

The effect of demographic variables on the prevention of HIV/AIDS infection among public secondary school students in Abuja

*Anetor G.O., Onwughalu J.I.

Abstract

Objectives: HIV/AIDS remains a growing public health concern worldwide. Nigeria has been rated second largest HIV epidemic country in the world, of which 60% is among young people. Adolescents' risky behavior increases their vulnerability to HIV and AIDS and they cannot appreciate the adverse consequences of their actions. They have inherent characteristics among which are demographic variables that affect their ability to prevent HIV/AIDS infection. Thus, the study examined the effect of their demographic variables on preventing HIV/AIDS infection so as to adequately report them and proffer solutions targeted at reducing the disease spread.

Methods: A descriptive survey was used for the study. Multistage sampling technique used to select 602 secondary school students that participated in the study. Self-developed validated questionnaire used to collect data. Data analyzed using SPSS 20; descriptive statistics of frequency counts, means, and percentages were used; Inferential statistics of ANOVA, t-test and regression used to test hypotheses set at 0.05 significant level.

Results: Students above 18 years markedly displayed awareness of preventive measures of HIV/AIDS ($p < 0.05$); religion and the class of the students had significant effect on their preventive measures of HIV/AIDS; gender significantly affected peer pressure and the students' risky behaviour. ($P < 0.05$); females are more at risk.

Conclusion: Demographic variables (age, religion, class and gender) still affect students' ability to prevent HIV/AIDS infection. Efforts must be made by stakeholders preventing HIV/AIDS to put them under check through proactive counseling and sexuality education.

Keywords: Preventive measures, HIV/AIDS infection, Secondary schools, demographic variables, Abuja

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Effet des variables démographiques sur la prévention de l'infection par le VIH / sida chez les élèves des écoles secondaires publiques à Abuja

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Resume

Objectifs: Le VIH / sida reste un problème de santé publique croissant dans le monde entier. Le Nigéria est classé au deuxième rang des pays où l'épidémie de VIH est la plus importante au monde, dont 60% chez les jeunes. Les comportements à risque des adolescents augmentent leur vulnérabilité au VIH et au sida et ils ne peuvent pas comprendre les conséquences néfastes de leurs actes. Ils ont des caractéristiques inhérentes parmi lesquelles des variables démographiques qui affectent leur capacité à prévenir l'infection par le VIH / sida. Ainsi, l'étude a examiné l'effet de leurs variables démographiques sur la prévention de l'infection par le VIH / SIDA afin de les rapporter de manière adéquate et de proposer des solutions visant à réduire la propagation de la maladie.

Méthodes: Une enquête descriptive a été utilisée pour l'étude. Technique d'échantillonnage à plusieurs degrés utilisée pour sélectionner 602 élèves du secondaire ayant participé à l'étude. Questionnaire validé auto-développé utilisé pour collecter des données. Données analysées avec SPSS 20; des statistiques descriptives des comptes de fréquence, des moyennes et des pourcentages ont été utilisées; La statistique inférentielle de l'ANOVA, du test t et de la régression a été utilisée pour vérifier les hypothèses définies à un niveau significatif de 0,05.

Résultats: Les élèves de plus de 18 ans ont manifesté une sensibilisation marquée aux mesures préventives du VIH / sida ($p < 0,05$); la religion et la classe des élèves ont eu un effet significatif sur leurs mesures préventives du VIH / sida; le genre a eu un impact significatif sur la pression des pairs et le comportement à risque des étudiants. ($P < 0,05$); les femmes sont plus à risque.

Conclusion: les variables démographiques (âge, religion, classe et sexe) continuent d'affecter la capacité des étudiants à prévenir l'infection par le VIH / sida. Les parties prenantes qui luttent contre le VIH / SIDA doivent s'efforcer de les maîtriser par le biais d'un conseil proactif et d'une éducation à la sexualité.

Mots-clés: Mesures préventives, Infection par le VIH / SIDA, Écoles secondaires, Variables démographiques, Abuja

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INTRODUCTION

HIV/AIDS is still remains an infection of public health importance all over the world including Nigeria. Since the 1980s, HIV/AIDS has consistently occurred in all age groups. The increase in spread has been noticed to be very high especially among adolescents and young people, which is a cause for concern (1).

With adolescence comes an increase in risk taking. Given the freedom to experiment, adolescents often take careless risks as well as indulging in substance abuse and violence which lead to grim consequences some of which can be Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) infection (2). HIV precipitates AIDS and it interferes with the body's system of resisting diseases, therefore, it is rendered powerless to infection and as AIDS advances, the more the body succumbs to infection, which is referred to as opportunistic diseases that would not pose a threat to a non-HIV person (3, 4). Durojaiye (5) reported that worldwide, 45% of people contracting HIV/AIDS are adolescents aged between 15 and 24 years. This was supported by other researchers who have found that adolescents aged 15 to 24 years constitute the largest population of HIV infected subjects (6).

According to National Agency for the control of AIDS (7, 8), Nigeria has the second largest HIV epidemic in the world of which 60% is among young people. The presence of HIV/AIDS epidemic in Nigeria elicited similar response to that experienced by many countries in Africa, and indeed, the world: denial, acceptance and finally actions to fight the scourge. Although adolescents are essential to man power development and technological advancement in Nigeria, HIV epidemic is on the increase among this vulnerable group due to lack of sexuality education and rightful intervention programs (9). HIV/AIDS is mostly transmitted through sexual intercourse in young people. This route of transmission makes up about 50% of over 35.3 million young people with the infection worldwide (10). Adolescents and young people having sexual intercourse early have been implicated in the upsurge of HIV/AIDS infection. Studies have shown that before the age of 15 years, 15% of young people have sexual intercourse (11). The magnitude of the HIV epidemic and the prevailing lack of sexual health interventions targeting adolescents and youths in developing countries calls for a wider awareness and strategic approach based advocacy (10, 11, 12). Generally, adolescents' risky behavior

increases their vulnerability to HIV and AIDS and they lack the judgment that comes with experience; thus, they often cannot appreciate properly the adverse effects of their actions. The risks of HIV and AIDS may be particularly hard for them to grasp (3, 13, 14). They may not be aware of the implication of their sexual behaviour especially in relation to the contact of HIV and AIDS (15, 16).

This study was carried out to ascertain the effect of demographic variables on the prevention of HIV/AIDS infection among secondary school students in Abuja, Nigeria in order to properly prepare and direct sexuality education.

The objectives of this study are:

1. Determine if secondary school students are aware of preventive measures towards HIV/AIDS infection.
2. Examine if religion and class of secondary school students affect their prevention of HIV/AIDS infection.
3. Determine if gender affects peer pressure and the awareness of risky behaviours of HIV/AIDS among secondary school students

Hypotheses

- H₀₁:** Secondary school students in Abuja will not be significantly aware of the preventive measures of HIV/AIDS infection.
- H₀₂:** Religion and class of secondary school students will not significantly affect their prevention of HIV/AIDS infection.
- H₀₃:** Gender will not significantly affect peer pressure and the awareness of risky behaviours of HIV/AIDS infection among secondary school students

MATERIALS AND METHODS

Brief history of study area: Abuja is the Federal capital Territory of Nigeria and has an area of 7315km (17). It is divided into 6 area councils which are also subdivided into wards headed by local councils. The councils are: Abuja municipal area council (Amac), Abaji area council, Gwagwalada area council, Kuje area council, Bwari area council and Kwali area council.

Ethical consideration: Ethical approval was gotten from Secondary School Education Board (SEB) Abuja, before the commencement of the study. This is the Board in charge of giving approval for studies to be carried out in public secondary schools in the FCT.

To carry out this study, descriptive

survey design was employed and the technique used to select the sample size was multistage sampling. Only government secondary schools in SS1 & 2 participated in this study.

Inclusion criteria: Only Senior Secondary School students participated in the study because they were mostly teenagers and were considered mature enough to be part of the study. Students in Senior Secondary 3 (SS3) were exempted from the study because they were writing West African Examination Council (WAEC) at the time of carrying out the study.

Multistage sampling was as follows:

Stage one: The six area council in Abuja was divided into 3 strata with two councils in each stratum. Then one council was selected randomly from each stratum; making 50% selection from the available area council. The selected councils were Amac, Kuje and Bwari.

Stage two: Proportional sampling was employed, 20% of all the schools in each selected area council was selected to participate in order to allow for a robust coverage of schools. Amac 21 schools; so 4 schools made up 20%; Kuje had 5 schools, so 1 school made up 20%; Bwari had 10 schools, so 2 schools made up 20%. This made a total seven (7) schools to participate (4 schools from Amac, 1 school from Kuje area council and 2 schools from Bwari area council).

Stage three: Schools to participate from each area council were randomly selected. The selected schools were

- i. AMAC- i, Maitaima army day secondary school (Maitaima ADSS)
- ii. Wuse II government day secondary school (Wuse II GDSS)
- iii. Asokoro army day secondary school (Asokoro ADSS)
- iv. Kabusa government secondary school (Kabusa GSS)
- v. Mpape government secondary school (Mpape GSS)
- vi. Jibi government secondary school (GSS Jibi)
- vii. Pegi government secondary school (Pegi GSS)

Stage four: The students in the selected schools were already stratified by class into three: SSS1-SSS3. However, SSS3 students were exempted from this research because they were undertaking external examination, thus only SSS1 and SSS2 students participated.

Stage five: 20% of student population from each selected school was to allow for a large enough sample size (proportional sampling method) and also to take care of attrition.

Stage six: The calculated 20% of students were selected using random sampling. The sampled size was 607 students but the study was concluded with 506 participants (16% attrition rate).

The research instrument was a self-developed validated questionnaire with coefficient (r) was 0.87. The questions were divided into the following parts:

Section I: Socio-demographic data

There were five questions. The questions include gender, age, religion, class and school.

Section II: Prevention of HIV/AIDS infection

This section contained seven questions

Section III: Risky sexual behavior

This section contained six questions

Section IV: Peer pressure

This section contained six questions

Two research Assistants were employed to assist with the collection of data. Data analysis was employed using Statistical Package for the Social Sciences 20 (SPSS 20). Frequency counts, means and percentages were used to summarize and describe data, while T-test and ANOVA were used to determine relationships at 0.05 significant level.

RESULTS

As shown in table 1, 197 (38.9%) males and 309 (61.1%) females participated in the study. Also, 367 Christians and 139 Muslims participated; indicating that majority of the participants were Christians. The table also shows the age distribution among secondary schools students from the selected schools. The greater number of participants was from 14-15 age group and the smallest from 12-13 age group.

Hypotheses

In table 2a, the rate of awareness on HIV/AIDS prevention was on the increase from age 12 to 18 years as the average score was 51.63% and F-statistics (11.24) carried out shows that secondary school students in Abuja would be significantly aware of the ways to prevent HIV/AIDS infection. Therefore, the null hypothesis was rejected.

Table 2b shows that R-square value is .463,

indicating 46.3% variation in students' preventive measures of HIV/AIDS infection due to their ages. Overall strength of the model was determined using F-statistics. The value of F-statistics 8.754 shows that there is significant relationship between students' age and preventive measures of HIV/AIDS infection.

Table 2c shows relative preventive measures of HIV/AIDS infection as regards secondary school students' ages. From table 2c, the analysis shows that only students of 18 years and above were significantly aware of the ways to prevent HIV/AIDS infection, while those within the age groups 12-13, 14-16 and 16-17 were not totally aware of preventive measures of HIV/AIDS infection.

Table 3a shows the statistical procedure between Christian and Muslim students on preventive measures of HIV/AIDS infection. The calculated t-value is 221.43 which is higher than the critical t-value of 1.96. This denotes that religion is a significant factor that influences students' preventive measures. Probability is $0.030 < 0.05$ probabilities for a 2-tailed test. The null hypothesis was thereby rejected. This means that religion significantly influence the students in HIV/AIDS infection prevention.

In table 3b, the null hypothesis was rejected. Although, significance level is relatively low ($0.041 < 0.05$), the implication is that not all students had basic knowledge on preventive measures of HIV/AIDS infection.

Table 4a shows the t-test analysis between male and female students' attitude on peer pressure towards HIV/AIDS prevention. Since calculated t-value (74.89) was greater than the critical t-value (1.96), also observed probability is 0.024 which was less than 0.05 probabilities for a 2-tailed test, the null hypothesis is thereby rejected. This revealed that gender had effect on peer pressure and significantly influence the students' attitude towards the prevention of HIV/AIDS infection.

Table 4b shows the t-test analysis between male and female students on risky behaviour. The results reveal higher mean score recorded on the risky behavior in female students ($X = 19.48$) than the male students ($X = 12.60$), calculated t-value (98.26) is greater than critical t-value (1.96). This shows that gender influences student's risky behaviour. Therefore, null hypothesis was rejected. The result indicated that female students are more likely to exhibit risky behaviour than their male counterpart ($X = 19.48 > 12.60$).

DISCUSSION

This study investigated the effect of demographic variables on the prevention of HIV/AIDS infection among public secondary school students in Abuja, Nigeria as a basis to properly prepare and direct sexuality education. From the results, 506 senior secondary school students participated in the study. The demographic data show that more females than male participated in the study. A possible reason for this difference may be because the males have already erroneously developed the mentality that females are to be more involved in HIV/AIDS issued than their male counterparts. This finding confirms the finding of DiCarlo *et al* (18) where they reported that in Lesotho, men generally are not well disposed to any discussion or tests relating to HIV/AIDS like their female counterpart. Another plausible reason for more females than males participating in the study, may be because generally, there are more female students than males in the schools. The religion of the students fall under the two dominant religious groups in the country-Christianity and Islam. Although, the Christians were more, the two religions tend to have the same moral values of premarital abstinence and are expected to put their religions values to play; they may also have had pre-knowledge of HIV/AIDS from their churches and mosques. The age groups show that the highest number of students that participated were between the ages of 14 – 17 years. This age group is very important to this study because other studies have shown that this age group tend to have much of sexual curiosity, leading to sexual activities and sexual risks; also mental and emotional instability (19). The table also shows the students in SSS I and SSSII that participated; the number is relatively close enough for comparison.

The first hypothesis tested the general awareness of students on HIV/AIDS prevention. The rate of awareness on HIV/AIDS prevention was on the increase from age 12 to 18 years of age. A further analysis using ANOVA revealed that $p < 0.05$, thus, rejecting the Null hypothesis and the alternate hypothesis upheld: that is, there is awareness of preventive measures of HIV/AIDS infection among the students. The regression analysis carried out (table 2c) further shows that it is only students who were above 18 years that markedly displayed this awareness of preventive measures of HIV/AIDS infection. Previous studies reported that Nigerian youths have a high level of awareness of HIV/AIDS, especially with regards to prevention and care

(20, 21). Generally, it has been observed that very few studies report low level of awareness with regards to HIV/AIDS. However, the emphasis here is that having knowledge or awareness does not necessarily imply engaging in safe practices. This result implies the need for a thorough sexuality, sex and sexually transmitted disease education for the students especially in the younger age groups. The finding corroborates the finding of Nubed (22) where it was reported that senior secondary school students in Cameroon had knowledge of HIV/AIDS, but still had grave misconceptions that needed to be corrected.

The second hypothesis shows that religion and the class the students were in (SS1/SS2) had significant effect on the preventive measure of HIV/AIDS. Looking at the analysis on religion, the Christian religion appears to have made more mark on the prevention of HIV/AIDS looking at the available mean scores. However, both religions need to increase their advocacy levels in schools, churches and mosques for a better effect. In a previous study, Oluduro (23) emphasized the need of proactive advocacy by religious leaders in the churches and mosques to combat HIV/AIDS infection. The classes examined also showed significant effect of class on preventive measures of HIV/AIDS. Generally, the significance level is low. This may imply that some students may not have basic knowledge on preventive measures of HIV/AIDS infection. However, the SS2 students contributed a slightly higher mean score in the result (table 3b) indicating that they may have better awareness of prevention of HIV/AIDS than SS1. The finding may further indicate that the older or more matured students have more preventive awareness of HIV/AIDS than the younger ones.

The third hypothesis examined the effect of gender on peer pressure and risky behaviour as it affects prevention of HIV/AIDS. The result revealed that gender significantly affected the peer pressure as well as the students' risky behaviour. In both cases, the female gender was more affected. (Tables 3a & 3b). The finding confirms previous reports that indicated that females are more prone to being affected by various risk factors and peer pressure of HIV/AIDS (9, 14, 24).

CONCLUSION

Majority of the students are not able to prevent HIV/AIDS infection. Prevention is really important and research should be encouraged targeting the statistics of HIV/AIDS among

young people and impacting them with the knowledge of HIV/AIDS. This is very important to avert more young adolescents contracting HIV/AIDS. This is very crucial since National Agency for the Control of AIDS (NACA) (8), in an earlier study reported that there is lack of available data for the children between 10 – 14 years infected by AIDS in Nigeria (8). Thus, there is an urgent need for more proactive sex education among adolescents in order to equip them with skills to negotiate safe sex with their partners. More prevention campaigns should be fostered to increase preventive measures of HIV/AIDS infection.

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Conflicts of interest: The authors declare no conflict of interest.

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Table 1: Socio-demographic variables

Variable	Frequency	Percentage (%)
Gender	197	38.9
Males		
Females	309	61.1
Religion		
Christians	367	72.5
Muslims	139	27.5
Age		
12-13	10	1.98
14-15	208	41.11
16-17	191	37.75
18-abv	97	19.17
Arms of classes		
SSS1	263	51.97
SSS2	243	48.02

Source: Field Survey, 2018

Table 2a: General Scores of Students on Prevention of HIV/AIDS

Students' Age	Score (%)	F-stat	P-value
12-13	44.62	11.24	.020
14-16	52.14		
16-17	52.38		
18+	57.39		
Average score	51.63		

Table 2b: ANOVA of Students' Age on Preventive Measures of HIV/AIDS Infection

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	16.949	6	2.825	8.754	0.041
Residual	19.684	499	0.323		
Total	36.633	505			

Dependent variable: HIV/AIDS preventive measures

R = .680, R² = .463; Adj. R² = .410**Table 2c: Regression of Students' Age on Preventive Measures of HIV/AIDS Infection**

Model	Unstandardized Coefficient		Standardized Coefficient Beta	T	Sig.
	Beta	Std. Error			
(Constant)	-.663	.572		-1.159	251
12-13	-.104	.126	-.095	-.820	415
14-16	.160	.121	.184	1.325	.140
16-17	.106	.055	.288	1.935	.058
18+	.118	.059	.272	2.046	.041

Dependent variable: Preventive Measure of HIV/AIDS infection

12-13 ($\beta = -.095$; $p > .05$); 14-16 ($\beta = .184$; $p > .05$); 16-17 ($\beta = .288$; $p > .05$) and 18+ ($\beta = .272$; $p < .05$).

H₀₂: Religion and class of secondary school students will not significantly affect their prevention of HIV/AIDS infection.

Table 3a: T-test Analysis between Students' Religion and Preventive Measures of HIV/AIDS Infection

Religion	N	\bar{X}	S.D	Calculated t-value	Critical t-value	P Sig.(2-tailed)	Decision
Christian	367	51.82	6.51	221.43	1.96	0.030	Reject H ₀
Muslim	139	49.38	6.33				

*p < 0.05

Table 3b: T-test Analysis of the influence of class of the students on Preventive Measures of HIV/AIDS Infection

Class	N	\bar{X}	S.D	Calculated t-value	Critical t-value	P Sig.(2-tailed)	Decision
SS1	263	20.42	2.56	134.69	1.96	0.041	Reject H ₀
SS2	243	21.76	2.97				

*p < 0.05

H₀₃: Gender will not significantly affect peer pressure and the awareness of risky behaviours of HIV/AIDS infection among secondary school students

Table 4a: T-test Analysis Effect of Gender on Peer Pressure among the students

Gender	N	\bar{X}	S.D	Calculated t-value	Critical t-value	P Sig.(2-tailed)	Decision
Male	197	26.41	4.63	74.89	1.96	0.024	Reject H ₀
Female	309	30.92	5.45				

*p < 0.05

Table 4b: T-test Analysis of Gender and Risky Behaviour among the students

Gender	N	\bar{X}	S.D	Calculated t-value	Critical t-value	P Sig.(2-tailed)	Decision
Male	197	12.60	1.47	98.26	1.96	0.036	Reject H ₀
Female	309	19.48	2.09				

*p < 0.05