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DEMOGRAPHIC VARIABLES PREDICTING HIV/AIDS AND PREVENTIVE MEASURES AMONG SENIOR SECONDARY SCHOOL STUDENTS IN EDO STATE

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ABSTRACT

This study paper explores socio-demographic variables predicting HIV/AIDS preventive measures among the senior secondary school students in Edo State. Specifically, the study sought to determine the ascertain if demographic variables of sex, age, predict HIV/AIDS preventive measures (abstinence, condom use and voluntary counselling/testing) among the senior secondary school students in Edo State. The design of study was the correlational research design. Population of the study consisted of all the senior secondary school students in Edo State. The sample of the study comprised of nine hundred and thirty-seven (937) students in the senior secondary schools in Edo State. This represented one percent (1%) of the population of the study. The research instrument that was used to gather data for the study was a questionnaire. Hypothesis was tested using logistic regressions analysis. The logistic regression analysis was used to show if demographic variables (sex, age) significantly predict HIV/AIDS preventive measures among senior secondary students in Edo State. The result showed that age was the main predictors of the HIV/AIDS of preventive measures among senior secondary school students in Edo state. It was therefore recommended that Government at all levels should put policies in place to provide free HIV voluntary counselling for students in Edo State.

Keywords: Socio-Demographic Variables, HIV/AIDS, Preventive Measures, Secondary School Students.

1. INTRODUCTION

Human Immune-deficiency Virus and Acquired Immune Deficiency Syndrome commonly known as HIV/AIDS has become one of the leading causes of death in the world. HIV/AIDS is one of the most challenging health problems of our era. HIV weakens the immune system, making the body susceptible to opportunistic diseases that often lead to death. The predominant mode of transmission is through heterosexual contacts followed in magnitude by perinatal, transmission, where the mother passes the virus to the child during pregnancy, delivery or breastfeeding. Other modes of transmission are through infected bloods and unsafe injections (Nambatya, 2010).

The global prevalence of HIV and AIDS shows that an estimated 39.5 million people were living with HIV at the end of 2014 with 4.3 million people newly infected with the virus. According to United Nation Programme of HIV/AIDS (UNAIDS, 2011) there are over 25

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million people living with HIV in sub-Saharan Africa, and forty-five percent of new infection occurred in young people aged 15-24years. In Nigeria, an estimated 4.1million people are living with HIV (UNAIDS, 2014). Even though there is a decrease in the prevalence rate of HIV infection worldwide, the pandemic continues to pose serious challenges to individuals, families, communities and the nation, more so with new infections commonly found among young people aged 15 to 24 years. HIV/AIDS therefore remains one of the biggest social, economic and development challenges in Nigeria, particularly among young people (Falaye and Adeleke, 2012). According to Shika (2014) young people are, an important group and potential resource for prevention of HIV/AIDS, as it is the younger generation that is most infected and affected. Young people are particularly affected because many of them participate in risky activities including unprotected sex with multiple partners. The situation is more compounded in developing countries where many factors combine to contribute to their risk for sexual and health problems such as sexually transmitted infections (STIs), and early pregnancies. Young people are disproportionately affected by factors that increase vulnerability to poor sexual and reproductive health. Due to their physiological make up, adolescent girls are more susceptible to HIV infection than adolescent boys. Age and gender differences, early marriage and poverty in particular, influence sexual behaviour of young people (Dehne & Reidner, 2015).

Early marriages for girls and wide age difference between them and their male partners could increase the possibility of sexual coercion and reduce their skill of negotiation. Also, due to poverty, young girls are forced into prostitution as a means of survival (World Health Organization, 2012; Falaye & Adeleke, 2012). Other factors documented contributing to young people's risks for sexually transmitted infections including HIV are risky sexual behaviour (UNAIDS/WHO, 2014), incorrect and incomplete information (Lynn, Walberg & Margarine, 2016), poor access to youth friendly services and low perception of risks (Faleya, 2008).

Agitation for a change in the risky sexual behaviour among active population of Nigerian society has led to series of conferences and seminars' some of these are the initiative taken by the Association of Commonwealth Universities (ACU) and Association of African Universities (AAU) with a view to providing leadership and developing policy papers for fighting the HIV/AIDS pandemic in Africa. The conferences identified ways in which HIV/AIDS pandemic could be reduced if not completely eradicated. Unfortunately, most young people who are basically worst hit, by the HIV/AIDS scourge are unaware that, a healthy looking person can be living with HIV/AIDS, and that their exposure to unprotected sex and other risky behaviour are dangerous (Akisolu, 2014).

Demographic is the study of a population based on factors such as age, race and sex among others. The term socio demographic therefore, refers to a group defined by its sociological and demographic characteristics. Socio-demographic variables then, are seen as personal statistics that describe a specific population, income, level, gender, educational level, age.

Preventive measures of HIV/AIDS are simply steps taken by anyone to checkmate the spread of HIV/AIDS. It may be done by individuals to protect their own health and the health of those in their community or may be instituted by government or other organizations as public health policies. Preventive measures can either seek to control or aim to empower. Awareness is necessary to enable an individual assume responsibility to stop transmission of HIV/AIDS. There is no cure for HIV/AIDS as at now, it is therefore possible to protect oneself and others from being infected through self-education and behaviour that does not put an individual at risk of

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infection and its attendance consequences (Centre for Disease Control (CDC) 2011). The unabated spread of HIV/AIDS led to the introduction of different preventive measures to mitigate the spread of HIV/AIDS. Some of these preventive measures introduced by government and non-governmental organizations are HIV voluntary counselling and testing, condom use, and sex education (Centre for Disease Control, 2012).

HIV voluntary counselling and testing is the process by which individuals or a group of persons undergo counselling to enable them to make informed choices about being tested for HIV, adopting healthy sexual behaviour and improving quality of life if they test positive for HIV/AIDS (UNAIDS, 2012). One to one preventive counselling has a particular contribution in that it enables frank discussion of sensitive aspects of a client's life style, causes, symptoms, prevention and control of HIV/AIDS. The aims of counselling in HIV infection are determining whether the life style of an individual places him or her at risk; working with an individual so that he or she understands the risk; helping to identify the meanings of high risk behaviour; helping to define the potential for behaviour change; working with the individual to adhere and sustain behaviour change and preparing the individual, couple or group for HIV test through pre and post test counselling (CDC, 2013).

HIV voluntary counselling and testing as core intervention and preventive measures against the spread of HIV consists of three key segments; pre-test counselling, post-test counselling and follow up counselling. Pre-test counselling aims at assessing the client's motivation for finding out his or her sero-status. Once the result of the test has been obtained, the presenting client will enter into post-test counselling session with his or her consent to receive the result of the test. Follow up counselling is the continual counselling of people whether sero positive or sero-negative.

Condom use is another HIV preventive measure aimed at preventing the spread of HIV/AIDS particularly among the sexually active men, women, boys and girls. There are both male and female condoms. Condom is over 90% effective if it is used correctly. Another form of HIV preventive measure is abstinence. This is the process of abstaining from sex. It is particularly good for those that are not married but engage in sex for pleasure and conquest purposes. This HIV preventive measure is 100% effective. Also very important in HIV preventive measures, are sex and health education. Health and sex education are prevention practices aimed at implementing a scale up of these HIV preventive measures at schools, community, local and national levels. Health and sex education at schools are meant to expose students to the causes, symptoms, preventive measures, control and management of HIV/AIDS.

Nigeria's journey in addressing HIV/AIDS began when the first case was identified in 1986. There was however, an initial denial about the infection for four years, that is, from 1986-1990. HIV infection spread unabated among the "at risk population or vulnerable group" including uniformed men, women, girls, long distance trucks drivers, youths and workers during the said period. The denial of HIV/AIDs fueled the spread of the epidemic. The stigma and discrimination faced by the few known HIV positive individual also drove the infection underground, slowly and steadily, the number of HIV positive case grew (NACA, 2012).

Nigeria as a country is making efforts into the world imperatives at ensuring that these measures are taken into full consideration and implemented accordingly. These, in addition to ensuring sexuality education is infused into the school curriculum or at least given attention in schools, as imperative is a way of creating HIV sense of preventive measures among students irrespective of their sex, age,. A cross-sectional study of HIV/ AIDS preventive measures

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showed that male students were likely to have good preventive measures than the female students. Students who are 35years old were also more likely to have good HIV/AIDS preventive measures than students between 12-17 years old. Since male seems to dominate sexual practices, it is not unlikely therefore, that the females are always at the receiving end in terms of number of those infected with the HIV/AIDS disease (Federal Republic of Nigeria, 2009). Oyo-Ita, Ikpeme, Etokidem, Okokon and Etuk (2005) reported high awareness of HIV/AIDS among secondary school adolescents in Calabar-Nigeria. Murtala (2009) carried out studies on HIV/AIDS knowledge and awareness among young senior secondary students in Katsina, Nigeria. Several studies carried out to evaluate the knowledge of adolescents mostly under the school based setting in Nigeria have identified gaps in awareness (Harding, Anadu, Gray and Champeau 1999, Nwokocha & Nwakoby,2002; Odusanya & Bankole, 2006). Alika (2013) also carried out studies on HIV/AIDS awareness level of urban and rural adolescents in Edo State, Nigeria with emphasis on implication for counselling. Ibrahim, Padeola, Adebayo and Fatuse (2015) carried out HIV/AIDS awareness among secondary schools' adolescents in South Western Nigeria so as to strengthen advocacy and strategic sexuality education programmes. Oladipo, Malomo and Ishmael (2014) considered demographic factors of age, gender, religion and institution as a tool for predicting knowledge of HIV/AIDS among undergraduates in a university in Nigeria

Several efforts have been made by government and Non- governmental Organizations (NGOs) towards making young people and adults aware of HIV with a view to preventing the spread of the dreaded HIV/AIDS, yet it remains unabated as there is a consistent problem with having an HIV/AIDS free society especially among the youths who are mainly students in the secondary schools who are more vulnerable because of their exploratory and experimentation tendencies. Apart from the fact that the lives of these youths are jeopardized by their risky behaviours, the economic, social and political life of the countries in which they operate is also jeopardized. It is against this backdrop that this study seek to assess, the socio-demographic variables (sex, age, school location and school type) predicting HIV/AIDS preventive measures among the senior secondary school students in Edo state.

Practice of HIV voluntary counselling has been studied among different people and populations Otasowie (2010) conducted a descriptive cross-sectional survey to assess the knowledge, attitude and perception towards HIV infection and HIV voluntary counselling among adults in Kempton Park Community, South Africa. The study employed quantitative study design. Three hundred and fifteen (315), participants comprising 217 (67.6%) females and 98 (30.5%) males were selected for the study. The participants were randomly selected. Data were analyzed using percentage. The findings of the study showed that 75% of the respondents had knowledge of HIV, while 25% of the respondents have never heard of HIV/AIDS. The finding showed knowledge of HIV/AIDS among male and female respondents. Female respondents had good knowledge of HIV/AIDS than male respondents as 64% of female respondents had good knowledge of HIV/AIDS as against 59% of male respondents that had good knowledge of HIV/AIDS. Thirty six percent (36%) of female respondents had low knowledge of HIV/AIDS while 41% of male respondents had low knowledge of HIV/AIDS.

Iliyasu, Abubakar, Kabir and Aliyu (2010) conducted a survey of HIV/AIDS knowledge sexual bewhaviour and attitude towards HIV voluntary counselling among out-of-school youth in Kano, Northern, Nigeria. A pretested structured questionnaire was administered to a cross section of 201 out-of-school youths in Kano, Nigeria. Information about knowledge of HIV/AIDS was elicited. It was found that overall, 32.7%, 54.1% and 13.2% of the respondents

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had good, fair and poor knowledge of HIV/AIDS respectively. Also, Kirakoya-Samadoulougou, Defemilboudo and Robert (2012) conducted a study on who is going for VCT in urban Burkina Faso? It was found that 99.30% of all participants have knowledge of HIV/AIDS. Furthermore, Akpotuzor, Akpan and Akwiwu (2013) conducted a study on perception level of voluntary counselling/testing and knowledge/awareness of HIV/AIDS among adult population in Ugep Town of Cross River State of Nigeria. One hundred and sixty (160) male and female residents of Ugap metropolis between the ages of 17 and 60 were surveyed. It was found that one hundred and forty-nine (93.1%) were aware of HIV/AIDS

Also, Iliyasu et al (2006) conducted a cross-sectional study of 210 adults a Danbare, village, Northern Nigeria on knowledge, of HIV/AIDS and attitude towards HIV voluntary counselling among adults. A pretested questionnaire was used to elicit responses from respondents. It was found that 58 (27.6%), 80 (38.1%0 and 72 (34.3%) of the respondents had good, fair and poor knowledge of HIV/AIDS and HIV voluntary counselling respectively. Data were analyzed using percentage. It was found that 58 (27.6%), 80 (38.1%) and 72 (34.3%) of urban respondents had poor, fair and good knowledge of HIV/AIDS, while 50%, 30% and 20% of rural adults had good, fair and good knowledge of HIV/AIDS. Urban adults had more knowledge of HIV/AIDS than rural adults

Also, Zhang, et al (2010) conducted a cross-sectional study on knowledge, attitudes and practices of voluntary HIV counselling and testing among rural migrants in central China, with a population of 230,000 permanent local residents and 70,000 rural migrant. A semi random sampling approach called quota sampling was employed for sample selection of 1,280 respondents. Their respective odds ratio (ORS) and 95% confidence intervals (95% CIs) were calculated and statistical analysis were carried out using the percentage and SAC system for windows 9Cary, NG) vesting 10.0. It was found that 41.3% of respondents between 26-35 years, 22.0% of respondents between 36-45 years and 9.9% of respondents between 45-62 years respectively had knowledge of HIV/AIDS. This shows that there is significant relationship between age and knowledge of HIV/AIDS. Strong differential does exist between the different age brackets, particularly younger respondents (15-24 years) having higher knowledge of HIV/AIDS. This indicates that age of respondents necessarily determines the level of knowledge of HIV/AIDS.

HIV/AIDS has caused immense human suffering in the world over. The first case of AIDS in Nigeria was reported in 1986. The number of persons infected with the virus has risen markedly ever since. In Nigeria, the HIV seropositive is 4.2 percent (Federal Ministry of Health, 2015). Also UNAIDS (2011) had it that about 3.8 million Nigerians are living with HIV/AIDS; Adults aged 15-49 prevalence rate is 4 percent; adults aged 15 and above living with HIV is 3.3million; women aged 15 and above living with HIV is 1.9 million; children aged 0 to 14 living with HIV is 510, 000; deaths due to AIDS is 240,000 and orphans due to AIDS aged 0-17 is 2.5million. The spread of the epidemic in Nigeria has been unprecedented with 1.8 percent sero-prevalence rate in 1991 to 4.5 percent in 1996. In 2001, the sero-prevalence was 5.8 percent and at the end of 2003, it was 5.0 percent. The HIV/AIDS epidemic in Nigeria shows a lot of variation. According to the National AIDS Control Agency (2016) HIV/AIDS still remain the biggest social economic and development challenges in Nigeria.

The impact of the disease has been mainly through the scattering morbidity and mortality that disproportionately affects women during the prime of their productive life. The consequences of the epidemy span across all spheres of life (individuals and communities

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nationwide). It has imposed a severe and unsustainable burden on the meagre health sector resources; as funds are diverted from other areas to HIV prevention and AIDS care and treatment services (Nambatya, 2010). The obvious effects of HIV/AIDS have been illness and death. Unfortunately, the impact has not been confined to the health sector alone; households, schools, workplace and economies have also been badly affected. In sub-Saharan Africa, people with HIV-related diseases occupy more than half of the hospital beds. Large number of young people is being directly affected. The effects of HIV/AIDS on household can be very severe. In most cases, HIV/AIDS causes the household to dissolve, as parents die and children are sent to relatives for care and for their upbringing. It is hard to over emphasize the trauma and hardship young people are forced to bear.

The spread of Human Immuno -deficiency Virus (HIV), HIV/AIDS preventive measure has generated a lot of concern among parents, teachers, counsellors, psychologists, social workers, behaviour modifiers and government at all levels Akinsolu (2014). Alemu, Abseno, Degu, Wandmilcum and Amasulu (2004) and Yazazhew and Geland (2008) attributed the high level of HIV/AIDS prevalence among students and youth to lack of knowledge of mode of transmission, symptoms, causes and preventive measures of HIV/AIDS. Despite enlightment campaigns to create HIV/AIDS attention on abstinence, sex education and HIV voluntary counselling and testing, there seems to be no appreciable success in Nigeria. Many factors have been attributed to the continuous increase; these include poor circumcision practices, practice of concurrent sexual relationship, in consistent use and poor practices of HIV voluntary counselling. Interestingly these same factors are the major drivers of the HIV/AIDS pandemic in Africa.

According to NACA (2016) in its update on HIV/AIDS programme in Nigeria, HIV/AIDS is the greatest disease found among certain high burden states which have high prevalence of infections of which Edo State with prevalence of 5.3% is listed among the states. Furthermore, the Vanguard newspaper of May 16 2016, sixteen thousand persons were said to be living with HIV in Edo state. This was an official report given by Dr. Marietu Binkola, Project Manager Edo State Agency for the Control of HIV/AIDS (EDO-SACA) at the forum to mark 2016 international AIDS candle light memorial held in Auchi Etsako West Local Government Area of Edo State.

Although many studies on HIV/AIDS have been carried out in Nigeria, the studies had focused on such issues as: acceptability of HIV VCT among medical students; socio-demographic variable as predictors of knowledge, attitude and behaviour of undergraduates in reproductive health and HIV prevention; personal risk assessment of HIV/AIDS infections among Nigeria adolescent girls in secondary schools and attitude towards people living with HIV/AIDS among others. In the light of the above, since young people have been identified as most vulnerable to HIV infection, it is, therefore, pertinent to investigate and document, the preventive measures of senior secondary school students in Edo State and also to identify the socio demographic variables that would predict the HIV/AIDs preventive measures. The present study therefore focuses on the socio-demographic variables predicting HIV preventive measures among the senior secondary school students in Edo State?

This study became imperative because in spite of the high prevalence of HIV/AIDS in Edo State, there have been paucity of indigenous studies that have examined socio-demographic variables of sex, age, school location and school type predicting HIV preventive measures

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among the senior secondary schools students in Edo State. There is, therefore, a gap in knowledge. It was this gap in knowledge that this study sought to fill.

Hypotheses

The following hypotheses were tested in the study.

1) Demographic variables (sex, age,) do not significantly predict HIV/AIDS HIV/AIDS preventive measures among the senior secondary school students in Edo State.

2. METHOD OF STUDY

The design of study was the correlational research design. Population of the study consisted of all the senior secondary school students in Edo State. The sample of the study comprised of nine hundred and thirty-seven (937) students in the senior secondary schools in Edo State. This represented one percent (1%) of the population of the study. Multi-stage stratified simple random sampling was used in the sample selection of the respondents from secondary schools in Edo State.

The research instrument that was used to gather data for the study was a questionnaire titled "HIV/AIDS Preventive Measures Scales Questionnaire (HAPMSC)". developed by Azuogu, Ogobonnayan and Alo, (2011). The questionnaire was adopted by the researcher for the study. It allowed the researcher to elicit information from the secondary school students on their HIV/AIDS) preventive measures.

This instrument was made up of two parts, 1 and 11; part 1 consists of four items which elicited demographic information on sex, age of respondents. There are 20 items in part II which consisted sections A and B. Section A Section B which also consisted of ten (10) items that elicited respondents' HIV/AIDs preventive measures. The HIV/AIDS indicators covered; mode of transmission of HIV/AIDS, causes, symptoms and management and control while the HIV/AIDS preventive measures indicators covered abstinence from sex, condom use, and HIV voluntary counseling and testing. The items on the research instrument were raised on a four points scale on degree of agreement and disagreement with the items in the questionnaire.

The section on HIV/AIDS preventive measures was based on strongly agree =4, agree =3, disagree =2 and strongly disagree = 1. The items in the questionnaire were checked against the available options by the respondents as applicable to them.. The researcher administered the copies of the questionnaire with the help of five research assistants who were specifically instructed by the researcher for the purpose. Hypothesis was tested using logistic regressions analysis. The logistic regression analysis was used to show if demographic variables (sex, age,) significantly predict HIV/AIDS preventive measures among senior secondary students in Edo State.

3. RESULTS

Testing of Hypotheses

Hypothesis one: - demographic variables (Sex, Age,) do not significantly predict HIV/AIDS preventive measures among senior secondary students in Edo State. To test this hypothesis, logistic regression was applied to the senior secondary school students' scores on the relevant items in the questionnaire. The case summary table of Table 4.4 showed that 937 respondents were included in the analysis.

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Hypothesis one: - demographic variables (Sex, Age) do not significantly predict HIV/AIDS preventive measures among senior secondary school students in Edo State.

To test this hypothesis, logistic regression was applied to the senior secondary school students' scores on the relevant items in the questionnaire. This was because all the independent variables which are sex, age, school location and school type as well as the dependent variable, which in this case is preventive measures, are all categorical variables. From the case summary table as shown in Table 4.4, 937 respondents were included in the analysis.

The dependent variable encoding was such that "0" was used to encode "do not agree" while "1" was used to encode "agree". The categorical independent (predictors) variables coding is shown in table 4.7 with private school, age bracket 16 and above years, urban location and female as reference categories respectively.

Table 4.7 Categorical Variable Codings with Preventive measure as independent variable

		Frequency	Parameter Coding (1)
SchType	PublicSch	471	1.000
	Privatesch	466	.000
Age	16 – above	419	.000
	12 – 15 yrs	518	1.000
ScLocat	Rural	464	1.000
	Urban	473	.000
Sex	Males	469	1.000
	Females	468	.000

Omnibus Tests of Model Coefficients

	Chi-Squre	df	Sig.
Step 1 Step	20.444	4	.000
Block	20.444	4	.000
Model	20.444	4	.000

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	1159.025[a]	.216	.301

a. Estimation terminated at iteration number 3 because parameter estimates changed by less than .001.

Hosmer and Lemeshow Test

[b]

Step	Chi-Square	df	Sign.
1	18.777	6	0.061

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Fig 4.2 showed the OminibusTests of Model Coefficients, Model Summary and the Hosmer-Lemeshow Test tables

From the Ominibus Tests of Model Coefficients with significance value of 0.000 indicated that the model was adequate in predicting HIV/AIDS preventive measures. Thus the Null hypothesis is rejected and the alternate accepted.The Model Summary table gives an indication of the amount of the variation in the dependent variable that can be explained by the model. With a Cox & Snell R square value of .216 and Nagelkerke R square value of 0.301 showed that between 21.6% and 30.1% of the variability in the dependent variable was explained by the model. The Hosmer and Lemeshow significance value of 0.061 which was higher than .05 further confirmed that this model was well fitted.

Table 4.8 shows the variables in the equation and provided the coefficient of the logistic regression

Table 4.8: The variables in the equation with preventive measure as independent variable

		B	S.E	Wald	df	Sig.	Exp (B)	95% C.I.
Step 1[a]	Sex(1)	-.188	.141	1-769	1	.186	.829	.542
	Age(1)	-2.509	.344	53.192	1	.000	12.298	8.905
	scLocat(1)	2.210	.449	24.218	1	.000	9.113	6.332
	SchType(1)	-.637	.346	3.386	1	.096	.529	.359
	Constant	.590	.133	19.678	1	.000	1.804	

		95% C.I.…
		Upper
Step 1[a]	Sex(1)	.946
	Age(1)	15.935
	ScLocat(1)	12.291
	SchType(1)	1.320
	Constant	

From the significance table, only age and school location with significance value of 0.000 each which was less than .05 were the variables contributing significantly to the model. Thus sex and school type were ignored as they were not significant predictors of preventive measures. The Exp (B) column contained the odds ratio (OR) for each of the predictor variables. Odds ratio were interpreted in terms of the change in odds. Age had an odd ratio of 12.298. Since age 16 and above years was the reference point, this meant that the odds of the students within the age bracket of 12 to 15 years having good HIV/AIDS preventive measures was 12.298 times higher than the odds of those within the 16 and above years age bracket. This implied that the older age bracket had better HIV/AIDS preventive measures than the younger group. In the case of school location where the Exp(B) value was 11.021 and the reference category being urban location, indicated that the odds of students in rural schools having good preventive measures was 11.021 times higher than the odds of those in urban schools. This indicated that students in urban schools have more HIV/AIDS preventive measures than those in rural schools.

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4. DISCUSSION OF RESULTS

The study revealed that demographic variables (sex, age,) combined significantly to predict HIV/AIDS preventive measures among the senior secondary school students in Edo State. The result is in line with that of Otasowie (2010) who found that knowledge of HIV/AIDS among male and female respondents. Female respondents had good knowledge of HIV/AIDS than male respondents as 64% of female respondents had good knowledge of HIV/AIDS as against 59% of male respondents that had good knowledge of HIV/AIDS. Thirty six percent (36%) of female respondents had low knowledge of HIV/AIDS while 41% of male respondents had low knowledge of HIV/AIDS.

The result supports that of Iliyasu, Abubakar, Kabir and Aliyu (2010) who found that overall, 32.7%, 54.1% and 13.2% of the respondents had good, fair and poor knowledge of HIV/AIDS respectively. The result is in consonance with that of Kirakoya-Samadoulougou, Defemilboudo and Robert (2012) who found that 99.30% of all participants have knowledge of HIV/AIDS. The result agrees with that of Akpotuzor, Akpan and Akwiwu (2013) who found that one hundred and forty-nine (93.1%) were aware of HIV/AIDS

5. CONCLUSION

From this study, it can be concluded that the senior secondary school students in Edo State have good HIV/AIDS preventive measures. In addition socio-demographic variables (sex, age,) combined significantly to predict the HIV/AIDS preventive measures among the senior secondary school students in Edo State.

6. RECOMMENDATIONS

Based on the findings and conclusion of the study, the following recommendations are made:

1) Government at all levels should put policies in place to provide free HIV voluntary counselling for students in Edo State
2) School counsellors should intensify efforts through enlightenment campaigns on the need for students to participate in the HIV voluntary counselling, in order for them to be aware of HIV/AIDS.

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