The Relationship Between HIV/AIDS Awareness and Adolescents’ Sexual Behaviour in Bayelsa State, Nigeria

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Abstract
The relationship between HIV/AIDS awareness and adolescents’ sexual behaviour in Bayelsa state, Nigeria. The participants for the study were 120 adolescents. Two questions and two hypotheses formulated. The study was a survey. The device used for data collection was a self made questionnaire that had face and content validity and the reliability coefficient of .89 was obtained for Cronbach alpha while .74 was obtained for split half (Spearman Brown). The analysis of data was done using percentages, mean scores and (ANOVA) results from data analysis showed that the awareness rate of HIV/AIDS is high and that there is a strong relationship between adolescents HIV/AIDS awareness and thier sexual behaviour. The paper concluded with the some recommendations.

Keywords: Relationship, Hiv/Aids awareness, adolescents’ sexual behaviour.

Introduction
During adolescence, there is a dynamic biological change that occurs, which have impact on other areas of development such as the socio-cognitive development. Adolescents experience accelerated growth more rapid than at any other time from infancy. Accompanying this growth spurt are changes in bodily shape and proportions such as development of broader shoulders in boys and wider hips in girls. At the same time, significant changes take place in the structure and function of the brain which may have important implications for cognitive development. These biological changes of puberty also have major impacts on social development. Partly, because of changes in physical appearance, adolescents stop thinking of themselves as children and parents begin to expect more mature and-responsible behaviours from them.

Increase sexual ages and the capacity for reproduction are issues that both the adolescents and their families must face. Variations in the age at which physical changes occur, have a major impact on how adolescents view themselves and how they relate to others.

According to Santrock (2007), adolescents typically engage in a consistent progression of sexual behavior. This progression takes the form of petting that leads to kissing and eventually to sexual intercourse and oral sex. Santrock (2007), enumerated a lot of factors that influence the sexual behavior of adolescents as follows:

Gender male adolescents are more likely than the females to say that they have had sexual intercourse and are sexually active. The males also describe sexual intercourse as being desirable more than their female counterparts. Location, percentage of sexually active young adolescents may vary with location. Research has shown that those leaving in the urban slum have early sexual experience. Also those leaving in the low SES area have high incidence of early sexual intercourse Anakwe, (2017).

Early Maturation: Early maturation is linked with early sexual activities especially in girls. This could be because older boys see them as matured and make love advances to them. Although sexually they are matured, emotionally they are not prepared to handle sexual experiences, Adolescents who engage in alcohol and drugs are prone to having sexual activities earlier. The involvement in drug and alcohol consumption makes them elated and consequently lead them to making risk decision and wrong decisions. Adolescents with low academic achieved tend to engage in drugs and alcohol consumption in order to shy away from their academic problems. Thereby putting themselves in the risk of early sexual activities. This is usually common with male adolescents. Low Self esteem leads to more depression that leads to more involvement in sexual activities. This is common with adolescent girls.

Low Socio Economic Status and Parents/Family Circumstances: According Bello (2016) living in a dangerous and a low income neighborhood were at risk factors for adolescents pregnancy and sexually transmitted diseases. Also family attachment style in which adolescents and parents avoid each other is associated with early sexual activity. Furthermore, having sexually active siblings places adolescents at a high risk of adolescent pregnancy and STDs.

The ability to regulate one's emotions and behaviours is an important factor in sexual risk taking. According to Raffaeli & Corcokett, as in Santrock (2007), a low level of self regulation was linked with a higher level of sexual risk taking. The proffered HIV/AIDS awareness and the daily increase in AIDS cases among the adolescents goes to show that the problem is not one of awareness only but attitudinal problem of Nigerians towards reckless, heterogeneous sex life especially in the urban slums and among the poor and the rich with uncared income. What is needed now is a joint programme between the government and the various religious organization as well as schools, and parent on national reorientation over sexual immorality in the country.

Failing to take a decisive public policy on this sex problem may be our Waterloo in Nigeria. Duran (1935)
in Ajaji (2016) captured the essence of the rise and fall of many civilization with his “a nation is born stoic and dies epicurean” in the stoic phase of the cycle, adversity breeds cohesion and deprivation fosters initiative. Self-control, thrift, hard work, and an orderly life bring prosperity. Epicureans take no thought for the morrow and as such decline begins. Many Nigerians are more of epicureans than stoics. The numerous holidays gambling, liquor drinking, substance abuse such as “goskolo”, marijuana with codiene attract thousands from the sober duties of life and stimulate every sexual urge to activity and HIV infection is waiting.

**Purpose of the Study**
1. To find the level of HIV/AIDS awareness among adolescents in Bayelsa
2. To assess the sexual behaviour of adolescents in Bayelsa

**Research Questions**
1. What is the level of HIV/AIDS awareness among the SSII students in Bayelsa?
2. What is the level of sexual behaviour among adolescents in Bayelsa?

**Hypotheses**
1. There is no significant relationship between adolescents age and sexual behaviour.
2. There is no significant relationship between age of adolescents and their HIV/AIDS awareness.

**Methodology**

**Research Design**
The study adopted a survey design in which questionnaire was employed in collecting data from the respondents on the variable being studied.

**Population of the Study**
The population of the study consisted of all the adolescents in onelga. A sample of 120 adolescents drawn from the zones was used for the study. The three zones form strata for selection of participants. This was done using balloting whereas 50 participants were selected from each zone using simple random sampling method. This gave rise to 150 initially selected out of which 30 respondents were dropped for not filling the questionnaire properly which disqualified them from being included eventually thereby causing a reduction of the sample from 150 to 120.

**Instrument for Data Collection**
The instrument used for data collection in this study was HIV/AIDS awareness questionnaire (HAAQ). The four point response pattern was used to score the responses of the column SA, A, D, and SD representing strongly agree, agree, disagree, and strongly disagree which were assigned numerical value as 4,3,2 and 1 respectively.

**Validity and Reliability of the Instrument**
The instrument has face and content validity as vouched by three experts in psychometric properties. The test using 50 respondents. Cronbach alpha as well as split-half methods were used the reliability coefficient of 87 was obtained for Cronbach Alpha while 74 was obtained for dsplit half (spearman brown). The scores were considered high enough for this study and instruments found reliability for use.

**Method of Data Analysis**
Mean and percentages were used to answer the questions while ANOVA was used to analyze the hypotheses.

**Results and Discussion**
The result obtained from the study which were answered and analyzed in line with the research questions and hypotheses raised for the study.

**Results**

**Research Question One:** What is the level of HIV/AIDS awareness among the adolescents in Bayelsa. The mean and the percentage were employed as statistical tools in order to determine the level of awareness of HIV/AIDS of adolescents is presented below in Table I.

**Table 1: Level of Awareness of adolescents about HIV/AIDS in Bayelsa State.**

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Number of adolescents</th>
<th>Total score</th>
<th>Mean score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware</td>
<td>92</td>
<td>2258</td>
<td>24.54</td>
<td>76.76%</td>
</tr>
<tr>
<td>Not aware</td>
<td>28</td>
<td>292</td>
<td>10.43</td>
<td>23.3%</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>2550</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>
Evidence presented in Table I shows that 92 out of 120 adolescents are aware of HIV/AIDS. This number (92) represents 76.7% of the total number of adolescents used for the study. Also the mean response of adolescents who are aware is 24.54. However, Table I depicts also that 28 adolescents are not aware of HIV/AIDS which represents 23.3%. The mean response of students who are not aware is 10.43.

From the results presented, it can be deduced from table I that a greater number of the adolescents (92) are aware of HIV/AIDS. This can be seen from the mean response of adolescents who are aware which is 24.54 which is greater than that of those who are not aware (10.43). In essence, adolescents in Bayelsa have high level of awareness of HIV/AIDS

**Research Question Two**: What is the level of sexual behaviour among the adolescents in Bayelsa.

To answer this research items 11 and 12 were collated and used for the analysis. The total mark for sexual behaviour was 45. The mean of sexual behaviour is 22.5, since there are only two levels - high (positive) and low (negative). Any mean score above 22.50 was taken to be of negative (low) sexual behaviour while mean score below 22.50 was taken to be of positive (high) sexual behaviour.

<table>
<thead>
<tr>
<th>Sexual Behaviour</th>
<th>Number of adolescents</th>
<th>Total Score</th>
<th>Mean Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>118</td>
<td>557</td>
<td>4.72</td>
<td>98.3%</td>
</tr>
<tr>
<td>Negative</td>
<td>2</td>
<td>49</td>
<td>24.50</td>
<td>1.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>120</strong></td>
<td><strong>606</strong></td>
<td></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Going by data in Table 2, 118 out of 120 students which represents 98.3% of the students sampled are having positive sexual behaviour. This is typified by their mean response of 4.72 which is below the benchmark mean of 22.50.

Also table 2 shows that only 2 out of 120 adolescents representing 1.7% of the respondents have negative sexual behaviour. This could be seen by their high mean score of 24.50 which is above the criterion mean of 22.50.

In conclusion, adolescents in Bayelsa are of a positive sexual behaviour meaning that they behave well sexually.

**Table 1: Pearson Correlation of HIV/AIDS Awareness and Sexual Behaviour of Adolescents**

<table>
<thead>
<tr>
<th>Statistics</th>
<th>N</th>
<th>df</th>
<th>SD</th>
<th>r-Crit</th>
<th>r-Cal</th>
<th>R²</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS awareness</td>
<td>120</td>
<td>118</td>
<td>0.05</td>
<td>11.46</td>
<td>0.195</td>
<td>0.83</td>
<td>0.69</td>
</tr>
<tr>
<td>Sexual behaviour</td>
<td>16.5</td>
<td>118</td>
<td>0.05</td>
<td>11.46</td>
<td>0.195</td>
<td>0.723</td>
<td>0.52</td>
</tr>
</tbody>
</table>

Results in Table 1 shows that there is a significant correlation between HIV/AIDS awareness of students and their sexual behaviour. This can be seen from the fact that our calculated r-value of 0.83 is greater than table r-value of 0.195 at 0.05 level of significance, hence there is sufficient evidence to reject the null hypothesis and uphold the alternative. Also the coefficient of determination (COD) which is r² of 0.69 shows that about 69% of the variations in students' HIV/AIDS awareness is accounted for by the variations in their sexual behaviour.

**Table 2: Pearson Correlation Analysis of the relationship between age of adolescents and their sexual behaviour.**

<table>
<thead>
<tr>
<th>Statistics</th>
<th>N</th>
<th>df</th>
<th>SD</th>
<th>r-Crit</th>
<th>r-Cal</th>
<th>R²</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS awareness</td>
<td>120</td>
<td>118</td>
<td>0.05</td>
<td>11.46</td>
<td>0.195</td>
<td>0.723</td>
<td>0.52</td>
</tr>
<tr>
<td>Sexual behaviour</td>
<td>5.1</td>
<td>118</td>
<td>0.05</td>
<td>11.46</td>
<td>0.195</td>
<td>0.723</td>
<td>0.52</td>
</tr>
</tbody>
</table>

Data presented in table 2 shows that our calculated r value of 0.72 at 0.05 significance level with a degree of freedom of 118, hence there is enough reason to reject the null hypothesis and uphold the alternative. In conclusion, there is a significant relationship between age of students and their sexual behaviour.

**Hypothesis Three**

There is no significant relationship between age of adolescents and their HIV/AIDS awareness.

Table 3 presents the Pearson correlation summary of the relationship between age of students and their HIV/AIDS awareness.
Table 3: Pearson Correlation Analysis of the Relationship between Age of Adolescents and their HIV/AIDS Awareness.

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Variables</th>
<th>N</th>
<th>df</th>
<th>α</th>
<th>SD</th>
<th>r- Crit</th>
<th>r- Cal</th>
<th>R²</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIV/AIDS awareness</td>
<td>120</td>
<td>11</td>
<td>0.05</td>
<td>10.101</td>
<td>0.195</td>
<td>0.79</td>
<td>0.62</td>
<td>significant</td>
</tr>
<tr>
<td></td>
<td>Sexual behaviour</td>
<td>21.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The result in Table 3 shows that there is a correlation between students age and their HIV/AIDS awareness. This can be seen from the fact that our calculated r-value of 0.79 is greater than table value of 0.195. Also the coefficient of determination (r²) of 0.62 means that about 62% of the total variations could be attributed to the variations in their ages.

The study concludes that there is a significant relationship between adolescents age and their HIV/AIDS awareness.

Discussion

The analysis of research question one shows that majority of the adolescents are aware of HIV/AIDS. This result is not surprising because the mass media, daily experiences and ever increasing death rate of AIDS patients across different hospitals in Nigeria has opened everybody's eyes about HIV/AIDS. The time of ignorance is over. In the early times of AIDS, people attribute HIV/AIDS to activities of the devil, wicked people or mysterious attack of the people of the underworld but on adequate education, breakthrough in science and technology and advancement in. Health Care, the causes, manifestations and symptoms of HIV/AIDS including its management is made bare to all and sundry. Lately, the government sends medical personnel to public place to educate young children and youths about HIV/AIDS. All these measures have helped to create awareness about HIV/AIDS to the masses. The very few people who may not be aware may be due to poor education or association with literate people or may be rural dwellers.

Research question one showed a positive (favourable) sexual behaviour of adolescents. This means that adolescents in Bayelsa have favourable sexual behaviour. This finding is in antagonism with Anakwe (2016) who asserted that adolescents see sex as part of normal life and as what makes up love between a boy and a girl. Although these students are in their young age, they are able to discipline themselves as far as sexual activities are concerned. The positive (favourable) sexual behaviour could be attributed to high HIV/AIDS awareness resulting from sex education in schools, homes, church and Mosques, good sexual identity development that stem from respect for parents and culture, good sexual orientation and being naive over sexual matters. Perhaps adolescents in Onelga, have been oriented through sex education on how to manage sexual feelings such as sexual arousal and attraction. They also must have developed new forms of intimacy and learning skills to regulate their sexual behaviour. Miller (2007) writes that location of residence of adolescents influence their sexual behaviour negatively. It could be seen that most adolescents who live around the oil fields yet this has little or no influence on their sexual behaviour. This could be attributed to the high level of HIV/AIDS awareness which they possess, probably through sex education and adequate guidance and control. This goes to buttress Anakwe (2017) advice to parents to be up and doing at home to educate their adolescents about sex.

Better and wider his understanding and awareness becomes so as the adolescents get older, they know more things about HIV/AIDS. As they interact, relate with others and ask questions about confusing issues of HIV/AIDS, their awareness of HIV/AIDS increase as they become wiser than when they were younger.

Conclusion and Recommendation

Results from this study schools that adolescents are aware of this scourge yet their sexual behaviour is still very questionable. The spread is on the increase. The results demonstrates the importance of home background and the role of families religious and schools to come to the aid of these adolescents.

It is therefore recommended that parent, teachers, the school communities should provide conducive home environments for these young people and above all re-enact the values of chastity and repeatedly show and drum in the scourge of (HIV/AIDS) in the ears of these adolescents and live by example.

References

Miller, V.F. (2007). Female genital health and the risk of HIV transmission Op. Cit. pg. 120