YOUNG PEOPLES' KNOWLEDGE AND AWARENESS OF HIV/AIDS: A CASE FOR RURAL BASED STUDIES

Presented

By

Chinyere C. P. Nnorom
Department of Sociology
University of Lagos
Lagos Nigeria

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ABSTRACT

The proper control and management of Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) disease can only be achieved in Nigeria when residents in both urban and rural areas are well informed and have adequate knowledge of the mode of transmission of the disease as well as its preventive measures. This becomes necessary considering the proportion of the population residing in the rural communities and their inadvertent neglect in matters that require immediate and urgent attention. Most young people are known to be sexually active, indulging in unprotected sex and keeping multiple sexual partners. This has grave consequences in this era of HIV/AIDS pandemic and requires unalloyed commitment and cooperation from all and sundry. It has been documented that 50 percent of all HIV infections the world over occur among young people below 25 years of age, a period characterized by high sexual exploration and experimentation. Also 7000 new infections that occur on a daily basis have been found to take place among the group (WHO, 1998) stressing the inevitability to empower them with the right knowledge. Several studies conducted in different parts of the country have revealed a concentration of such studies in the urban areas to the total neglect of the rural communities. In addition, these studies revealed wide knowledge and awareness of the dreaded disease, however, this knowledge and awareness has not been translated into positive behaviour to help stem this dangerous tide. The situation might be worse in the rural communities where information on the existence of the disease and ways of preventing its spread may not be available. The young ones in the rural areas are not equipped with the correct information to cope with the crisis at hand. There is the possibility of continuing with their usual lifestyles, which exposes them to dangerous health problems, a situation which, if left uncontrolled, might deny this country of future inhabitants. This paper looks at some of the findings of studies conducted by researchers across the country with a view to ascertaining the extent of knowledge and awareness of HIV/AIDS among urban and rural inhabitants. It found a dearth of such data in the rural areas. The paper therefore recommends a refocus of the knowledge and awareness studies in the rural areas where significant proportions of young people resides and are in constant touch with the urban dwellers that may likely infect the unsuspecting rural inhabitants.

INTRODUCTION AND STATEMENT OF PROBLEM

Sexuality, reproductive health and gender related rules are introduced in the lives of humans very early in life and they are affected by a series of factors ranging from socio-cultural and economic through peer group pressures and mass media influences to the forces in the family which infringe on the lives of adolescents and young people in every known society. Adolescents and young people, at present, comprises the most dynamic human resource base but unfortunately they are left out when the issues of education of sexual and reproductive health are discussed. This is mostly based on the cultural belief that such issues are too delicate for them considering their tenderness and immaturity despite their expressed desire to know and be properly informed.

With the coming into the scene, of the dreaded Human Immuno-deficiency virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and their consequent despoil, societies all over the world have come to see

the importance of educating this young but very vulnerable group. Young people are insurmountable, more than any other group, when it comes to experimentation and exploring new and unknown grounds. In so doing they may indulge in behaviour that may expose them to greater risks of contracting HIV - the virus that causes AIDS-such as unprotected sexual activity and drug use. Their tender nature also predisposes them to greater exploitation by the older ones. All these combine to make them more vulnerable.

HIV/AIDS is one serious health problem that has defied solution the world over since its diagnoses in the last quarter of the 20th century. African continent is the worst hit as reports have consistently shown the unrelenting effect in most African countries. However, the havoc is much more felt among adolescents and young people who constitute the future leaders. The World Health Organisation (WHO) 1998 report had shown that 50 percent of all HIV infections the world over occur among young people below 25 years of age, a period characterized by high exploration and experimentation. Added to this is the fact that about 7000 new infections occur daily among this group, according to the report, making the disease the most critical health problem the world has to grapple with for a long time.

It is estimated that as many as 60 percent of all adolescent pregnancies and births, in developing countries (including Nigeria) are unintended. Young women's healths are often compromised by early pregnancy through childbirth and unsafe abortion. Becoming a parent can disrupt schooling, which may lead to fewer job opportunities and lower income (McCauley et al. 1995) and increasingly to involvement in social ills and addition of miscreants to the already burdened society. The Population Reference Bureau (PRB) (1994) reported a yearly infections of millions of young people with sexually transmitted diseases (STDs), a phenomenon which its presence has been established to lead to a decline in health, a possible infertility and an increase in the likelihood of HIV transmission (Elias and Heise, 1993). Documentation has also shown that about half of HIV infections so far have occurred among men and women below 25 years of age and in most developing countries data has proved that as many as 60 percent of new HIV infections occur within 15-24 age brackets with females outnumbering males in a ratio of 2:1 (Family Care International (FCI) 1995; WHO 1995).

It was in recognition of this serious health concern that the world AIDS Day was first observed on December 1, 1998 after a summit of health ministers from around the globe called for a greater spirit of social tolerance and greater exchange of knowledge and information on HIV/AIDS. Initially, WHO was the sole sponsor of world AIDS Day but realising that the recognition of the day serves to strengthen the global effort to face the

challenges of the HIV/AIDS epidemic, the world bank together with four United Nations (UN) divisions joined hands with WHO to form the Joint united Nations Programme on HIV/AIDS (UNAIDS) which in recent years have directed the World AIDS Day. For three years consecutively (1997, 1998 and 1999) UNAIDS has targeted Youths in the world AIDS Day. In 1997, the Slogan used for the celebration was "Give Children Hope in a World with AIDS" and in 1998 it was "Force for change: World AIDS campaign with Young People" while 1999 had the theme "Listen, Learn, Live". All these themes aim at encouraging education of youth about HIV/AIDS and also ensure that they were able to become educators themselves.

An average adolescent or young person in sub-Saharan Africa who is entering sexual life, at present, is faced with what Ahlberg (1994) referred to as 'moral regimes' of traditional, Christian-Muslim, administrative-legal and 'romantic love'. Sexual activity within the traditional and Christian-Muslim is approved within marriage indicating that sex should not be practiced before marriage. Presently, the traditional regimes seem to 'operate in a vacuum or lack sufficient regulatory and control mechanism' (Ahlberg 1994: 234) the reason being the undermining of traditional system through formal education, Christianity or Islam and new administrative and legal structures which came with colonialism and continued after independence. Added to this is that the new structures have failed to replace the previous ones with new enforceable codes of sexual ethics within and outside of marriage thereby creating ambivalence for some people (Kirby, 1994). For instance, no viable alternative had been found to replace the prohibition of pregnancy (that operated under the traditional system) when initiation rites have not been performed (Sarpong 1977).

'Romantic Love', on its part, tends to permit premarital sex as long as people concerned express love for one another (Ahlberg 1994). This is more prominent with adolescents and young people especially the educated and urban dwellers. However, the rural inhabitants are not spared because of the frequency of contacts with the former coupled with harsh economic conditions that makes the need to survive more desperate. When a new relationship begins, irrespective of age, people tend to seek intimacy and love each trying not to wreck the new relationship. In such a situation they may be under intense pressure to satisfy each other sexually with the pressure more likely to be on the female partner who may be lured by their lovers that obliging sex will show their demonstration of their love to their partners. In such circumstances, the zeal to satisfy a partner, oftentimes, far outweighs the fear of contracting an STD or even getting pregnant. Also, the traditional regime may also be adopted when found convenient as in Kwazulu (South Africa) where young males invoked traditional polygyny as a justification for their multiple sexual activities (Preston-Whyte 1994), a practice that is likely to increase the spread of STDs (and HIV/AIDS in particular) in the continent.

For many years Nigeria has ignored the need to address the health of adolescents and young people due primarily in the belief that they are less vulnerable to diseases than children and the very old, but that young people have been found to be highly vulnerable is well known (Onifade, 1999). The wave of social changes blowing across the universe has affected both sexual and other social mores thereby increasing the risks of unwanted pregnancies and STDs including AIDS among this vulnerable group coupled with their propensity to experiment with drugs (WHO 1993; Akinyele and Onifade 1996).

This paper presents some of the findings on knowledge and awareness of HIV/AIDS in Nigeria and its environs and discusses the lopsidedness of these studies in favour of the urban areas. Young people in the rural areas of this country had been neglected for a long time in matters of reproductive health needs. Studies on reproductive health tend to concentrate mostly in the urban centers to the total neglect of rural inhabitants. There is, therefore, the need to carry this segment along as Nigeria takes the frontier in the fight against the reduction and/or eradication of HIV/AIDS disease in the continent.

REVIEW OF SOME OF THE AVAILABLE STUDIES ON KNOWLEDGE AND AWARENESS OF HIV/AIDS IN NIGERIA

Several studies had been carried out on the knowledge and awareness of HIV/AIDS in different parts of the country since the recognition of the presence of the disease in the country. Most of these studies aimed at ascertaining the extent to which the disease is known among the inhabitants studied. One of such studies was by Fawole et al. (1999) in which the extent of knowledge, attitudes and sexual practices relating to HIV Infection/AIDS among Nigerian secondary school students in Ibadan North East Local government were sought. Findings from the study reveal that most respondents interviewed (405 out of 450 representing 90 percent) had heard about AIDS and 346 of the 405 who had heard (85.4 percent) could correctly describe the disease. Ways of transmitting and preventing the disease were also correctly spelt out by majority of the respondents (see fig. I and II in the appendix) but their sexual behaviour contradicts their claim of knowledge.

A study conducted on deaf secondary school students by Osowole and Oladepo (2000) in the deaf unit of two schools – Methodist Grammar School Bodija, Ibadan and the State Grammar School Lagos (the former being the intervention school and the latter the control group) – showed that most respondents (55.6 percent in the intervention school and 71.9 percent in the control) were aware of HIV/AIDS but knowledge on different issues about HIV/AIDS- causation, transmission and prevention-were low among both groups. However, there was an increase in awareness level of the respondents from 55.6 percent to 89 percent in the intervention

group and a decrease from 71.9 percent to 40 percent in the control group, at post intervention. Similarly, increase in knowledge was observed for causation, transmission and prevention methods at post intervention although the increase was more significant in Methodist School than the State School. Nevertheless, there was little or no behavioural change noticed among the sample population.

Unuigbe and Osafu's (1999) study among adolescent girls in Benin City explored the extent of knowledge and awareness of AIDS within the sampled population and the findings revealed wide knowledge as 95.2 percent admitted knowledge; 83.5 percent knows the disease is incurable, 64 percent identified sexual intercourse as the main route of transmission and 40 percent mentioned condom use as a sure preventive measure. The study also found high sexual activity among the students inspite of their high knowledge and awareness of AIDS. Onifade's (1999) study conducted in five study areas in Ondo State among 1758 adolescents comprising 829 males and 929 females also revealed that 78.6 percent of the males and 80.7 percent of females had knowledge of STDs. AIDS (70.2 percent of males 74.5 percent of females) and Gonorrhoea (60.6 percent and 56.2 percent respectively) were the two most frequently mentioned STDs known by the respondents. Yet this knowledge did not translate into positive behaviour as substantial respondents kept more than one partner, although accurate answers on the method of transmission could not be given by the majority (see Table 2).

The study done by Adegbola and Babatola (1999) on premarital and extramarital sex in Lagos city had as part of its focus the examination of AIDS awareness and perception among the selected respondents. Although the study covered respondents aged 15 years and above, however, those in the 15-34 age brackets constitute 57 percent of males and 72 percent of females, a group that still falls within the population under consideration. According to the report, 89.8 percent of males and 87.7 percent of females had heard of AIDS, 20 percent of males and 21 percent of females heard it for the first time in 1988, 11 percent and 13 percent respectively in 1986 and 10 percent and 12 percent in 1990 respectively (See Table 3).

Isiugo-Abanihe's (1994) study emanated from a 1991 survey of five Nigerians towns in which among other things, currently married men and women's perceptions of AIDS were investigated. As the study divulged, a large majority of urban Nigerians are aware of HIV/AIDS and have accurate knowledge of its modes of transmission. While 86 percent of the men claimed cognition of the disease, it was 79 percent for the women and the most recurring mode of transmission mentioned by both sexes was casual sexual intercourse or having

multiple sexual partners indicating that majority of urban Nigerians attribute HIV/AIDS transmission to sexual relations with particular reference to casual sex or having multiple sexual partners.

A study in Ekiti district conducted by Orabuloye et al. (1994) covered Ado-Ekiti, an urban center and two villages within 25 kilometres of the urban center designated as rural. Although the study was to determine the degree and nature of sexual networking in southwest Nigeria, it also collected information regarding the extent of knowledge and awareness of STDs. The study ascertained that about 60 percent of the rural population and 90 percent of urban dwellers were well informed about AIDS and aware of the dangers of having multiple sexual partners. But the danger anticipated was the erroneous belief depicted by the respondents that modern medicine could cure any form of veneral disease including AIDS (90 percent in the urban and 75 percent in the rural).

Araoye and Fakeye (1998) investigated 971 adolescents from one tertiary institution in Ilorin, Kwara State capital and reported an overall high level of awareness of AIDS by 99.2 percent of males and 97.9 percent of females interviewed in addition to high knowledge of its sexual route of transmission (98.5 and 96.2 percent respectively). Despite that, however, 76.7 percent of males and 73.9 percent of females know that condom could prevent STIs and some based their choice of contraception on preventive need, yet, this latter group did not choose condom significantly when compared with other methods.

Nnorom's (2000) study on young traders in Lagos metropolis also portrayed high knowledge with 85 percent of respondents having heard of STIs/STDs and 95 percent of AIDS. The most common STIs/STDs heard of are HIV/AIDS (56 percent) and Gonorrhoea (43 percent). The main method of contracting the diseases identified was sex with infected person (81 percent) and information on HIV/AIDS got to the respondents (91 percent) mainly through the radio (see table 4). Oloko and Omoboloye (1993) considered sexual networking among some Lagos state adolescent Yoruba students from five secondary schools classified as *urban all girls school, semi urban all girls school, urban all boys school, urban mixed gender school and semi urban mixed gender school*. The findings show that 80 percent of boys and 88 percent of girls in the urban all boys and all girls respectively had heard of AIDS. For the urban mixed it was 68 percent and for semi urban mixed and semi urban all girls they were respectively 74 percent and 62 percent. The findings also reveal that a significant proportion of adolescents (40 percent) engage in heterosexual relations and 75 percent of those who do so have had more than two sexual partners in their lifetime.

)gbuagu and Charles (1993) studied sexual networking in Calabar and discovered a very wide extent of sexual networking inspite of an overwhelming majority of the respondents (93 percent) claiming knowledge of AIDS and some having come in contact with people diagnosed with the disease. Oyeneye and kawonise (1993) in their own study of Ijebu Ode also found that 92 percent of male respondents and 87 percent of females were well informed about AIDS through the mass media and the campaigns mounted by government. Owuamanam's (1995) study among youth in South Western Nigeria concluded with the assessment of young people's behaviour by the subjects studied. According to them, young people are "too promiscuous, lacking control, indifferent to cultural standards and regulations and having very bad attitudes and behaviour towards sex" (p.65). The current change in youth sexual behaviour observed was attributed to what they called 'civilisation' (71 percent of males and 5 percent of females). Thus young people in southwestern Nigeria engage in risky sexual behaviour patterns, which are not backed up with actions that would prevent or reduce the risk of STDs and HIV/AIDS transmission. The paper recommended sex education, with emphasis on appropriate attitudes to HIV/AIDS, to be included in the secondary school curriculum to increase young people's understanding of AIDS. The study by Esu-Williams (1995) in Calabar Cross River State among prostitutes concerning STDs and condom intervention revealed that Gonorrhoea was most frequently mentioned (97 percent of women and 96 percent of men) followed by AIDS (17 percent and 34 percent respectively) but sexual activity by both sexes before and after intervention remained insignificant. Data from the Nigeria Demographic and Health Survey (NDHS) 1999-survey report indicates that 74 percent of women and 94 percent of men interviewed had heard of AIDS. In addition, knowledge of AIDS was higher for urban dwellers than rural inhabitants. While 87 percent of women in the urban area have heard of HIV/AIDS, only 68.5 percent in the rural population acknowledged perception. Similarly, 95.3 percent of men in the urban centers compared with 86.9 percent of their rural counterparts had heard of AIDS. Identification of ways to avoid HIV/AIDS also shows that the most significantly mentioned method is having one sex partner which was said by 53.5 percent of women in the urban and 49.8 percent in the rural as against 44.5 percent and 41.9 percent respectively for the men.

Despite the significance observed in the knowledge and proper identification of ways of avoiding the disease, the disparity between urban and rural inhabitants is obvious signifying the need to turn urgent attention to the rural communities. Thee next section discusses this need.

CASE FOR RURAL BASED STUDIES

The above review has disclosed the need to refocus attention to the rural areas where little or no studies had been conducted. Out of the 15 studies reviewed in this paper only about 3(representing 20 percent) has relevance to the rural communities meaning that there is virtually a dearth of data in the rural communities. Even then, the studies are not solely rural- based because the rural population acted as reference points for studies conducted in urban centers. Rural inhabitants are known to have an isolated mentality probably associating HIV/AIDS as an urban phenomenon and believing that the disease discriminates in favour of rural dwellers. There is the need to inform them that the problems and challenges posed by the disease can affect any community anywhere notwithstanding its location.

To do this affectively, rural inhabitants must be informed of this message in their own environment and be made to realize that someone in the small community somewhere may be infected with HIV/AIDS and either does not know it or is unable to say so for fear of being stigmatized or the family facing sanction from the society.

For this to be achieved, correct and adequate information must be made available to the rural populace especially adolescents and young people who may likely fall prey to sexual advances. That is why there is need to ascertain the extent of knowledge and awareness of HIV/AIDS among the rural populace especially the young people who are very vulnerable and venture into risky behaviors. Such studies will form the basis from which appropriate health intervention programme will be formulated.

Rural inhabitants also lack basic health facilities and even where they are in existence, they are not equipped to face the challenges of the modern times such as providing testing centers for HIV/AIDS. Although the urban centers are not better placed in this case, yet centers exist where doctors can refer their suspected patients for testing if need be. For this singular reason, most inhabitants in the rural community are left in the dark as regards their health status. Since HIV/AIDS takes time to manifest physically, many of the rural dwellers believe they are healthy and go about infesting unsuspecting sexual partners.

Although the studies reviewed portrayed high knowledge and awareness yet the few ignorant ones may infect even the most knowledgeable considering the fact that keeping multiple sexual partners were admitted by some respondents in the studies and these partners have other partners who also have partners and the chain is limitless. Some of these chains of sexual partners may include contacts made in the rural community during their short but frequent visits. In that regard, the importance of informing the unsuspecting rural populace

about this chain of sexual activity becomes inevitable. This will require arming them with the right knowledge and behaviour and to do this properly researchers should refocus their attention to the rural areas and provide the necessary information on the state of the art knowledge of the situation. Information gathered from such studies will help government and other non-governmental organisations interested in the field in designing appropriate health intervention strategies to stem this dangerous tide in the country.

In Nigeria, as many as 70 percent of the citizens live in the rural areas and a significant proportions of those who live in the rural areas are illiterates. This becomes upsetting when one reaslises that any strange illness that defies medication is interpreted as a wrath from the gods on the individual concerned. Where it is a plague, the society as a whole is left in a confused situation while people die in their thousands on a daily basis as is the case of Kenya and other East African countries. Considering the suspicious nature of this sector, any strategy adopted should incorporate rural community leaders who wield so much influence and help enforce agreed decisions. In that regard, any research or information dissemination that has to be introduced in the local communities should be acceptable and convincing to their leaders before the necessary cooperation required is guaranteed. This will require packaging the ideas to be presented in a manner that will conform to the expectations of the community under focus. That is to say, each community must be approached from its own approved patterns of communication. When this is achieved, every other step taken has to fall in place.

CONCLUSION

This paper reviewed some studies on the knowledge and awareness of HIV/AIDS in Nigeria and discovered a bias in favour of the urban areas. Inspite of the concentration of studies in the urban, the sexual behaviour of those equipped with the right knowledge remains highly unchanged indicating a possibility of higher HIV transmission and AIDS in the society.

The rural inhabitants who lack appropriate information because of lack of studies and information dissemination face the danger of contracting the disease. It becomes even more alarming because of the exploratory and risky behaviours adolescents and young people exhibit in their bid to taste new worlds. The study recommends a refocus of attention to the rural communities where inhabitants (especially adolescents and young people) may be ignorant of the situation and easily fall prey to victims in their adventure bid.

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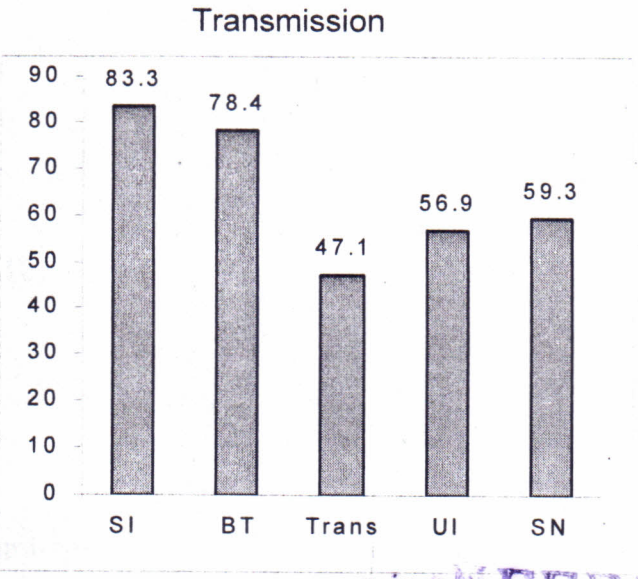
APPENDIX

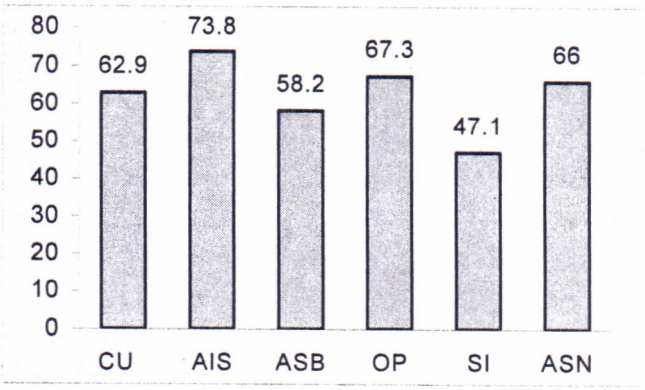
Figure 1*: Students' knowledge of the Transmission of AIDS



SI = Sexual intercourse
BT = Blood transfusion
Trans = Transplacental
UI = Unsterilised instruments and equipment
SN = Sharing needles and syringes

*From Fawole et al. (1999) p. 19

*Figure 2** ***Students' Knowledge of the Prevention of AIDS***



CU = Condom use
AIS = Avoid indiscriminate sex
ASB = Avoid sharing brushes/combs
OP = One partner only
SI = Sterile instruments
ASN = Avoid sharing needles

**Ibid*

Table 1* Knowledge of AIDS among Adolescent Girls in Benin City

Parameters	No	%
Existence of AIDS		
Awareness of AIDS	688	95.2
Not aware of AIDS	35	4.8
Cure of AIDS		
AIDS Curable	51	7.1
AIDS not curable	604	83.5
No idea	68	9.4
Causative agent of AIDS		
Bacteria	174	24.1
Parasites	80	11.1
Viruses	63	8.7
Wrath of the gods	77	10.6
No idea	294	40.7
No response	35	4.8
Route of AIDS transmission		
Sexual intercourse	463	64.0
Blood transfusion	55	7.6
Transplacental	34	4.7
Needles/Syringes	21	2.9
Casual kissing	66	9.1
Mosquito bite	13	1.8
Other routes e.g. sharing of utensils	28	3.9
No idea	43	6.0
Preventive Measures		
Use of Condom	289	40.0
Abstinence	92	12.7
Safer sex	154	21.3
Use of drugs	41	5.7
Native medication	43	5.9
No idea	104	14.4

**Culled from Unuigbe and Osafu (1999) p. 41*

Table 2*: Knowledge of sexually Transmitted Diseases (STDs).

VARIABLE	MALE		FEMALE	
	No	%	No	%
Have heard of STDs	652	78.6	750	80.7
STDs Known				
Gonorrhoea	502	60.6	522	56.2
Syphillis	121	14.6	116	12.5
Herpes	37	4.5	27	5.1
Ganisal Warts	53	6.4	47	5.1
Pubic Lice	104	12.5	133	14.3
AIDS	582	70.2	692	74.5
Others	4	0.5	5	0.5
Knowledge of HIV/AIDS				
Having many partners increases risk of contracting HIV/AIDS				
True	474	57.2	544	58.6
False	51	6.2	43	4.6
Don't know	127	15.3	156	16.8
HIV/AIDS can be contracted through Kisses and Mosquito bites.				
True	303	36.6	341	36.7
False	185	22.3	191	20.6
Don't known	162	19.5	207	22.3
HIV/AIDS can go contracted through sharing needles				
True	436	52.6	470	50.6
False	58	7.0	61	6.6
Don't know	156	18.8	208	22.4
A Healthy looking person can have HIV/AIDS				
True	265	32.0	240	25.8
False	173	20.9	232	25.0
Don't know	210	25.3	269	29.0

**Culled from Onifade (1999) p. 68.*

Table 3*: Responses to Questions on AIDS (% Distribution)

Questions		M	F
	Responses	%	%
Ever heard of AIDS?	Yes	8.9	87.7
	No	10.2	12.3
	No response	0.8	0.5
Sources of Information			
	Radio/TV	60.2	60.0
	Newspapers	13.8	12.3
	Friends/Rel.	6.4	11.3
	Health workers/Hosp.	4.1	6.1
	Govt. Publ.	4.1	4.2
When AIDS was first heard of			
	1970 - 1983	6.3	2.2
	1984	2.0	2.7
	1986	10.6	12.7
	1988	20.3	21.2
	1990	9.8	12.3
What have you heard of AIDS (about how it can be cured)?			
	Incurable	67.1	71.2
	Medical Healing	8.1	5.2
	Spiritual healing	3.7	1.4
	Unspecific	19.9	20.3
Who do you think can cure AIDS?			
	Nobody	44.7	44.8
	God/Prayer/Spiritual	18.3	15.6
	Doctor	16.7	22.4
	Traditional healer	3.3	1.9

**Culled from Adegbola and Babatola (1999).*

Table 4*: KNOWLEDGE OF STIs* / STDs AND HIV/AIDS AMONG YOUNG TRADERS IN LAGOS METROPOLIS**

VARIABLE	NO	%
Ever heard of STIs / STDs:		
Yes	108	85.0
No	19	15.0
Mention ones heard (N=108):		
Gonorrhea	46	42.6
Syphillis	1	0.9
HIV /AIDS	61	56.5
Ways one contract STIs / STDs:		
Sex with infected person	87	80.6
Keeping multiple partners	6	5.6
Sharing of sharp objects	10	9.2
Through toilet seat	5	4.6
Heard of HIV*/AIDS**** (N=127):		
Yes	115	90.6
No	12	9.4
If yes, source of information (N=115):		
Radio	105	91.3
Public enlightenment	6	5.2
Friends	2	1.7
Hospital	1	0.9
Church / Mosque	1	0.9
How AIDS is transmitted:		
1. Sex with infected person	16	13.9
2. Blood transfusion	2	1.7
3. Transplacental	-	-
4. Needles / Syringes / blades	1	0.9
5. 1 and 2 above	31	27.0
6. 1, 2 ad 4 above	41	35.6
7. 1, 2, 3 and 4 above	6	5.2
8. 2 and 3 above	9	7.8
9. Kissing	2	1.7
10. DK	7	6.1

VARIABLE	NO	%
How AIDS can be prevented:		
Abstain from indiscriminate sex	19	16.5
Keep to one partner	25	21.7
Use condom	35	30.4
Isolate AIDS victims	10	8.7
Avoid unscreened blood	10	8.7
Avoid sharing blades / needles / syringes	5	4.3
Through traditional means	11	9.6
Believe AIDS is real:		
Yes	113	89.0
No	10	7.9
NR	4	3.2
Can AIDS be cured:		
Yes	21	16.5
No	84	66.1
DR / NR	22	17.3
Suggestions on how to control its spread:		
Keep to one partner	10	8.7
Public enlightenment	30	26.1
Kill victims	9	7.8
Avoid indiscriminate sex	15	13.0
Make screening centers available and affordable	8	7.0
Don't believe in AIDS	10	8.7
No solution	25	21.7
NR	8	7.0
* Sexual Transmitted Infections		
** Sexual Transmitted Diseases		
*** Human Immune-deficiency Virus		
**** Acquired Immune Deficiency syndrome		

*Culled from Nnorom (2000).