 |
| Don't know | 56 | 18.2 |
| **Total** | **308** | **100.0** |

### 5.1.5 Most Effective Contraceptive in Preventing HIV Infection

The information in Table 5 shows respondents' knowledge on the most effective contraceptive to use in preventing HIV/AIDS infection. Most of the respondents (55.2 percent) identified the use of condom during sexual intercourse as the most effective and safest contraceptive to prevent contracting HIV/AIDS. This indeed is overwhelming because it shows that people have the right knowledge on the best way to protect themselves from contracting the deadly and incurable virus. In addition, the percentage of respondents that make use of both pills and condom to prevent the scourge of the virus shows that some students take precautionary measures to prevent the infection. However, a cursory look at the table shows that many people still do not practise safer sex, which could make them susceptible to HIV/AIDS infection. For instance, 74 respondents (24 percent) believed in the use of pills, probably antibiotics, after sexual intercourse. This, among other unhealthy sexual practices, such as injections, withdrawal and emergency contraceptives, call for concern and the need for more health information campaign on the best sexual practice. In a similar study, Shiferaw et al., (2011) observe that risky sexual behaviours, like unprotected sex, multi-partnership, no or inconsistence use of condoms and drug abuse, are harmful to the health of adolescents, putting them at high risk of HIV/AIDS and other sexually transmitted diseases. Constant condom use during sexual intercourse is identified as the most effective contraceptive method in preventing HIV/AIDS infection.

**Table 5:** Contraceptives for HIV prevention

| Options | Frequency | Percent |
|---|---|---|
| Injections | 11 | 3.6 |
| Pills | 74 | 24.0 |
| Condoms | 170 | 55.2 |
| Emergency contraceptive | 13 | 4.2 |
| Withdrawal | 12 | 3.9 |
| Pill and condom | 28 | 9.1 |
| **Total** | **308** | **100.0** |

### 5.2 Attitude toward HIV/AIDS Transmission and Prevention

The attitude of students toward HIV test, the need for discriminating against students with HIV infection, ways of contracting and getting rid of HIV infection was also examined. This results are presented in this section.

#### 5.2.1. Need for HIV Test after Unprotected Sexual Intercourse

Table 6 shows that the respondents had the correct attitude on HIV/AIDS prevention, as most of them supported the assertion of going for HIV test after one must have had unprotected sex. The essence is to remain protected and prevent the spread of the virus as well as know when to manage the virus. When people develop the right attitude toward HIV prevention, such as going for HIV test, it will inform healthy lifestyle, thereby halting the spread of the disease. As usual, the number of persons that do not see the need for HIV test after having unprotected sexual intercourse means that not all the students have the right attitude toward the prevention of HIV. This finding is comparable with the findings of Addis et al. (2013) and Shiferaw et al. (2011); both studies reported high knowledgeable scores towards HIV/AIDS in tertiary level and high school students, respectively.

**Table 6:** HIV test after unprotected sexual intercourse

| Options | Frequency | Percentage |
|---|---|---|
| Yes | 180 | 58.4 |
| No | 72 | 23.4 |
| Don't know | 56 | 18.2 |
| **Total** | **308** | **100.0** |

#### 5.2.2 Attitude toward Contracting HIV/AIDS Infection

The respondents were asked if one can get HIV by touching an HIV-positive person. The responses obtained are shown in Table 7. On kissing, 62.7 per cent believed HIV/AIDS cannot be contracted through kissing an infected person, while 31.8 per cent had the belief that one can contract HIV/AIDS by kissing an infected person. They argued that it is possible to get the virus if one kisses an infected person passionately resulting in the exchange of blood. This group believed that if an infected person has sore in the mouth and passionate kissing is engaged, there is that chance of being infected. On contracting HIV via mere touching and sleeping on the same bed with an infected person, 97.7 and 96.8 percent, respectively, refuted the assertion, implying HIV/AIDS cannot be contracted by touching and sharing bed with an infected person.

In addition, 93.2 per cent strongly agreed that using unsterilized needle increase one's chances of being infected, while 78.2 and 93.5 percent, respectively, disagreed with the assertion that HIV can be contracted through sharing cutlery and wearing the same dress with an infected person. The result in Table 7 generally holds that, although students of the University of Ibadan have the right attitude toward HIV/AIDS and are fully knowledgeable on the various ways of transmission, there is need for more information and education about some points of routes of transmission. Similar misconceptions on the modes of transmission of HIV, such as the belief that HIV can be transmitted by mosquito bites,

along with shaking hands, sharing clothes, toilets and utensils with infected persons, were reported by Tan et al. (2007) and Mansoor et al. (2008).

**Table 7:** Attitude of students toward contracting HIV/AIDS infection

| Options | Kissing | Touching | Sleeping on the same bed with an infected person | Using unsterilized needle | Using the same cutlery | Wearing the same dress with an infected person |
|---|---|---|---|---|---|---|
| Yes | 98 (31.8%) | 0 (0%) | 0 (0%) | 287 (93.2%) | 39 (12.7%) | 5 (1.6%) |
| No | 193 (62.7%) | 301 (97.7%) | 298 (96.8%) | 16 (5.2%) | 241 (78.2%) | 288 (93.5%) |
| Don't Know | 17 (5.5% | 7 (2.3%) | 10 (3.2%) | 5 (1.6%) | 28 (9.1%) | 15 (4.9%) |

### 5.2.3 Stigmatizing HIV Positive Students

Table 8 shows that a majority of the respondents (65.6%) opposed the assertion that students who are HIV positive should not be allowed to mix with other students. However, 71 (23.1 percent) of the respondents had the opinion that HIV-infected students should be separated from the uninfected students; this category of students is being shrewd in the attitude toward students with HIV infection. The high number of respondents that disapproved of discriminating against HIV positive students shows that the University of Ibadan students know the consequences of stigmatization and are ready to fight against it by rather associating with students who are infected by the disease. The compassionate and empathetic spirit shown by the student is consistent with Tavoosi et al. (2004), who showed that nearly half of their respondents were eager to show compassion towards PLHIV (people leaving with HIV).

**Table 8:** Discriminating students with HIV/AIDS

| Options | Frequency | Percent |
|---|---|---|
| Yes | 71 | 23.1 |
| No | 202 | 65.6 |
| Don't know | 35 | 11.4 |
| **Total** | **308** | **100.0** |

### 5.2.4 Attitude toward Getting Rid of HIV Infection

The attitude of the respondents on how to get rid of HIV infection in the event of being infected is depicted in Table 9. Having sexual intercourse with a virgin was not seen by majority of the respondents (96.1%) as a way to get rid of HIV infection. Having sex with a virgin is believed in many countries in Africa, precisely South Africa, as a way of getting rid of HIV infection. But in Nigeria, it is not the case, as shown by the responses. Also, a greater percentage of the respondents (83.4 - 97.7%) did not believe using herbal concoction, having a shower and infecting others can get rid of HIV infection. The result in the table reveals that a majority of the students disapproved of the methods listed in the table as ways to get rid of HIV/AIDS infection. This implies that the students have knowledge on the better ways to get rid or stay safe from the infection.

**Table 9:** Ways of getting rid of HIV infection

| Options | Sex with a virgin | Using herbal concoction | Having a shower | By infecting others |
|---|---|---|---|---|
| Yes | 2 (6.5%) | 0 (0%) | 0 (0%) | 19 (6.2%) |
| No | 296 (96.1%) | 301 (97.7%) | 299 (97.1%) | 257 (83.4) |
| Don't Know | 10 (3.2%) | 7 (2.3%) | 9 (2.9%) | 32 (10.4%) |

### 5.3 Practices Related to HIV/AIDS Transmission

This section analyzes the practices carried out by students which could predispose them to HIV/AIDS infection.

#### 5.3.1 Ever had Sexual Intercourse

The respondents were asked if they had ever had sexual intercourse. The responses obtained are shown in Table 10. Only 30.8 percent of the entire respondents had had sexual intercourse, while a majority (69.2 percent) had not had sexual intercourse. This implies that most of the students in the University of Ibadan have not had any experience of sexual intercourse. This is expected considering the age range of the respondents. Most of them are students that have just entered into the university, and probably in their 200 level or thereabouts. The history and percentage of students who have had sex is consistent with studies in the literature. For instance, the studies of Kamala & Aboud (2006), Hansson et al. (2008), and Abruquah & Bio (2008) reported that one-third of high school students had a history of sexual intercourse.

**Table 10:** History of sexual intercourse

| Options | Frequency | Percent |
|---|---|---|
| Yes | 95 | 30.8 |
| No | 213 | 69.2 |
| **Total** | **308** | **100.0** |

#### 5.3.2 Number of Partners one had Sexual Intercourse with in the Past Six Months

The respondents were asked to state the number of sexual partners they had sexual intercourse with in the past six months. The results depicted that 75 percent of the respondents had not had any sexual partner in the past six months, meaning that this group practises complete abstinence; 12.3 percent had just a partner; while 5.5 and 7.1 percent, respectively, had had three or more sexual partners in the past six months (Table 11). The number of respondents reporting to have had two and above sexual partners is perturbing, knowing well that keeping more than one sexual partner increases one's chance of contracting HIV/AIDS. This calls for immediate HIV/AIDS campaign to readdress students on the dangers of keeping more than one sex partner. However, the analysis showed that majority of the student, in six months before the study, did not have any partner, as such did not experience any sexual intercourse, which may mean that the students could be adhering to HIV prevention by complete abstinence.

**Table 11:** Sexual partners in the past six months

| Options | Frequency | Percent |
|---|---|---|
| None | 231 | 75.0 |
| One | 38 | 12.3 |
| Two | 17 | 5.5 |
| three or more | 22 | 7.1 |
| **Total** | **308** | **100.0** |

#### 5.3.3 Ever used Condom During the Last Sexual Intercourse

As expected, 213 (69.2 percent) of the respondents had never had sexual intercourse and, as such, were not associated with condom use (Table 12). Out of 95 respondents (30.8 percent), 20.1 percent did not make use of condom in their recent sexual intercourse, while only 10.7 percent used condom. The percentage of active reproductive youths that did not use condom in their last sexual intercourse means more needs to be done to make youths see the relevance of condom use in preventing HIV infection. It is obvious that many Nigerian boys and girls do not like using condom during sexual intercourse; but to be safer, they have to adhere to it. This assertion has been reported by Shiferaw et al. (2011), who

aver that risky sexual behaviours, like unprotected sex and inconsistence in the use of condoms, are harmful to the health of adolescents, putting them at high risk of sexually transmitted diseases.

**Table 12:** Condom use in the last sexual intercourse

| Options | Frequency | Percent |
|---|---|---|
| Yes | 33 | 10.7 |
| No | 62 | 20.1 |
| Never had sexual intercourse | 213 | 69.2 |
| **Total** | **308** | **100.0** |

### 5.3.4 Frequency of Condom use during Sexual Intercourse

Information on consistency of condom use during sexual intercourse is depicted in Table 13. Respondents were asked how often they use a condom when having sexual intercourse. The responses obtained revealed that, among those who have sexual intercourse, only 14.6 percent used condom each time; 15.3 percent sometimes used condom; while 1.0 percent had never used condom during sexual intercourse. This means that a good number of sexually active youths do not consistently make use of condom during sexual intercourse. This trend calls for more orientation on the need for youths to often make use of condom when the urge for sex arises. Being consistent in condom use will not only protect and prevent sexually transmitted diseases, but will also prevent the possibility of unwanted or unplanned pregnancies. This result is consistent with the finding of Tarkang (2013), who reported that of the 54% respondents that had ever had sex, only 29.6% reported using condoms consistently. In another study, Brown et al. (1992) found that of the 266 teens who recently became sexually active, only 29% reported using condoms consistently.

**Table 13:** Frequency of condom use

| Options | Frequency | Percent |
|---|---|---|
| Each time | 45 | 14.6 |
| Sometimes | 47 | 15.3 |
| Never | 3 | 1.0 |
| Never had sexual intercourse | 213 | 69.2 |
| **Total** | **308** | **100.0** |

### 5.3.5 Ever Consumed Alcohol

Alcohol consumption is heavily associated with unhealthy sexual practices which, if not controlled, could dispose youths and even adults to contracting HIV. The respondents were asked if they had ever consumed alcohol. The responses obtained showed that 5.5 percent could not remember if they had ever consumed any alcoholic beverages, 39.9 percent had consumed or taken alcohol, while 54.5 percent had not consumed alcohol. This may imply that most of the students in the survey did not like alcohol. This dislike and percentage of response obtained is attributed to the age of the students. However, the number of students that have consumed alcohol has health implication. Many of the respondents had taken alcohol before, with more than a quarter being current users. This finding corroborates the Maharaj et al. (2009), who found that 24% of adolescents had used cigarettes and 17% had used marijuana. Substance abuse among adolescents usually starts with alcohol and cigarette, which are referred to as gateway substances (McArdle, 2004).

**Table 14:** Alcohol consumption

| Options | Frequency | Percent |
|---|---|---|
| Yes | 123 | 39.9 |
| No | 168 | 54.5 |
| Don't know | 17 | 5.5 |
| **Total** | **308** | **100.0** |

### 5.4 Effect of Socio-demographic Variables on Knowledge, Attitude, and Practice Related to HIV

In this section of the study, the researcher employed logistic regression analysis to examine the effect of socioeconomic variables (age, sex and ethnicity) on selected KAP (knowledge, attitude and practice) variables. The variables on KAP were selected due to the inconsistency in measurement scales. Thus, socio-demographic factors were related to a set of dependent variables, knowledge of the condom use, attitude toward getting rid of HIV infection and practice of consistency in condom use during sexual intercourse. To carry out this analysis, the items initially coded for descriptive analysis were transformed or recoded into dummies. Items on knowledge, attitude and practices were scored as 1 and 0 for right response and wrong or doubt response respectively (Thanavanh et al., 2013; Mulu et al., 2014). For instance, an option with 'Yes', 'No' and 'Don't know' was recorded into Yes as 1 and No or doubt response as 0. The summary of the result obtained is shown in Table 15.

The socio-demographic variables did not significantly influence the knowledge, attitude, and practice related to HIV/AIDS. However, between sex, males were 1.1 times more knowledgeable of the condom use than females (OR = 1.12, CI = 0.62 – 2.02). This is consistent with the findings of Brown et al. (1992), that consistency in condom use is more frequent in males. Similar result was reported by Mulu et al. (2014), who reported that males were 1.5 times more knowledgeable than females. The age showed that students within the ages of 20-24 years (OR = 0.86, CI = 0.17 – 4.44) and the Yoruba (OR = 0.97, CI = 0.54 – 1.74) were most knowledgeable on condom use during sexual intercourse. This age interval has also been reported by scholars. For instance, Imaledo et al. (2012) showed that a majority of the students were within 15-24 years, which is a reflection that they are relatively young and some are sexually active. The National Demography Survey Data (NDHS) revealed that nearly half (48.6%) of adolescents aged 15-19 are sexually active (NDHS, 2008; cited in Imaledo et al., 2012). Similarly, being males, 25 – 29yrs and Yoruba substantially influenced students' attitude toward getting rid of HIV by infecting people and students' practice of inconsistence in condom. It can be inferred that sex of students, precisely males, has considerable impact on students' knowledge of condom use, attitude toward getting rid of HIV by infecting people, and students' practice of inconsistence in condom. This was closely followed by age intervals 20 – 29 years.

**Table 15:** Effect of sex, age and ethnicity on knowledge, attitude and practices related to HIV/AIDS

| Variables | Knowledge of condom use | | | Attitude toward getting rid of HIV infection | | | Practice of frequency in condom | | |
|---|---|---|---|---|---|---|---|---|---|
| **Sex** | OR | 95% CI | P | OR | 95% CI | P | OR | 95% CI | P |
| Male | 1.12 | 0.62 – 2.02 | 0.699 | 1.70 | 0.89 – 3.27 | 0.111 | 1.48 | 0.16 – 15.08 | 0.227 |
| Female | | | | | | | | | |
| **Age** | | | | | | | | | |
| 16 – 19yrs | 0.66 | 0.12 – 3.51 | 0.621 | 0.00 | 0.00 | 0.999 | 1.32 | 0.15 - 11.49 | 0.802 |
| 20 – 24yrs | 0.86 | 0.17 – 4.44 | 0.856 | 0.00 | 0.00 | 0.999 | 1.04 | 0.12 - 8.91 | 0.973 |
| 25 – 29yrs | 0.00 | 0.01 – 1.23 | 0.072 | 0.00 | 0.00 | 0.999 | 1.54 | 0.16 - 15.08 | 0.711 |
| **Ethnicity** | | | | | | | | | |
| Yoruba | 0.97 | 0.54 – 1.74 | 0.910 | 0.73 | 0.39 – 1.37 | 0.27 | 1.02 | 0.53 – 1.95 | 0.953 |
| Others | | | | | | | | | |

OR – odds ratio; CI = Confidence interval

## 6.0 Conclusion

The study shows that a good number of the students of University of Ibadan did not have adequate knowledge on HIV transmission, as many of them did not believe they can contract HIV in their first time of sexual intercourse. Some of the students did not consistently use condom during sexual intercourse. The study also revealed that some of the students had more than two sexual partners; keeping more than one sexual partner increases the chance of contracting HIV/AIDS. Therefore, it is important that students understand HIV prevention and transmission and develop the right practice to

prevent contracting the infection. Condom should be consistently used during sexual intercourse. There is need for HIV transmission and prevention campaign on Nigerian campuses, mostly among young peoples who have just gained admissions into the university.

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