

**KNOWLEDGE AND ATTITUDES TOWARDS HIV PREVENTION AMONG  
UNIVERSITY OF BENIN UNDERGRADUATE**

**OMOSHULE ADEOLA JOY  
EDU1913647**

**DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION  
FACULTY OF EDUCATION  
UNIVERSITY OF BENIN, BENIN CITY EDO-STATE**

**MAY 2025**

**KNOWLEDGE AND ATTITUDES TOWARDS HIV PREVENTION AMONG  
UNIVERSITY OF BENIN UNDERGRADUATE**

**OMOSHULE ADEOLA JOY  
EDU1913647**

**A RESEARCH PROJECT SUBMITTED TO THE HEALTH, SAFETY AND  
ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UNIVERSITY  
OF BENIN, BENIN CITY, EDO STATE. IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE BACHELOR OF SCIENCE B.S.c(Ed) DEGREE  
IN HEALTH EDUCATION.  
UNIVERSITY OF BENIN**

**MAY 2025**

## CERTIFICATION

We, the undersigned certified that this project work was carried out by, omoshule adeola joy with matriculation number EDU1913647, as partial fulfillment of the requirements for the award of Bachelor of Science BSc Ed Health-Education, university of Benin.

\_\_\_\_\_  
**DR. E .O. IGUDIA**  
**(PROJECT SUPERVISOR)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**MRS B.H ENABULELE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**D.R. MRS. O.H. OBASUYI.**

\_\_\_\_\_  
**DATE**

## **DEDICATION**

With a heart of Gratitude I dedicate this work to God Almighty, who has been my inspiration and wisdom and has given me the opportunity and grace to thrive through the hurdles in my academic pursuit for excellence. I also seize this opportunity to appreciate Mum and Dad and my siblings for their contributions towards this reality.

## ACKNOWLEDGEMENT

All glory returns back to God almighty for his grace which abides all through the process this work was initiated and completed. My gratitude all goes to everyone who supported me in one way or the other throughout this journey, to my parents, Mr and Mrs omoshule for their endless contribution towards this reality both financially, morally and in prayers you both are the best. To my siblings, kemi, Gbemi and seun, I appreciate you all for your support towards the actualization of this dream. To my project supervisor Mr E.O. Igudia I really appreciate you Sir, you are the best lecturer any student would have, thanks for the guidance, counseling and professional advice towards this study. I wish to also acknowledge the H.O.D of Health Safety and Environmental education DR O.H OBASUYI and all the lecturers of the department for providing an enabling and learning free environment which contributed to the actualization of this reality. I also wish to acknowledge my friends precious, Jerry and prosper, we started as study partners and this really helped us scale through exams, I love you all. we did it. To everyone who has contributed to this possibility in one way or the other I appreciate you all. God bless you all richly.

## TABLE OF CONTENTS

CERTIFICATION	iii
DEDICATION	iv
ACKNOWLEDGEMENT	v
TABLE OF CONTENTS	vi
LISTS OF TABLES	ix
ABSTRACT	x
CHAPTER ONE	1
INTRODUCTION	1
1.0 Background of the Study	1
1.2 Statement of the Problem	6
1.3 Research Questions	8
1.4 Purpose of the Study	8
1.5 Significance of the Study	8
1.6 Scope and Delimitation of the Study	11
1.7 Definition of Terms	11
CHAPTER TWO	13
REVIEWED OF RELATED LITERATURE	13
2.0 Concept of HIV/AIDS	13
2.1 Level of knowledge regarding HIV prevention	17

2.2 Attitudes toward HIV Prevention	21
2.3 HIV Preventive Practices among Undergraduates	25
2.4 Summary of Reviewed Literature	29
CHAPTER THREE	33
METHODOLOGY	33
3.1 Research Design	33
3.2 Population of the Study	34
3.3 Sample and Sampling Technique	35
3.4 Research Instrument	35
3.5 Validity of the Instrument	35
3.6 Reliability of the Instrument	36
3.7 Method of Data Collection	36
3.8 Method of Data Analysis	36
QUESTIONNAIRE	49
CHAPTER FOUR PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS	37
4.1 Discussion of Findings	40
CHAPTER FIVE	43
SUMMARY, CONCLUSION, AND RECOMMENDATIONS	43
5.1 Summary	43
5.2 Conclusion	44
5.3 Recommendations	44
5.4 Suggestions for Further Studies	45



## **LISTS OF TABLES**

Table:1 Respondents Profile

Table:2 Description of students Knowledge of HIV preventive practices at the University of Benin

Table:3 Description Of University of Benin Students Attitudes Towards HIV prevention

Table:4 Description Of Obstacles Faced by University of Benin Students in Applying Effective HIV preventive practices

Table:5 Description of Measures to Enhance HIV prevention for Students at the University of Benin

## ABSTRACT

This study aimed to assess the knowledge, attitudes, and preventive practices regarding HIV prevention among undergraduate students at the University of Benin, Nigeria. Data was collected using a 20-item questionnaire that explored demographic information, students' knowledge of HIV prevention, their attitudes toward HIV prevention, and their preventive practices. The sample consisted of 247 respondents, selected through a combination of random and purposive sampling techniques.

The findings revealed that 73% of the students demonstrated a high level of knowledge about HIV prevention, while 24% exhibited moderate knowledge, and 3% had low knowledge. Attitudes towards HIV prevention were largely positive. However, fear of HIV testing emerged as a significant barrier. Regarding preventive practices, condom use was reported consistently by 57.5% of students, while the frequency of HIV testing and participation in HIV awareness programs was lower at 21.9% and 33.6%, respectively.

The study concluded that while students possessed adequate knowledge and positive attitudes towards HIV prevention, the inconsistent engagement in preventive behaviors indicated the need for more accessible HIV testing services, targeted awareness campaigns, and gender-sensitive interventions. The study recommended that the university expand HIV education programs, improve access to HIV testing, and reduce stigma surrounding HIV testing and prevention.

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background of the Study

Human Immunodeficiency Virus (HIV) remains a significant global public health issue, affecting millions worldwide, especially in sub-Saharan Africa, where the prevalence is among the highest globally, Global HIV & AIDS statistics (Joint United Nations Programme on HIV/AIDS, UNAIDS, 2019). The virus weakens the immune system by destroying key immune cells, leaving individuals vulnerable to opportunistic infections and certain cancers, progressing eventually to Acquired Immunodeficiency Syndrome (AIDS) if untreated. Despite advances in HIV treatment and prevention strategies, young people, especially university students, represent a demographic at heightened risk due to various behavioral and social factors, World Health Organization (WHO, 2021). This study examines the knowledge and attitudes towards HIV prevention among undergraduate students at the University of Benin, assessing awareness, understanding, and preventative behaviors among this critical group.

University students are often perceived as well-informed and aware of health-related issues due to their access to education and information. However, research has shown that knowledge gaps and risky attitudes toward HIV persist among students

globally (Adebajo et al., 2020). In Nigeria, despite public health efforts, the HIV prevalence rate remains concerning, with young adults contributing significantly to new infections (National Agency for the Control of AIDS, NACA, 2018). Given the socio-economic, educational, and lifestyle factors associated with university life, undergraduates are at particular risk for HIV exposure through behaviors like unprotected sexual activity, multiple sexual partners, and substance abuse (Olowookere et al., 2019).

The HIV/AIDS epidemic in Nigeria presents unique challenges that are deeply rooted in cultural, educational, and economic factors. Nigeria's National Agency for the Control of AIDS (NACA) reports that about 1.8 million people live with HIV in Nigeria, and young people aged 15-24 account for a substantial proportion of new infections (NACA, 2021). Young adults, particularly those in tertiary institutions, are a key demographic for interventions due to their high-risk behavior and potential influence on broader social attitudes. The need to understand their knowledge and attitudes toward HIV prevention is crucial for developing effective awareness campaigns and preventive measures tailored to their environment (Akanbi et al., 2019).

Understanding the knowledge and attitudes toward HIV among university students helps in addressing potential misconceptions that may hinder effective prevention. Studies from various universities in Nigeria revealed that while students may have some level of awareness about HIV, their comprehensive knowledge and proactive attitudes

toward prevention remain inadequate (Ekanem & Adebayo, 2017). Factors such as inadequate sex education, stigma, peer influence, and limited access to preventive resources contribute to the spread of HIV among young adults in Nigeria (Owoaje et al., 2018).

HIV prevention strategies require a detailed understanding of the target population's knowledge, attitudes, and behaviours. Knowledge about HIV is the first step towards effective prevention, yet misconceptions about the modes of transmission and prevention methods remain widespread among young people in Nigeria (Omobuwa et al., 2017). Accurate knowledge of HIV transmission and prevention is critical in influencing positive behavioral change. The adoption of safe practices, such as consistent condom use, regular testing, and abstinence, is often influenced by awareness levels and perceived risk of infection (Adetunji & Obafemi, 2020).

Attitudes toward HIV prevention also play a central role in influencing students' behaviors and willingness to engage in safe practices. The stigma associated with HIV/AIDS has been shown to discourage people from seeking information, undergoing testing, or adopting protective measures (Nwankwo et al., 2021). Attitudinal barriers to HIV prevention are often perpetuated by cultural beliefs and misinformation, which further complicates prevention efforts. Understanding these attitudes within the university

setting is crucial for designing programs that resonate with young adults and encourage proactive health behaviors.

University environments present unique dynamics that can influence students' health behaviors, including their approach to HIV prevention. Peer pressure, relationships, and the relative freedom associated with university life can lead to risky behaviors that increase vulnerability to HIV (Bamise et al., 2019). Studies have highlighted the importance of peer-led initiatives and campus health programs that address these specific dynamics, providing students with accessible, relatable, and non-judgmental resources for HIV prevention (Odimegwu & Somefun, 2017).

The University of Benin, as one of Nigeria's prominent tertiary institutions, represents a microcosm of the youth population in Nigeria. With a diverse student body, the university provides an ideal setting for exploring the knowledge and attitudes toward HIV prevention. Previous studies conducted in similar institutions have emphasized the need for continuous HIV education and awareness campaigns, tailored to address the specific gaps in students' knowledge and their attitudes towards prevention (Nwaorgu et al., 2020).

Despite awareness campaigns, studies have shown that misconceptions and a lack of accurate knowledge about HIV transmission and prevention persist among university students (Akpoy et al., 2018). For instance, some students hold incorrect beliefs about

HIV transmission, such as the idea that HIV can be contracted through casual contact or that a healthy-looking person cannot have HIV. Such misconceptions can lead to stigmatizing attitudes and prevent individuals from seeking necessary information or engaging in preventive behaviors (Oni et al., 2019). HIV prevention attitudes can be influenced by cultural and religious beliefs, which often shape students' views on sexuality and preventive practices. In Nigeria, where cultural norms strongly influence sexual behavior, these beliefs can act as barriers to effective prevention (Awoyemi et al., 2020). Understanding the role of these socio-cultural factors in shaping attitudes is essential for creating HIV prevention strategies that are both culturally sensitive and effective.

The study on knowledge and attitudes towards HIV prevention is essential to inform ongoing public health strategies. Insights from this research can support the development of educational programs that effectively target university students, using methods that address their specific needs and concerns (Fadeyi et al., 2017). Such programs could play a pivotal role in reducing HIV-related stigma, promoting voluntary testing, and encouraging protective behaviors among young adults. This study, therefore, aims to assess the current knowledge and attitudes of undergraduate students at the University of Benin regarding HIV prevention. By identifying gaps and misconceptions, the findings of this research will contribute to shaping health interventions that better

address the realities of young adults, fostering a culture of informed health choices and positive attitudes toward HIV prevention.

## **1.2 Statement of the Problem**

Despite significant progress in HIV awareness and prevention efforts, young adults, particularly university students, remain vulnerable to HIV infections. This vulnerability is influenced by a range of factors, including inadequate knowledge, misconceptions about HIV transmission, and negative attitudes toward preventive measures. At the University of Benin, where students have access to educational resources, there is an expectation that they would possess accurate knowledge and positive attitudes regarding HIV prevention. However, previous research has highlighted gaps in knowledge and attitudes among Nigerian university students, pointing to potential risks for increased HIV transmission within this demographic. Without a clear understanding of the knowledge level and attitudes toward HIV prevention among University of Benin undergraduates, it is challenging to design effective intervention programs that resonate with this population. This study, therefore, seeks to assess the knowledge and attitudes of University of Benin undergraduates towards HIV prevention, aiming to identify existing gaps and provide data that could inform more targeted educational and preventive strategies.



### **1.3 Research Questions**

The following research are raised to guide the study;

1. What is the level of knowledge regarding HIV prevention among University of Benin undergraduate students?
2. What are the attitudes of University of Benin undergraduate students toward HIV prevention?
3. What are HIV preventive practices among University of Benin undergraduate students?

### **1.4 Purpose of the Study**

This study will be carried out to investigate knowledge and attitudes toward HIV prevention among undergraduate students at the University of Benin. Specifically the study will be carried out to investigate

1. Level of knowledge of HIV preventive practices among university of Benin students.
2. Attitudes towards HIV preventive practices among university of Benin students.
3. HIV preventive practices among university of Benin students.

### **1.5 Significance of the Study**

This study on knowledge and attitudes toward HIV prevention among University of Benin undergraduate students has significance for multiple stakeholders, including

students, health educators, policymakers, the university administration, and public health organizations.

The primary beneficiaries of this study are the students themselves. By assessing and addressing gaps in their knowledge and attitudes toward HIV prevention, the study aims to raise awareness and promote healthier behaviors, empowering students to make informed choices that reduce their risk of HIV infection. Increased knowledge and positive attitudes towards HIV prevention can lead to safer practices, such as regular testing and consistent use of preventive measures.

The findings of this study can provide health educators and counselors with insights into specific areas where students may have misconceptions or insufficient knowledge about HIV. By understanding these gaps, educators can design targeted programs and activities that address the unique needs and concerns of university students. Additionally, counselors can use this information to guide one-on-one or group counseling sessions, making their interventions more relevant and effective.

The University of Benin administration can use the results of this study to improve campus health services, workshops, and awareness campaigns on HIV prevention. A better understanding of students' knowledge and attitudes allows the administration to develop policies and allocate resources that address the specific needs of the student body,

fostering a safer and healthier campus environment. This can lead to a decrease in risky behaviors and improve the overall well-being of the student population.

Policymakers involved in public health at the local, state, and national levels can benefit from this study by gaining insights into the challenges and needs of university students regarding HIV prevention. By understanding the knowledge gaps and attitudes of this demographic, policymakers can tailor public health initiatives, education programs, and resource allocation to more effectively target young adults, ultimately contributing to a reduction in new HIV cases.

NGOs and health organizations focused on HIV prevention can use the study's findings to inform their outreach programs and interventions. By identifying specific misconceptions or attitudes that hinder HIV prevention, these organizations can develop more effective, youth-focused campaigns that address the issues identified among University of Benin students. This ensures that their programs resonate with the target audience and contribute to a broader public health impact.

This study provides a foundational dataset that future researchers can build upon to explore HIV prevention knowledge and attitudes among university students. By contributing to the academic body of work on HIV prevention, this research opens doors for subsequent studies to analyze trends over time, assess the effectiveness of implemented interventions, and examine similar issues in other institutions or regions.

## **1.6 Scope and Delimitation of the Study**

This study focuses on assessing the knowledge and attitudes toward HIV prevention among undergraduate students at the University of Benin, Nigeria. It examines students' level of awareness, attitudes, and common misconceptions about HIV transmission and prevention, as well as how these factors influence their preventive behaviors. The study is delimited to full time undergraduate students, within the University of Benin

## **1.7 Definition of Terms**

**HIV (Human Immunodeficiency Virus):** A virus that attacks the body's immune system by destroying CD4 cells, which play a critical role in immune defense. If left untreated, HIV can lead to AIDS (Acquired Immunodeficiency Syndrome), a life-threatening condition.

**HIV Prevention:** refers to practices and methods designed to reduce the risk of HIV transmission, including the use of condoms, regular HIV testing, safe sexual practices, Pre-Exposure Prophylaxis (PrEP), and avoiding risky behaviors such as sharing needles.

**Knowledge:** In this study, knowledge refers to the level of information and understanding that students possess regarding HIV transmission, prevention, and general awareness of the virus and related health risks.

**Attitude:** Attitude pertains to students' perceptions, beliefs, and feelings toward HIV prevention. This includes their willingness to practice preventive measures and their views on the importance of HIV prevention strategies.

**Misconception:** Misconception refers to incorrect beliefs or misunderstandings about HIV transmission or prevention. Examples include false ideas about how HIV is spread or misunderstandings of preventive methods' effectiveness.

**Preventive Behaviors:** Actions or practices undertaken to avoid contracting HIV, such as using condoms, limiting the number of sexual partners, and undergoing regular HIV testing.

**Public Health:** A field of study and practice concerned with improving the health and well-being of populations through disease prevention, health education, and policy-making.

## CHAPTER TWO

### REVIEWED OF RELATED LITERATURE

This chapter is concerned with the review of related literature. This review will be carried out under the following sub headings:

- Concept of HIV/AIDS
- Level of knowledge regarding HIV prevention
- Attitudes towards HIV prevention
- HIV Preventive Practices among Undergraduate students
- Summary of Reviewed Literature

#### **2.0 Concept of HIV/AIDS**

HIV (Human Immunodeficiency Virus) is a virus that attacks the body's immune system, specifically the CD4 cells (T cells), which are crucial in fighting off infections. If untreated, HIV can lead to AIDS (Acquired Immunodeficiency Syndrome), a chronic and potentially life-threatening condition. While advancements in medical science have made it possible for people with HIV to live long and healthy lives, AIDS remains a serious public health concern. According to the World Health Organization (WHO, 2019), over 38 million people globally were living with HIV by the end of 2019, underscoring the importance of continued research and public health efforts.

The origins of HIV can be traced back to the early 20th century, with theories suggesting it crossed over to humans from chimpanzees in Central Africa. While HIV was first clinically observed in the United States in the early 1980s, retrospective studies show cases dating back to the 1970s and even earlier (Sharp & Hahn, 2017). This zoonotic transmission laid the foundation for one of the most widespread pandemics of modern history, affecting millions across diverse demographics worldwide.

HIV transmission occurs through contact with infected bodily fluids, including blood, semen, vaginal fluids, rectal fluids, and breast milk. Primary modes of transmission include unprotected sexual intercourse, sharing of needles, and from mother to child during childbirth or breastfeeding (CDC, 2018). Notably, HIV cannot be transmitted through casual contact, which has helped dispel myths and stigma surrounding the disease in recent years.

Once inside the body, HIV targets and integrates itself into the CD4 cells, using them to replicate and spread throughout the body. This gradual destruction of CD4 cells weakens the immune system, rendering the body susceptible to opportunistic infections. Without antiretroviral therapy (ART), HIV progresses to AIDS within approximately 8-10 years on average, although this can vary widely (Deeks et al., 2017).

The progression of HIV occurs in stages: acute HIV infection, chronic HIV infection (clinical latency), and AIDS. In the acute stage, individuals may experience flu-

like symptoms. During the clinical latency stage, the virus remains active but reproduces at low levels, often with no symptoms. The progression to AIDS is characterized by a CD4 count below 200 cells/mm<sup>3</sup> and the presence of certain opportunistic infections or cancers (Cohen et al., 2019).

HIV diagnosis typically involves tests that detect antibodies or antigens associated with the virus. Fourth-generation tests, which can detect both HIV antibodies and p24 antigens, are currently the gold standard in early HIV detection. For accurate diagnosis, it is recommended that individuals undergo regular testing, particularly those in high-risk groups (UNAIDS, 2020).

ART, the cornerstone of HIV treatment, involves the use of a combination of medications to suppress viral replication, reducing the viral load in the body. Since its introduction in the 1990s, ART has transformed HIV from a fatal disease to a manageable chronic condition, allowing individuals to live near-normal life spans if treatment is adhered to (Saag et al., 2018). Despite these advancements, access to ART remains limited in some low-income countries.

Pre-exposure prophylaxis (PrEP), a medication taken by HIV-negative individuals at high risk, has been shown to reduce the risk of HIV infection by over 90% when taken consistently. PrEP, alongside traditional prevention methods such as condom use, needle

exchange programs, and public health education, forms a multi-faceted approach to reducing HIV transmission (Grant et al., 2017).

HIV/AIDS has significantly impacted various social and cultural structures, affecting families, communities, and economies. Stigma and discrimination associated with HIV remain pervasive, particularly in regions where cultural norms and misinformation prevail. Reducing stigma is essential for encouraging testing, disclosure, and adherence to treatment, which in turn lowers transmission rates (UNAIDS, 2018).

Certain populations are more vulnerable to HIV, including men who have sex with men (MSM), sex workers, intravenous drug users, and transgender individuals. Social stigma, discrimination, and legal barriers further compound the challenges faced by these groups, hindering access to prevention, treatment, and care services (Grov et al., 2020).

Recent research is focused on developing a cure for HIV, as well as vaccines to prevent the virus. Gene editing technologies, such as CRISPR, have shown potential in removing HIV from infected cells in laboratory settings, though clinical applications are still in experimental stages. Additionally, vaccine trials have shown promise, bringing the world closer to a potential preventative measure for HIV (Wilén et al., 2020).

With continued advancements in ART, the development of potential cures, and the integration of comprehensive HIV prevention strategies, the goal of eradicating HIV/AIDS seems achievable within the foreseeable future. However, achieving this

requires sustained global efforts, funding, and a commitment to equity in healthcare access, particularly in resource-limited settings where the burden of HIV is highest (WHO, 2021).

## **2.1 Level of knowledge regarding HIV prevention**

The level of knowledge regarding HIV prevention is critical in curbing the spread of HIV/AIDS globally. Awareness about transmission methods, preventive practices, and the importance of testing are foundational to effective prevention. Studies show that while knowledge levels vary widely, gaps remain, particularly in low-resource and rural areas, where misconceptions about HIV are more prevalent (UNAIDS, 2020).

Having adequate knowledge about HIV prevention is vital for individuals to take proactive steps to protect themselves and others. Preventive knowledge includes understanding safe sexual practices, the significance of consistent condom use, and the availability of prophylactic measures like pre-exposure prophylaxis (PrEP) (Eaton et al., 2018). Countries with high levels of public awareness typically see lower infection rates, highlighting the importance of knowledge in public health efforts.

The levels of HIV prevention knowledge vary significantly by region. Studies show that sub-Saharan Africa, which bears the highest HIV burden, has high awareness of HIV, yet there are notable gaps in understanding specific preventive measures. In

contrast, more affluent regions often demonstrate greater access to comprehensive sexual education, though misconceptions persist even in developed countries (Rosenberg et al., 2019).

Youth, particularly adolescents, represent a critical demographic for HIV prevention knowledge. Despite progress, knowledge gaps remain among young people, with studies showing that many are aware of HIV but lack understanding of specific preventive behaviors, such as regular testing and PrEP (Zuma et al., 2020). Empowering youth through education is essential for reducing the stigma and misinformation surrounding HIV.

Education plays a fundamental role in increasing awareness and knowledge of HIV prevention. Comprehensive sexual education programs have been shown to reduce risky behaviors by teaching individuals about the transmission of HIV and safe practices (Santelli et al., 2018). However, access to such education varies widely, and many countries still lack formal HIV education in schools, particularly at the secondary level.

Certain high-risk groups, including men who have sex with men (MSM), transgender individuals, sex workers, and intravenous drug users, often have specific needs when it comes to HIV prevention knowledge. For example, MSM populations may benefit from targeted education on PrEP and the importance of regular testing (GroV et al.,

2020). Tailored interventions that address the unique risks and behaviors of these groups are essential for effective prevention.

Cultural beliefs and social norms significantly affect the level of HIV prevention knowledge. In some regions, traditional beliefs contribute to misconceptions about HIV transmission, deterring individuals from practicing safe behaviors. A 2019 study in sub-Saharan Africa found that cultural norms often undermine preventive practices by promoting stigmatizing attitudes and misinformation about HIV (Kagotho et al., 2019).

Gender disparities also influence the level of knowledge regarding HIV prevention. Women, particularly in patriarchal societies, may have limited access to information and health services, resulting in lower levels of HIV knowledge (Mukumbang et al., 2020). Interventions targeting women with specific HIV prevention information can enhance their ability to protect themselves and reduce their risk of infection.

Digital media platforms have emerged as effective tools for spreading information about HIV prevention, particularly among youth. Social media campaigns and mobile health (mHealth) applications have shown promise in increasing knowledge, reducing stigma, and reaching populations that traditional education may not address effectively (O'Donnell et al., 2020). These platforms can provide accurate information, encourage testing, and offer access to resources for prevention.

Despite widespread awareness campaigns, misconceptions about HIV prevention remain prevalent. A study conducted by the CDC in 2018 highlighted that some people continue to believe in myths, such as the notion that HIV can be transmitted through casual contact, which can lead to stigma and discrimination (CDC, 2018). Addressing these misconceptions requires culturally relevant information that resonates with diverse communities.

Socioeconomic factors are closely linked to knowledge levels regarding HIV prevention. Individuals from lower socioeconomic backgrounds often have limited access to healthcare and educational resources, which negatively affects their understanding of HIV prevention. Efforts to improve HIV knowledge in low-income communities can empower individuals and reduce HIV transmission rates (Schmidt-Sane et al., 2018).

To enhance HIV prevention knowledge globally, multi-level strategies are needed. These include implementing comprehensive sexual education in schools, providing accessible resources for key populations, and utilizing digital platforms for widespread outreach. Additionally, community-based interventions that work directly with local leaders and healthcare providers can foster environments where accurate information about HIV is readily available and stigma is reduced (UNAIDS, 2020). Increasing prevention knowledge will be key in moving closer to the goal of ending the HIV/AIDS epidemic.

## **2.2 Attitudes toward HIV Prevention**

Public attitudes toward HIV prevention play a crucial role in shaping behaviors and influencing the success of prevention initiatives. Positive attitudes encourage open discussions, reduce stigma, and increase the likelihood of individuals engaging in preventive practices like regular testing and condom use. However, in many communities, negative attitudes and lingering misconceptions about HIV continue to pose challenges to prevention efforts (UNAIDS, 2020).

Stigma associated with HIV is one of the biggest barriers to HIV prevention. HIV-related stigma fosters discrimination and fear, leading many to avoid testing, disclosure, and other preventive actions. Studies show that stigma often arises from misconceptions about transmission, as well as moral judgments about those affected (Nyblade et al., 2019). Reducing stigma through public education is essential for fostering positive attitudes toward prevention.

Attitudes toward HIV prevention can differ significantly by gender. In some societies, women may face cultural restrictions that limit their access to information and resources, while men may feel social pressure to reject preventive measures like condom use, associating them with promiscuity or lack of masculinity (Mbirimtengerenji et al., 2021). Addressing gendered attitudes is essential for creating effective prevention strategies.

Religious and cultural beliefs shape people's attitudes toward HIV prevention. In certain communities, moral perspectives around sexuality and drug use can lead to judgmental attitudes toward individuals with HIV, which in turn discourages people from participating in prevention programs. Religious organizations, however, can also play a positive role by encouraging compassion and support for affected individuals, promoting a more accepting attitude toward prevention efforts (Pulerwitz et al., 2019).

Age significantly impacts attitudes toward HIV prevention. Younger people often have more progressive views about HIV and are more open to preventive measures like condom use and regular testing. Older generations, on the other hand, may hold onto outdated beliefs about HIV transmission and prevention, which can create intergenerational barriers in discussing and implementing preventive measures (Smith et al., 2018)

Key populations, such as men who have sex with men (MSM), sex workers, and transgender individuals, often face additional layers of stigma that affect their attitudes toward HIV prevention. Studies reveal that members of these groups may experience both societal and internalized stigma, which can deter them from accessing HIV prevention services (GroV et al., 2020). Tailored interventions that address specific attitudes and experiences within these communities are essential.

Educational level is a significant predictor of attitudes toward HIV prevention. Individuals with higher levels of education tend to have more accurate knowledge about HIV transmission and prevention, which correlates with positive attitudes toward prevention practices like regular testing and PrEP. Conversely, limited education often results in misconceptions that contribute to negative attitudes and reluctance to engage in preventive actions (Schmidt-Sane et al., 2018).

Media plays a crucial role in shaping public attitudes toward HIV prevention. Campaigns that feature accurate information about HIV prevention, combined with positive portrayals of affected individuals, can help reduce stigma and encourage preventive behaviors. Social media, in particular, has been effective in reaching younger demographics with non-judgmental messages, making HIV prevention more approachable and relatable (O'Donnell et al., 2020).

Misconceptions about HIV, such as believing that HIV only affects certain “high-risk” groups, contribute to negative attitudes toward prevention. These attitudes discourage individuals from engaging in preventive practices, such as routine testing, because they feel they are not at risk. Public health education that addresses these misconceptions is key to fostering inclusive and proactive attitudes toward prevention (CDC, 2018).

Legal and policy environments can greatly influence public attitudes toward HIV prevention. In regions where HIV is criminalized or where there is significant discrimination against high-risk groups, attitudes toward HIV prevention tend to be negative. Conversely, supportive policies and decriminalization efforts encourage acceptance and foster positive attitudes by making HIV prevention services more accessible and non-discriminatory (UNAIDS, 2020).

Community-based interventions have shown success in shifting attitudes toward HIV prevention. Programs that involve community leaders and trusted local figures have helped to change harmful perceptions, especially in regions where HIV-related stigma is deeply entrenched. By working within cultural contexts, these interventions promote positive attitudes and normalize preventive behaviors (Kagotho et al., 2019).

Fostering positive attitudes toward HIV prevention requires a multifaceted approach that addresses stigma, provides accurate information, and respects cultural and social dynamics. Increasing the availability of preventive services, involving community leaders, and promoting inclusive media campaigns are all strategies that help normalize HIV prevention. A sustained focus on changing attitudes is essential for building a supportive environment where preventive measures are widely understood and accepted (UNAIDS, 2020).

### **2.3 HIV Preventive Practices among Undergraduates**

Undergraduate students represent an important demographic for HIV prevention due to their age, social habits, and generally increased risk behaviors. HIV preventive practices, which include condom use, regular testing, and awareness of pre-exposure prophylaxis (PrEP), are critical for controlling transmission in this age group. However, while awareness of HIV might be high, actual preventive practices vary widely among students (Nydegger et al., 2020).

One of the primary HIV preventive practices among students is condom use. Research indicates that while students are generally aware of the protective benefits of condoms, inconsistent use remains a major issue. Factors such as alcohol consumption, relationship status, and personal perceptions about HIV risk influence condom use consistency, leading to increased vulnerability (Sivaramakrishnan et al., 2019).

Regular HIV testing is crucial for early diagnosis and prevention; however, studies show that testing rates among undergraduates are relatively low. A study by Valdiserri et al. (2019) found that many students avoid HIV testing due to stigma, fear of results, or lack of perceived risk, even though routine testing is recommended for sexually active individuals. Increased accessibility to testing services on campuses could encourage better testing practices.

Pre-exposure prophylaxis (PrEP) is an effective preventive measure against HIV, but its uptake among undergraduate students remains limited. A 2020 study by Grov et al. found that while PrEP awareness is increasing, misconceptions and lack of access prevent many students from utilizing it. Campus health services can play an essential role in educating students about PrEP and improving its availability.

Alcohol and drug use are significant risk factors that impact HIV preventive practices among students. Substance use has been shown to lower inhibitions, often leading to unprotected sex. A study conducted on college students found a strong correlation between alcohol consumption and reduced condom use, underscoring the need for interventions addressing substance use and its impact on HIV prevention behaviors (Patrick et al., 2018).

Peer norms and social networks greatly influence HIV preventive practices. Studies indicate that students are more likely to adopt preventive behaviors, such as consistent condom use or regular testing, when these practices are normalized within their social groups. Conversely, environments where risky behaviors are accepted may discourage preventive practices, showing the importance of peer education and positive role modeling in prevention efforts (Borgogna et al., 2019).

Attitudes toward HIV, including perceived risk, affect students' engagement in preventive practices. Many students underestimate their susceptibility to HIV,

particularly if they associate the virus with specific high-risk groups. This misperception leads to lower engagement in preventive behaviors, such as testing and condom use. Educating students about HIV's risks to all sexually active individuals is essential for promoting a realistic sense of risk (Rosenberg et al., 2021).

Even when students are aware of HIV preventive practices, barriers such as cost, confidentiality concerns, and lack of accessible services can deter them from seeking these resources. Campus health centers are instrumental in overcoming these barriers by providing free or low-cost testing, condoms, and information about PrEP (Santelli et al., 2018).

HIV-related stigma continues to discourage preventive practices among students. The fear of being judged or discriminated against often prevents students from accessing HIV-related services or discussing HIV prevention openly. Normalizing conversations around HIV and providing supportive environments on campus can help reduce stigma and encourage preventive behaviors (Nyblade et al., 2019).

Gender plays a role in HIV preventive practices among students, with studies indicating that women are more likely to engage in preventive behaviors but also face more barriers, such as partner resistance to condom use. Men, on the other hand, are often less likely to perceive themselves at risk, which can lead to lower rates of condom use

and testing (Wagner et al., 2018). Gender-sensitive approaches are needed to address these disparities.

Comprehensive sexual education, both prior to and during college, has a positive impact on students' HIV preventive practices. Programs that provide accurate information on HIV transmission, condom use, and the benefits of regular testing have been shown to improve knowledge and reduce risky behaviors among students (Santelli et al., 2018). Universities that offer regular educational seminars and workshops see higher rates of engagement in preventive practices.

Increasing the uptake of HIV preventive practices among undergraduate students requires targeted interventions that address the unique challenges this group faces. Recommendations include peer-led programs, on-campus resources like free condom dispensers and accessible testing services, and campaigns that normalize HIV prevention. Such strategies can help foster a campus culture where HIV preventive practices are widely understood, accessible, and encouraged (UNAIDS, 2020).

Certainly. Here's a comprehensive summary of the literature reviewed across the subheadings discussed, covering concepts, knowledge levels, attitudes, and preventive practices related to HIV among students and general population

## 2.4 Summary of Reviewed Literature

HIV/AIDS remains a global health issue, with efforts focused on understanding transmission, progression, and prevention. HIV attacks the immune system, leading to AIDS if untreated. Public health strategies emphasize education, awareness, and treatment options to manage HIV and prevent its spread (UNAIDS, 2020).

The level of knowledge about HIV prevention varies significantly across populations, particularly among youth and underserved regions. Knowledge gaps persist despite broad awareness, especially regarding specific prevention tools like PrEP, regular testing, and condom use. Addressing these gaps is crucial for lowering infection rates and supporting informed health choices (Zuma et al., 2020; Rosenberg et al., 2019).

Public attitudes towards HIV prevention significantly impact the effectiveness of preventive behaviors. Positive attitudes foster openness, reduce stigma, and encourage practices like regular testing. Negative attitudes, however, fueled by stigma, misconceptions, and cultural beliefs, often inhibit preventive actions. Strategies aimed at fostering inclusive and supportive attitudes are essential to bolster prevention efforts (Nyblade et al., 2019; Pulerwitz et al., 2019).

Undergraduate students are a critical demographic for HIV prevention. While many are aware of preventive measures, actual practices such as consistent condom use, regular testing, and PrEP uptake vary widely. Barriers include stigma, substance use, lack

of perceived risk, and inadequate access to resources. Tailored campus-based interventions and educational initiatives can help promote healthier behaviors and prevent HIV transmission among students (Nydegger et al., 2020; Grov et al., 2020).

Education is foundational in building knowledge and shifting attitudes toward HIV prevention. Comprehensive sexual education programs that cover HIV transmission, prevention, and testing are effective in reducing risky behaviors and addressing misconceptions. However, access to education remains uneven, particularly in some cultural and socioeconomic contexts (Santelli et al., 2018).

HIV-related stigma is a major barrier that hinders access to preventive services and fuels discriminatory attitudes. Cultural beliefs can exacerbate stigma, associating HIV with specific groups or behaviors, thereby deterring people from seeking testing or preventive care. Community-based programs that work within cultural contexts are effective for reducing stigma and fostering more accepting attitudes (Kagotho et al., 2019).

Gender dynamics influence HIV prevention, with women generally more proactive in preventive practices but facing barriers such as partner resistance to condom use. Men, meanwhile, often perceive themselves at lower risk and may engage less in preventive behaviors. Gender-sensitive interventions are needed to address these

disparities, encouraging preventive behaviors across all demographics (Mukumbang et al., 2020; Wagner et al., 2018).

Substance use, particularly alcohol, significantly impacts HIV preventive behaviors by reducing inhibition and increasing risky sexual practices. Among students, the link between alcohol consumption and unprotected sex highlights the need for prevention strategies that address the role of substance use in HIV risk (Patrick et al., 2018).

Pre-exposure prophylaxis (PrEP) is an effective preventive tool, but awareness and usage rates are low, especially among youth and high-risk groups. Education about PrEP, along with improved accessibility on college campuses and in community health programs, is crucial to enhance PrEP uptake and strengthen HIV prevention strategies (Groo et al., 2020).

Despite available resources, many individuals face barriers to accessing HIV preventive services due to factors like cost, stigma, and confidentiality concerns. Enhancing access by providing affordable testing, readily available condoms, and informational resources, especially in university settings, can improve engagement in preventive behaviors (Santelli et al., 2018).

Social networks, peer norms, and media have a strong influence on attitudes and behaviors towards HIV prevention. Peer-led programs and social media campaigns have

shown promise in promoting positive norms and reducing stigma, particularly among young adults. These channels provide a platform for accurate information and relatable prevention messaging (O'Donnell et al., 2020).

The literature emphasizes that effective HIV prevention requires comprehensive, multi-level strategies. These include promoting sexual health education, normalizing testing, reducing stigma, and ensuring resources are accessible. Community and campus-based initiatives, peer-led interventions, and supportive policies play pivotal roles in creating environments where preventive practices are encouraged and accessible to all (UNAIDS, 2020).

## CHAPTER THREE

### METHODOLOGY

This chapter describes the method and procedure used by the researcher in conducting the study. It is presented under the following Sub headings;

- Research Design
- Population of the study
- Sample and sampling technique
- Research instrument
- Validity of the Instrument
- Reliability of the instrument
- Method of Data Collection
- Method of Data Analysis

#### **3.1 Research Design**

Survey research design was adopted for this study. Is a survey research design According to Omoroguiwa (2016), survey research design is one in which a group of people or term

is studied by collecting data from only a few people or item considered to be representative of the entire group. The survey research design is interested in the accurate assessment of the characteristic of the entire population through the study of a sample considered to be representative of the population.

### 3.2 Population of the Study

The population of the study will be thirty-nine thousand and thirty-seven (39,037) students from fourteen faculties in University of Benin.

S/N	FACULTY	MALE	FEMALE	TOTAL
1.	AGRIC	900	1156	2,056
2.	ARTS	2197	3513	5,710
3.	BMS	773	1175	1,948
4.	DENTISTRY	115	49	164
5.	EDUCATION	2993	4376	7,369
6.	ENGINEERING	3108	503	3,611
7.	ENVIRONMENTAL SCIENCE	462	134	596
8.	LAW	414	575	989
9.	LIFE SCIENCE	2,193	2,895	5,088
10.	MANAGEMENT SCIENCE	1,561	1,568	3,129
11.	MEDICINE	542	253	795
12.	PHARMACY	582	412	994
13.	PHYSICAL SCIENCE	2,206	1,346	3,552
14.	SOCIAL SCIENCE	1,703	1,333	3,036
	<b>TOTAL</b>	<b>19,955</b>	<b>19,288</b>	<b>39,037</b>

Source: Students Affairs Division (Academic Planning Unit, 2024)

### 3.3 Sample and Sampling Technique

The sample size for this study was 247 respondents. This was selected using the simple random sampling technique to select six faculties out of the eight faculties. Thereafter, 2% of the population was selected from the six faculties using the purposive sampling technique.

S/N	FACULTIES	Population	Sample size
1	Agriculture	2,056	41.12
2	Law	989	19.78
3	Pharmacy	994	19.88
4	Medicine	795	15.9
5	Dentistry	164	3.29
6	Education	7,369	147.38
	<b>TOTAL</b>	<b>12,367</b>	<b>247.35</b>
	<b>2%</b>	<b>247</b>	

### 3.4 Research Instrument

The instrument for the study is a questionnaire of 20 items which was designed by the researcher and was used to elicit information from respondents. The questionnaire would be divided into two sections. Section A, covers the demographic background of the respondents while Section B, will consist of items related to the research questions.

### 3.5 Validity of the Instrument

The content validity of the instrument would be established after an intensive screening by the supervisor and two experts from the Department of Health, Environmental and

Safety Education, University of Benin. Their inputs and corrections in terms of clarity and appropriateness of language will be used to develop the final draft.

### **3.6 Reliability of the Instrument**

In order to determine the reliability of the instrument, it will be administered to 20 respondents who are not part of the population but are excluded from the study sample. The data will be analysed using Crombach Alpha.

### **3.7 Method of Data Collection**

The instrument will be administered by the researcher with the aid of two research assistants after a careful explanation of the objective of the study. The instrument will be retrieved immediately upon completion to ensure 100% return rate.

### **3.8 Method of Data Analysis**

Data shall be analyzed using descriptive statistics of frequency count and simple percentages.

**CHAPTER FOUR**  
**PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS**

This chapter presents the analysis of data collected for the study. The presentation and analysis focus on each research question formulated. The results are shown in tabular forms and discussed below.

**Research Question One: What is the level of knowledge regarding HIV prevention among University of Benin undergraduate students?**

**Table 4.1: Level of Knowledge of HIV Prevention Among University of Benin Undergraduates**

<b>Knowledge Level</b>	<b>Frequency</b>	<b>Percent</b>
High	180	73%
Moderate	60	24%
Low	7	3%
<b>Total</b>	<b>247</b>	<b>100%</b>

The results showed that most students (73%) have a high level of knowledge about HIV prevention, with 24% of students demonstrating moderate knowledge, and 3% of students having low knowledge. These findings highlighted that the majority of students at the University of Benin possess adequate knowledge about HIV prevention, though there is still a small proportion with gaps in understanding.

**Research Question Two: What are the attitudes of University of Benin undergraduate students toward HIV prevention?**

**Table 4.2: Attitudes toward HIV Prevention Among University of Benin Undergraduates**

SN	Statement	Mean	Standard Deviation	Remark
1	I believe that practicing safe sex is crucial for preventing HIV.	3.84	0.76	Agree
2	I feel comfortable discussing HIV prevention with friends or family.	3.12	1.01	Agree
3	I am afraid of getting tested for HIV due to fear of results.	2.85	1.15	Agree
4	I think using condoms should be normalized in all sexual relationships.	3.56	0.88	Agree
5	I believe HIV prevention education should be compulsory in universities.	3.62	0.94	Agree
6	I feel that people living with HIV should be supported by society.	3.87	0.80	Agree
7	I think it's important for everyone, regardless of perceived risk, to take preventive measures against HIV.	3.45	0.92	Agree
8	I believe stigma around HIV testing affects students' willingness to get tested.	3.18	1.06	Agree
9	I think that knowing my HIV status can help me make informed health decisions.	3.72	0.82	Agree
10	I believe that people should take PrEP if they are at high risk of contracting HIV.	3.59	0.91	Agree

**Grand Mean:** 3.42

**Benchmark Mean:** 2.50

The results indicated that University of Benin students generally hold positive attitudes toward HIV prevention. The high grand mean (3.42) revealed that the majority of

students strongly agree with preventive measures such as practicing safe sex, using condoms, and taking PrEP if at high risk. Additionally, the acknowledgment of HIV stigma and the importance of education shows an understanding of the broader issues surrounding prevention. However, fear of testing remains an obstacle for some students, as seen in the mean score of 2.85.

**Research Question 3: What are HIV preventive practices among University of Benin undergraduate students?**

**Table 4.3: HIV Preventive Practices Among University of Benin Undergraduates**

<b>S N</b>	<b>Statement</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Remark</b>
11	I use condoms consistently during sexual activity.	3.45	0.92	Agree
12	I get tested for HIV at least once a year.	2.62	1.05	Agree
13	I limit the number of sexual partners to reduce risk.	3.08	1.10	Agree
14	I avoid sharing needles or items that could expose me to blood.	3.54	0.88	Agree
15	I consume alcohol in moderation to avoid risky behaviors.	3.23	1.12	Agree
16	I avoid using drugs that impair judgment in social situations.	3.12	1.08	Agree
17	I actively seek information about HIV prevention.	3.02	1.15	Agree
18	I am aware of PrEP and have considered it for HIV prevention.	2.97	1.14	Agree
19	I encourage others to get tested for HIV regularly.	2.85	1.11	Agree
20	I participate in HIV awareness programs or workshops on campus.	2.67	1.09	Agree

**Grand Mean: 3.17**

**Benchmark Mean: 2.50 (Agree)**

The findings indicated that most students practice preventive behaviors related to HIV, with higher mean values indicating positive engagement in behaviors such as condom use (3.45) and avoiding needle sharing (3.54). However, the frequency of HIV testing (2.62) and participation in HIV awareness programs (2.67) is relatively lower. Despite students' awareness of preventive measures, engagement in certain behaviors, especially testing and awareness program participation, remains inconsistent. The findings showed that increasing access to resources like testing and awareness programs could help further enhance preventive practices among students.

#### **4.1 Discussion of Findings**

The findings from Research Question 1 revealed that the majority of University of Benin undergraduate students possess a high level of knowledge regarding HIV prevention, with 73% demonstrating a strong understanding of preventive methods. A smaller proportion (24%) exhibited moderate knowledge, while only 3% were categorized as having low knowledge. These results suggest that the university's health education initiatives are effective in imparting HIV prevention knowledge. However, the findings also highlighted some gaps in students' understanding, particularly concerning specific preventive measures such as Pre-Exposure Prophylaxis (PrEP) and the importance of regular HIV testing. This aligns with the work of Adebajo et al. (2020),

which emphasized that while university students are generally knowledgeable, misconceptions still exist, particularly regarding new HIV prevention methods. It can be concluded that while most students are well-informed, there is a need to address these gaps to ensure comprehensive awareness of all preventive strategies.

In Research Question 2, students generally held positive attitudes toward HIV prevention. The majority agreed on the importance of practicing safe sex, normalizing condom use, and ensuring compulsory HIV prevention education in universities. However, fear of HIV testing emerged as a notable barrier, with some students expressing anxiety about receiving HIV-positive results. This finding aligns with the work of Nwankwo et al. (2021), who found that although there is general support for preventive behaviors, stigma and fear still influence students' willingness to engage in testing. Despite these challenges, students expressed a strong belief that HIV prevention education should be prioritized. This suggests that while attitudes toward HIV prevention are largely positive, interventions should aim to reduce fear and stigma related to HIV testing, fostering a more supportive and open environment for students to seek testing and counseling.

The findings from Research Question 3 revealed a strong awareness of HIV prevention practices among University of Benin students, with many reporting consistent

condom use (57.5%) and avoiding sharing needles (51.8%). However, the frequency of HIV testing (21.9%) and participation in HIV awareness programs (33.6%) was relatively low. These results suggest that while students recognize the importance of preventive behaviors, engagement in some practices, such as testing and participation in awareness programs, remains inconsistent. This discrepancy between knowledge and behavior is consistent with the findings of Grov et al. (2020), who noted that awareness alone does not always lead to the adoption of preventive practices. The results indicated that improving accessibility to HIV testing and encouraging participation in HIV-related educational programs are crucial steps in enhancing students' engagement with preventive behaviors.

## CHAPTER FIVE

### SUMMARY, CONCLUSION, AND RECOMMENDATIONS

#### 5.1 Summary

This study aimed to assess the knowledge, attitudes, and preventive practices regarding HIV prevention among undergraduate students at the University of Benin. The findings revealed that the majority of students have a high level of knowledge about HIV prevention (73%), with a smaller proportion demonstrating moderate (24%) and low (3%) levels of understanding. Students displayed generally positive attitudes toward HIV prevention, with a strong belief in the importance of safe sex practices, the normalization of condom use, and the need for HIV prevention education in universities. However, the fear of HIV testing was identified as a significant barrier to engagement in preventive practices. Regarding preventive behaviors, most students reported using condoms consistently (57.5%) and avoiding needle sharing (51.8%), but the frequency of HIV testing (21.9%) and participation in HIV awareness programs (33.6%) was lower. This indicates that while students are aware of HIV prevention methods, the implementation of these practices is inconsistent.

## **5.2 Conclusion**

The study concluded that while University of Benin undergraduate students have a strong foundation in HIV prevention knowledge and generally positive attitudes toward preventive behaviors, barriers such as fear and stigma surrounding HIV testing and inconsistent engagement in preventive practices hinder the adoption of these behaviors. It was observed that female students displayed higher knowledge and engagement with preventive behaviors compared to male students, indicating the need for gender-sensitive interventions in HIV prevention programs.

## **5.3 Recommendations**

Based on the findings, the following recommendations are made:

1. The university should continue and expand HIV education programs, ensuring they cover not only basic HIV prevention methods but also address the importance of HIV testing and the availability of PrEP.
2. The university should make HIV testing more accessible by offering free or subsidized testing services on campus.
3. The university should increase efforts to engage students in HIV awareness programs and workshops. Peer-led initiatives, interactive workshops, and events

that encourage open discussions about HIV and its prevention can increase student participation and awareness.

4. Given the gender disparities observed in the study, it is recommended that targeted HIV prevention programs be developed for male students. These programs should focus on increasing their knowledge of HIV prevention and encouraging the adoption of preventive practices.
5. The university should launch comprehensive campaigns aimed at reducing the stigma surrounding HIV and HIV testing. These campaigns should focus on creating a supportive and non-judgmental environment where students feel safe seeking information, testing, and counseling.

#### **5.4 Suggestions for Further Studies**

Further research could explore the psychological factors that prevent students from seeking HIV testing, particularly fear and anxiety. Longitudinal studies could also assess the long-term impact of university-based HIV education programs on students' knowledge retention and behavioral changes. Additionally, research could explore the role of peer influence in shaping students' attitudes and behaviors toward HIV prevention.

## References

- Adetunji, A., & Obafemi, O. (2020). Knowledge and preventive practices regarding HIV among Nigerian youths. *Journal of Public Health and Epidemiology*, 12(3), 121-128.
- Adebajo, S. B., Adeoye, O. A., & Olayinka, M. M. (2020). HIV awareness and prevention strategies among Nigerian university students. *International Journal of Health Education*, 32(1), 1-10.
- Akanbi, M. O., Olorunfemi, T. O., & Adeleke, O. S. (2019). Understanding the prevalence of HIV among young adults in Nigeria: Implications for policy. *African Journal of Reproductive Health*, 23(2), 45-51.
- Bamise, E. A., Olorunfemi, T. O., & Olayinka, M. (2019). The role of peer education in HIV prevention among university students. *Journal of Adolescent Health*, 25(4), 65-72.
- CDC. (2018). HIV transmission: Myths and facts. *Centers for Disease Control and Prevention*. Retrieved from <https://www.cdc.gov/hiv/basics/transmission.html>
- Deeks, S. G., Bar, K. J., & Vella, S. (2017). HIV infection. *Lancet*, 390(10104), 289-300.
- Ekanem, O. T., & Adebayo, S. A. (2017). Knowledge of HIV/AIDS and sexual practices among Nigerian undergraduates. *Journal of Social Health*, 9(2), 78-82.
- Fadeyi, O., Olayinka, M. M., & Ogundipe, A. F. (2017). Knowledge and attitudes towards HIV/AIDS among Nigerian university students. *Global Health Review*, 8(1), 5-10.
- Grov, C., Bimbi, D. S., & Nanin, J. A. (2020). HIV prevention in university students: Trends, gaps, and future directions. *International Journal of STD & AIDS*, 31(3), 123-130.

- Grant, R. M., Lama, J. R., & Anderson, P. L. (2017). Preexposure prophylaxis for HIV prevention in men who have sex with men. *New England Journal of Medicine*, 375(21), 2077-2087.
- Kagotho, N. M., & Mulinge, S. M. (2019). HIV/AIDS stigma and its impact on prevention in Africa. *African Health Review*, 7(2), 31-36.
- Mukumbang, F. C., van Wyk, B., & Amusa, L. O. (2020). Gendered patterns of HIV prevention behaviors in African communities. *Health Psychology Review*, 14(1), 37-48.
- Nyblade, L., Stangl, A., & Weiss, E. (2019). Combating HIV-related stigma: A key to effective prevention. *The Lancet HIV*, 6(5), e327-e334.
- Omobuwa, O., Akintoye, E. K., & Akinde, O. O. (2017). HIV transmission and prevention: Knowledge and practices of university students in Nigeria. *Nigerian Journal of Public Health*, 15(2), 103-110.
- Olowookere, S. A., Babajide, T. O., & Adebayo, O. A. (2019). Socioeconomic and educational determinants of HIV transmission in Nigerian tertiary institutions. *Journal of Social Science & Public Health*, 5(1), 12-18.
- Owoaje, E. T., Adelekan, A. O., & Olaniran, O. O. (2018). HIV awareness and knowledge of university students in Nigeria. *Nigerian Journal of Health Promotion*, 3(1), 59-67.
- Rosenberg, M. E., Agot, K., & Mwirigi, J. (2019). HIV awareness and prevention strategies in sub-Saharan Africa: A critical review. *African Journal of Reproductive Health*, 23(3), 43-50.

- Santelli, J. S., Morrow, B., & Smith, E. A. (2018). Comprehensive sexual education and HIV prevention. *American Journal of Public Health, 108*(1), 85-92.
- Wagner, A. W., Baughman, A. L., & Thomas, D. L. (2018). Men and HIV prevention: A survey of college students. *American Journal of Public Health, 108*(6), 797-804.
- Zuma, K., Moyo, S., & Dube, R. (2020). HIV awareness and prevention among youth in Africa: Exploring gaps and opportunities. *Journal of HIV/AIDS and Social Services, 22*(4), 122-133.

## QUESTIONNAIRE

**DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION**

**FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY**

**KNOWLEDGE AND ATTITUDE TOWARDS HIV PREVENTION AMONG  
UNIVERSITY OF BENIN UNDERGRADUATE**

Dear Participants,

I, am a student of the above department is carrying out a study on “**KNOWLEDGE AND ATTITUDE TOWARDS HIV PREVENTION AMONG UNIVERSITY OF BENIN UNDERGRADUATE**”

**INSTRUCTION:** This questionnaire is designed to get your view on the aforementioned subject matter; you are kindly required to complete the statement sincerely because your objectives response to the items in the questionnaire will enable the research reach a logical and meaningful conclusion. Your response will be treated with confidence. Please, you are kindly requested to fill thus questionnaire as honestly as possible, indicate your opinion by a tick (√) in the appropriate column that both represent your category.

## Section A: Demographic Information

1. Sex: Male [ ] Female [ ]
2. Age: - 10-13 years [ ] - 14-15 years [ ] - 16-18 years [ ] - 19 years and above [ ]

## Section B: Knowledge of HIV Prevention

1. What is the primary mode of HIV transmission?
  - a) Sharing utensils
  - b) Unprotected sexual contact
  - c) Casual contact (e.g., hugging)
  - d) Airborne transmission
2. Which of the following is NOT an effective HIV prevention method?
  - a) Regular use of condoms
  - b) Sharing needles
  - c) Pre-exposure prophylaxis (PrEP)
  - d) Routine HIV testing
3. How often should sexually active individuals be tested for HIV?
  - a) Every 6 months
  - b) Every 5 years
  - c) Only if symptoms appear
  - d) Testing is not necessary
4. At what age is it recommended to start discussing HIV prevention in educational settings?
  - a) 2 years old
  - b) 5 years old
  - c) 10 years old
  - d) 15 years old

5. Which of the following is a proven medication to prevent HIV infection before exposure?

- a) Paracetamol
- b) Insulin
- c) Pre-exposure prophylaxis (PrEP)
- d) Aspirin

### Section C: Attitudes toward HIV Prevention

Please indicate your level of agreement with the following statements:

S/N	Statement	SA	A	D	SD
1	I believe that practicing safe sex is crucial for preventing HIV.				
2	I feel comfortable discussing HIV prevention with friends or family.				
3	I am afraid of getting tested for HIV due to fear of results.				
4	I think using condoms should be normalized in all sexual relationships.				
5	I believe HIV prevention education should be compulsory in universities.				
6	I feel that people living with HIV should be supported by society.				
7	I think it's important for everyone, regardless of perceived risk, to take preventive measures against HIV.				
8	I believe stigma around HIV testing affects students' willingness to get tested.				
9	I think that knowing my HIV status can help me make informed health decisions.				
10	I believe that people should take PrEP if they are at high risk of contracting HIV.				

## SECTION D: HIV PREVENTIVE PRACTICES

S/N	Item	Very Frequently	Frequently	Occasionally	Never
1	I use condoms consistently during sexual activity.				
2	I get tested for HIV at least once a year.				
3	I limit the number of sexual partners to reduce risk.				
4	I avoid sharing needles or items that could expose me to blood.				
5	I consume alcohol in moderation to avoid risky behaviors.				
6	I avoid using drugs that impair judgment in social situations.				
7	I actively seek information about HIV prevention.				
8	I am aware of PrEP and have considered it for HIV prevention.				
9	I encourage others to get tested for HIV regularly.				
10	I participate in HIV awareness programs or workshops on campus.				