

**THE KNOWLEDGE, ATTITUDE AND PRACTICES OF UNIVERSITY OF
BENIN STUDENTS TOWARDS THE PREVENTION OF HIV/AIDS**

BY

**Olumide Paul OMOTUYOLE
EDU2102609**

**DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF BENIN**

NOVEMBER, 2025

**THE KNOWLEDGE, ATTITUDE AND PRACTICES OF UNIVERSITY OF
BENIN STUDENTS TOWARDS THE PREVENTION OF HIV/AIDS**

BY

**Olumide Paul OMOTUYOLE
EDU2102609**

**A PROJECT WORK SUBMITTED TO THE DEPARTMENT OF HEALTH,
SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION,
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF
BACHELOR OF SCIENCE DEGREE B.Sc. (ED.) IN HEALTH EDUCATION,
UNIVERSITY OF BENIN, BENIN CITY.**

NOVEMBER, 2025

CERTIFICATION

This is to certify that this project research work was carried out by **Olumide Paul OMOTUYOLE**, with matriculation number EDU2102609 and that the research work is adequate in scope and quality in the Department of Health, Safety and Environmental Education, University of, Benin City, Edo state, in partial fulfillment of the award of B.Sc (Ed.) degree in Health Education.

Dr. O. D. Oronsaye
(Project Supervisor)

DATE

Mrs. B. H. Enabulele
(Project Co-Ordinator)

DATE

Dr. (Mrs.) O. H. Obasuyi
(Head of Department)

DATE

DEDICATION

This research work is dedicated to my beloved parents, Mr. and Mrs. John Omotuyole for their unwavering love, support, and encouragement throughout my academic journey. Your guidance, sacrifices, and belief in me have been my source of strength and inspiration. This work stands as a testament to the values you have instilled in me and the constant care you have shown.

ACKNOWLEDGEMENT

First and foremost, I thank God Almighty for His grace, wisdom, and guidance throughout the course of this research. His provision and protection made the completion of this project possible, and His unwavering presence sustained me through every challenge and moment of doubt.

I am profoundly grateful to my beloved parents, Mr. and Mrs. John Omotuyole, for their unwavering support, love, encouragement, and prayers throughout my academic journey. Their belief in me has been a constant source of motivation and inspiration.

My heartfelt appreciation goes to my project supervisor, Dr. Oronsaye O. Douglas, whose guidance, insightful advice, patience, and constructive critiques were invaluable to the success of this study. His mentorship not only shaped this work but also contributed greatly to my academic and personal growth.

I also wish to acknowledge my supportive siblings, Mr. Kola, Mr. Seyi, and Mr. Kayode Omotuyole, for their encouragement, motivation, and for always being a source of inspiration and friendly counsel whenever I needed it.

Special thanks go to my friends Kevwe, Christopher, Oduwe, Esther, Pius, and Fortune for their companionship, moral support, and encouragement during the course of this research. Your support helped lighten the challenges and made the journey more enjoyable.

TABLE OF CONTENTS

Title	i
Certification	ii
Dedication	iii
Acknowledgement	iv
Table of Contents	v
List of Tables	viii
Abstract	ix
CHAPTER ONE: INTRODUCTION	1
Background of the Study	1
Statement of the Problem	3
Purpose of the Study	4
Research Questions	5
Significance of the Study	5
Scope and Delimitation of the Study	8
Operational Definition of Terms	8
CHAPTER TWO: LITERATURE REVIEW	10
The Concept of HIV/AIDS	10
The Concept of HIV/AIDS Prevention	13

The Importance of HIV/AIDS Prevention	15
Knowledge of HIV/AIDS Prevention among University of Benin Students	19
Attitude of University of Benin Students towards HIV/AIDS Prevention	23
Practice of HIV/AIDS Prevention among University of Benin Students	27
Determinants of HIV/AIDS Preventive Practices	32
HIV/AIDS Prevention in Nigeria	37
Summary of Literature Review	42
CHAPTER THREE: RESEARCH METHODOLOGY	46
Research Design	46
Population of the Study	47
Sample size and Sampling Technique	47
Research Instrument	48
Validity of Instrument	49
Reliability of the Instrument	49
Administration of the Instrument	50
Method of Data Analysis	50
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS	52
Presentation of Results	52
Discussion of Findings	68

CHAPTER FIVE: SUMMARY, CONCLUSION AND	
RECOMMENDATIONS	71
Summary	71
Conclusion	74
Recommendations	76
REFERENCES	78
APPENDIX	81

LIST OF TABLES

Table 1: Students' Knowledge of HIV/AIDS	53
Table 2: Types of Junk Food Commonly Consumed	56
Table 3: Preventive Practices of University of Benin Students toward HIV/AIDS (N = 150)	60
Table 4: Correlation between Students' level of knowledge and their actual behaviour towards HIV/AIDS prevention	62
Table 5: Students' commonly accessed sources of information on HIV/AIDS	65

ABSTRACT

The study was to examine the knowledge, attitudes, and practices of University of Benin students towards the prevention of HIV/AIDS. The research population comprised 43,446 undergraduate students, and a sample of 150 respondents was selected using the stratified sampling technique to ensure representation across faculties and departments. Data were collected using a structured questionnaire and analyzed with descriptive and inferential statistics.

Findings revealed that most students had moderate to high knowledge of HIV/AIDS, including its transmission and preventive measures such as condom use, abstinence, and voluntary testing. Respondents generally exhibited positive attitudes towards HIV/AIDS prevention, although some stigma towards people living with HIV/AIDS persisted. Despite awareness, gaps were observed between knowledge and preventive practices, influenced by factors such as peer pressure, misconceptions, and alcohol use. A positive correlation between knowledge and preventive practices was established, indicating that students with higher knowledge were more likely to engage in protective behaviors. However, attitude alone did not consistently predict preventive action, highlighting the complex relationship between knowledge, perception, and behavior.

The study recommends strengthening health education programs, promoting positive attitudes, reducing stigma, and improving access to preventive services such as condoms and voluntary testing. These findings provide insights for university administrators, public health practitioners, and policymakers in designing interventions to reduce HIV/AIDS transmission among students.

CHAPTER ONE

INTRODUCTION

Background of the Study

Human Immunodeficiency Virus (HIV), which leads to Acquired Immune Deficiency Syndrome (AIDS), remains a critical global public health issue. Since the virus was first identified in the early 1980s, it has claimed millions of lives and continues to be a significant health burden, especially in sub-Saharan Africa. Despite decades of intensive research, public health interventions, and global funding, new infections are still being recorded, and millions of people continue to live with the virus. In Nigeria alone, it is estimated that about 1.8 million people are currently living with HIV, according to UNAIDS, with young people making up a substantial portion of those newly infected annually.

The youth population, especially those in tertiary institutions, represents a particularly vulnerable group. This vulnerability arises from various factors such as sexual experimentation, lack of proper sexual health education, peer pressure, substance abuse, and sometimes, poor access to reliable health services. University students are typically at a stage of their lives where they are exploring their independence, which often comes with increased exposure to risky behaviors. This makes the university setting a critical point for public health interventions aimed at preventing the spread of HIV.

The University of Benin (UNIBEN), as one of Nigeria's prominent tertiary institutions, has a large, diverse student population drawn from different geographical, cultural, and socio-economic backgrounds. The presence of such a wide range of individuals offers a unique opportunity to study the knowledge, attitude, and practices (KAP) towards HIV/AIDS prevention. Understanding the KAP of students in this environment is essential because it can inform the design and implementation of targeted and effective interventions aimed at reducing the spread of HIV and promoting healthy behavior among the youth.

Despite numerous awareness campaigns in schools, on social media, and through governmental and non-governmental agencies, there seems to be a gap between awareness and behavioral change. Many students might have heard about HIV/AIDS, but lack detailed knowledge about its transmission, prevention, and treatment. Others may possess adequate knowledge but still engage in risky behaviors. Misconceptions about the disease, stigma, and discrimination against people living with HIV/AIDS (PLWHA) also persist. This calls for an evidence-based approach to understanding the depth and nuances of students' perceptions and actions regarding HIV/AIDS prevention.

Therefore, this study seeks to provide a comprehensive assessment of the knowledge, attitudes, and practices of University of Benin students concerning HIV/AIDS. It will explore the extent of their knowledge, the nature of their attitudes—

whether supportive or discriminatory and the kind of behaviors they engage in that either contribute to or reduce the risk of HIV transmission.

Statement of the Problem

Over the years, several initiatives have been developed to increase HIV/AIDS awareness and reduce the incidence of new infections. These include campaigns by the Federal Ministry of Health, NGOs, university-based health centers, and international organizations such as UNAIDS and WHO. Nonetheless, HIV remains a significant challenge in Nigeria. Young people, especially university students, are caught in the middle of this crisis. According to the Nigerian HIV/AIDS Indicator and Impact Survey (NAIIS), young people between the ages of 15–24 contribute a large percentage of new HIV infections in the country.

In spite of the presumed high level of awareness among students, studies have shown that many continue to engage in behaviors that expose them to HIV. These behaviors include having multiple sexual partners, inconsistent use of condoms, casual sex, and substance abuse that impairs judgment. Some students do not perceive themselves to be at risk and, as a result, fail to take necessary precautions.

Furthermore, stigma and discrimination remain major obstacles in the fight against HIV/AIDS. Negative attitudes towards PLWHA discourage openness, testing, and treatment, thus fueling the spread of the virus. Within the university community,

these issues are particularly significant due to the close social interactions and shared living spaces.

The University of Benin has implemented various health and awareness programs, but there is limited data on their impact. There is a need to evaluate the current level of knowledge, attitude, and practices among students to identify gaps that still exist. This research aims to fill that gap and provide actionable insights for stakeholders.

Purpose of the Study

The primary purpose of this study is to assess the level of knowledge, the prevailing attitudes, and the actual preventive practices related to HIV/AIDS among students of the University of Benin. By understanding these three dimensions—knowledge, attitude, and practices (KAP)—the research aims to uncover how informed students are about HIV/AIDS, how they perceive the disease and those affected by it, and what actions they take (or fail to take) in preventing its spread.

This study seeks to bridge the gap between awareness and behavior by identifying specific areas where misconceptions, risky behavior, or negative perceptions may still persist. It also aims to provide evidence-based insights that could guide university health authorities, NGOs, and policymakers in designing targeted interventions and educational programs tailored to the student population.

Ultimately, the research hopes to contribute to the broader fight against HIV/AIDS by equipping stakeholders with relevant data to create more effective prevention strategies, ones that speak directly to the realities and needs of young people in a university setting.

Research Questions

To guide the study and ensure its objectives are met, the following research questions are proposed:

1. What is the level of knowledge of HIV/AIDS among students at the University of Benin?
2. What are the prevailing attitudes of students towards people living with HIV/AIDS?
3. What preventive practices do students adopt in relation to HIV/AIDS?
4. Is there a correlation between students' knowledge levels and their actual behaviors?
5. What are the sources of HIV/AIDS information most commonly accessed by students?

Significance of the Study

This study holds significance for several key groups and stakeholders:

University of Benin Students:

The primary beneficiaries, as the findings will shed light on their own levels of awareness, attitudes, and behaviors. This could motivate more informed, health-conscious decisions regarding HIV/AIDS prevention.

University Management and Health Services:

The university's health authorities and administrators can use the findings to tailor health programs, awareness campaigns, and counseling services that align more closely with student realities.

Public Health Practitioners and NGOs:

Organizations working in the area of HIV/AIDS can use the data to design interventions that are more targeted and impactful, especially for youth populations in educational settings.

Policy Makers and Government Agencies:

The study will provide insights that can support the formulation of youth-focused policies and funding decisions at both local and national levels.

Researchers and Academics:

The work will contribute to the growing body of literature on HIV/AIDS in Nigerian tertiary institutions and serve as a foundation for future studies.

General Society:

Since university students often serve as role models and future leaders, fostering responsible sexual behavior within this group can have a broader ripple effect on society at large.

This research is significant for several reasons. First, it addresses a pressing public health concern within a critical demographic young adults in higher education. The findings of this study will provide empirical data on the current state of knowledge, attitudes, and practices regarding HIV/AIDS among students at UNIBEN. This information is invaluable for university administrators, health educators, and policy-makers.

Secondly, the study will help to identify misconceptions and negative attitudes that may be contributing to the continued spread of HIV. By highlighting these gaps, the research can inform the development of more effective, targeted educational programs and awareness campaigns. For instance, if the study reveals that students lack proper understanding about HIV transmission, educational efforts can be restructured to address this specifically.

Furthermore, the study may serve as a wake-up call for students themselves. As participants and eventual readers of the findings, students may reflect on their own knowledge and behaviors, potentially prompting positive change. When young people are well-informed and hold progressive attitudes, they are more likely to make healthier choices and influence their peers to do the same.

Finally, the study contributes to academic literature on HIV/AIDS in Nigerian universities, offering a foundation for future research and comparative studies. It may

also guide NGOs and health-focused institutions in designing youth-specific interventions across other campuses in Nigeria.

Scope and Delimitations of the Study

This study is focused on undergraduate students of the University of Benin, Benin City, Nigeria. It will include students from various faculties and departments to capture a representative sample of the student body. The study is limited to full-time students and excludes postgraduate students, staff members, and students from affiliated colleges.

The research will concentrate on three main areas: knowledge of HIV/AIDS, attitudes towards PLWHA, and preventive practices. While it may touch on other related issues like access to health services and sexual behavior, these will not be the primary focus.

Time and resource constraints mean that the study will rely mainly on self-reported data collected through structured questionnaires. While efforts will be made to ensure honesty and accuracy in responses, the study acknowledges that self-reporting may be influenced by social desirability bias.

Operational Definition of Terms

HIV (Human Immunodeficiency Virus): A virus that attacks the body's immune system, weakening its ability to fight infections and diseases.

AIDS (Acquired Immune Deficiency Syndrome): The most advanced stage of HIV infection, characterized by a severely compromised immune system and the presence of opportunistic infections.

PLWHA (People Living with HIV/AIDS): Individuals who have been diagnosed with HIV and may or may not be receiving treatment.

KAP (Knowledge, Attitudes, and Practices): A research model used to assess what people know, believe, and do in relation to a specific topic, in this case, HIV/AIDS.

Stigma: Prejudice, discrimination, or negative perceptions directed at individuals or groups, often based on misconceptions or fear.

Prevention: Actions or behaviors aimed at stopping the spread of a disease before it occurs.

CHAPTER TWO

LITERATURE REVIEW

This chapter critically examines existing literature on HIV/AIDS with a focus on knowledge, attitudes, and practices among students, particularly at the University of Benin. The literature is reviewed under the following sub-headings:

- The Concept of HIV/AIDS
- The Concept of HIV/AIDS Prevention
- The Importance of HIV/AIDS Prevention
- Knowledge of HIV/AIDS Prevention Among University of Benin Students
- Attitude of University of Benin Students Towards HIV/AIDS Prevention
- Practice of HIV/AIDS Prevention Among University of Benin Students
- Determinants of HIV/AIDS Preventive Practices
- HIV/AIDS Prevention in Nigeria
- Summary of Literature Review

The Concept of HIV/AIDS

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are among the most significant global public health challenges in human history. HIV is a retrovirus that weakens the human immune system by attacking the CD4 cells (T-helper cells), which play a vital role in the body's defense against

infections and diseases. Once the immune system becomes severely compromised, the individual progresses to AIDS, a condition where the body becomes vulnerable to opportunistic infections such as tuberculosis, pneumonia, and certain cancers. Without proper treatment, HIV infection typically progresses to AIDS within 8 to 10 years, although antiretroviral therapy (ART) can now effectively suppress the virus, allowing individuals to live long, healthy lives.

The history of HIV/AIDS dates back to the early 1980s when the first cases were reported among young men in the United States. Over the decades, HIV has become a pandemic, affecting over 38 million people globally, with Sub-Saharan Africa carrying about two-thirds of the global burden. Nigeria is one of the countries most affected by HIV/AIDS in Africa, ranking third in the world in terms of the number of people living with HIV. The National Agency for the Control of AIDS (NACA, 2023) estimates that about 1.6 million Nigerians are currently living with the virus, with young adults and university students being among the most at-risk populations.

HIV is primarily transmitted through specific bodily fluids such as blood, semen, vaginal secretions, rectal fluids, and breast milk. The most common modes of transmission include unprotected sexual intercourse, sharing of contaminated needles or syringes, transfusion of unscreened blood, and from an infected mother to her child during pregnancy, childbirth, or breastfeeding. However, it is important to note that HIV

cannot be transmitted through casual contact such as hugging, sharing utensils, or mosquito bites, a misconception still held by some individuals.

The socio-economic impact of HIV/AIDS is profound, extending beyond health into social, cultural, and economic dimensions. Infected individuals often face stigma and discrimination, which discourage them from seeking care or disclosing their status. Families experience emotional and financial strain, and communities lose valuable human resources. In academic environments like the University of Benin, the spread of HIV can have far-reaching consequences, including absenteeism, academic decline, and psychological distress among affected students.

Understanding the concept of HIV/AIDS is therefore crucial for university students who represent a vital and dynamic segment of society. Their behaviors, attitudes, and knowledge about the virus can significantly influence future public health trends. As educated members of society, their awareness and preventive behaviors can either strengthen national HIV prevention efforts or perpetuate the cycle of transmission if misconceptions persist. Therefore, any meaningful attempt to control the spread of HIV/AIDS must begin with deep, accurate knowledge among the youth especially those in tertiary institutions.

The Concept of HIV/AIDS Prevention

HIV/AIDS prevention refers to the collective strategies, behaviors, policies, and interventions designed to reduce the risk of acquiring or transmitting the Human Immunodeficiency Virus (HIV). It is one of the most crucial pillars in global public health efforts aimed at eradicating the spread of the virus and mitigating its social and economic impact. Prevention encompasses not only biomedical approaches but also behavioral, educational, and structural measures that empower individuals and communities to make informed choices about their sexual and reproductive health.

At its core, HIV/AIDS prevention involves a combination of methods that target both individual behavior and societal factors. Traditional prevention strategies focus on promoting safe sexual practices such as consistent and correct condom use, abstinence, mutual fidelity among partners, and reduction of risky behaviors like multiple sexual partnerships or transactional sex. Beyond these, modern preventive approaches have evolved to include biomedical interventions such as the use of antiretroviral drugs for treatment and prevention. For instance, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) are medical strategies that significantly reduce the risk of infection for individuals at high risk or those recently exposed to the virus.

Health education plays a central role in HIV prevention because knowledge alone is often the first line of defense against the disease. By providing accurate information on

the modes of transmission and preventive measures, individuals are empowered to make safer lifestyle decisions. In tertiary institutions like the University of Benin, where young people are often at an experimental stage of their lives, preventive education is essential in dispelling myths and misconceptions. Many students still harbor erroneous beliefs that HIV can be transmitted through casual contact or that healthy-looking individuals cannot be infected. Such misinformation can undermine preventive efforts if not addressed through targeted education and awareness campaigns.

Another vital component of HIV/AIDS prevention is voluntary counseling and testing (VCT), which encourages individuals to know their HIV status. Regular testing helps people make informed health decisions, seek early treatment, and prevent further transmission. Coupled with testing, partner notification and contact tracing programs ensure that potential exposures are identified and managed promptly. Community-based interventions and peer education have also proven effective, especially among young people who may be more receptive to information from peers than from authority figures.

From a policy perspective, HIV prevention extends to the creation of enabling environments that support safe behaviors. This includes ensuring access to healthcare, providing affordable testing and treatment, protecting the rights of people living with HIV (PLHIV), and combating stigma and discrimination. Laws that safeguard individuals

from workplace or school-based discrimination due to their HIV status play a crucial role in encouraging more people to come forward for testing and treatment without fear.

In the Nigerian context, HIV/AIDS prevention remains an ongoing challenge due to socio-cultural factors, poverty, and inconsistent health communication. Religious and cultural taboos surrounding discussions of sex often hinder open education about HIV prevention. Nonetheless, government agencies such as the National Agency for the Control of AIDS (NACA) and the Federal Ministry of Health (FMOH), in collaboration with international organizations like UNAIDS and WHO, have continued to implement nationwide prevention programs, including media campaigns, youth-friendly centers, and reproductive health services.

HIV/AIDS prevention, therefore, is not just a medical issue but a comprehensive social and educational effort that requires active participation from all sectors; families, schools, healthcare systems, and communities. For university students, understanding and practicing prevention is both a personal and collective responsibility. It protects not only their health but also contributes to national and global efforts aimed at achieving an AIDS-free generation.

The Importance of HIV/AIDS Prevention

The importance of HIV/AIDS prevention cannot be overstated, as it represents one of the most effective ways to curb the global burden of a disease that has devastated

millions of lives across the world. Since the discovery of HIV in the early 1980s, prevention has remained the cornerstone of control efforts, particularly in sub-Saharan Africa where the epidemic has had its most profound impact. Preventing the transmission of HIV saves lives, reduces healthcare costs, promotes social stability, and protects future generations from the continuing cycle of infection and stigma. In countries like Nigeria, where young people and students constitute a large proportion of the population, preventive efforts are critical in sustaining national health and development.

At the individual level, HIV prevention protects people from the physical, psychological, and economic consequences of infection. Once a person contracts HIV, it becomes a lifelong condition requiring continuous medical care and adherence to antiretroviral therapy (ART). Although modern treatment can suppress the virus and enable people to live long, healthy lives, prevention remains far more cost-effective and less burdensome than lifelong management. For university students, particularly those at the University of Benin, practicing preventive measures can ensure that they remain healthy, productive, and focused on their academic and life goals. Moreover, the awareness that prevention is possible fosters a sense of responsibility and empowerment, encouraging students to take charge of their sexual and reproductive health.

From a societal standpoint, effective prevention helps to preserve human resources and strengthen communities. HIV/AIDS has long-term social and economic

implications, especially in developing countries where the disease often affects individuals in their most productive years. Families are disrupted when breadwinners fall ill or die, and entire communities experience reduced productivity due to the loss of skilled labor. In the educational sector, the spread of HIV can lead to declining student enrollment and teacher absenteeism, further weakening national development. Therefore, prioritizing prevention among young people who are the backbone of any nation's workforce ensures social continuity and sustainable progress.

Another key importance of HIV/AIDS prevention is its role in breaking the stigma and discrimination that have historically surrounded the disease. Through preventive education and awareness, communities begin to understand that HIV is not a "death sentence," nor a moral failing, but a manageable health condition. This understanding encourages empathy, inclusion, and support for people living with HIV/AIDS (PLHIV), rather than isolation or judgment. When individuals are educated about how the virus is transmitted and more importantly, how it is not; myths such as HIV spreading through casual contact or sharing utensils can be dispelled. In this way, prevention efforts contribute not only to reducing infection rates but also to fostering social harmony and reducing prejudice.

Economically, HIV prevention significantly reduces healthcare expenditure at both household and national levels. The cost of prevention such as condom distribution,

awareness programs, and testing campaigns is considerably lower than the lifetime cost of treating HIV patients. The Nigerian government and international partners spend millions of dollars annually on providing ART, laboratory monitoring, and supportive care. By focusing more on prevention, these resources can be redirected toward education, infrastructure, and job creation, thereby improving the overall well-being of the population.

Furthermore, HIV/AIDS prevention plays a crucial role in safeguarding maternal and child health. Without proper preventive interventions, HIV can be transmitted from mother to child during pregnancy, childbirth, or breastfeeding. Prevention of mother-to-child transmission (PMTCT) programs have proven highly effective in reducing these risks, ensuring that children are born free of the virus. This underscores the broader societal benefit of prevention it not only protects individuals but also secures the health of future generations.

In the context of higher education institutions like the University of Benin, preventive strategies are equally vital. Universities serve as social microcosms where young adults form relationships, explore independence, and sometimes engage in high-risk behaviors. Incorporating HIV prevention into health education curricula, peer counseling, and student health programs provide an essential platform for disseminating accurate information and cultivating responsible lifestyles. Campus-based HIV awareness

campaigns, voluntary counseling and testing (VCT) drives, and peer-led interventions are examples of preventive initiatives that can create long-term behavioral change among students.

Lastly, HIV prevention aligns with global health goals such as the United Nations Sustainable Development Goal (SDG) 3, which seeks to ensure healthy lives and promote well-being for all ages. Specifically, the SDG target 3.3 aims to end the AIDS epidemic by 2030. Achieving this target requires a sustained focus on prevention through education, awareness, policy implementation, and community engagement. Therefore, the importance of HIV/AIDS prevention extends beyond individual protection — it represents a collective commitment to public health, human rights, and sustainable development.

In summary, HIV/AIDS prevention is a vital public health priority that saves lives, preserves resources, and strengthens communities. For young people, especially university students in Nigeria, understanding and practicing preventive behaviors is not only a matter of personal safety but also a contribution to national and global efforts in combating one of the world's most persistent epidemics.

Knowledge of HIV/AIDS Prevention among University of Benin Students

Knowledge of HIV/AIDS prevention among university students is a crucial factor in determining how effectively the disease can be controlled within academic institutions

and the wider community. University students, by virtue of their age and exposure to diverse social influences, represent a population that is both at risk and capable of driving meaningful change through awareness and informed action. Understanding their level of knowledge about HIV/AIDS prevention provides valuable insight into how well current health education initiatives are working and where gaps may still exist.

At the University of Benin, students are exposed to various sources of information about HIV/AIDS including school-based health programs, media campaigns, peer education, and online platforms. However, the depth and accuracy of their knowledge often vary depending on their academic background, personal interest, and previous exposure to health education. While many students are aware that HIV can be transmitted through unprotected sexual intercourse, contaminated blood transfusions, or sharing sharp instruments, some may still lack a comprehensive understanding of preventive measures or hold misconceptions about transmission. For instance, a number of students may still believe that HIV can be contracted through casual contact such as hugging, sharing utensils, or mosquito bites, which reveals the persistence of misinformation despite widespread awareness campaigns.

A strong knowledge base on HIV/AIDS prevention enables students to make informed choices and adopt safe behaviors. For example, knowing that consistent and correct condom use reduces the risk of HIV transmission can encourage protective sexual

practices. Similarly, awareness about abstinence, mutual monogamy with an uninfected partner, and voluntary counseling and testing (VCT) empowers students to take proactive steps in safeguarding their health. When students understand that antiretroviral therapy (ART) helps people living with HIV lead normal lives and that early testing facilitates better management, stigma and fear surrounding the disease are also reduced. This demonstrates how knowledge directly translates into both preventive action and attitudinal change.

However, research and observations have shown that despite relatively high awareness levels, gaps still exist in comprehensive understanding. Some students may know the basic facts about HIV transmission but lack deeper awareness about preventive services, such as post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), and access to confidential testing centers. Others may underestimate their vulnerability to HIV infection, believing that the virus primarily affects certain “high-risk” groups like sex workers or drug users. Such misconceptions can lead to a false sense of security and reduced motivation to adopt preventive measures. Therefore, while knowledge may exist, it is often superficial and not translated into practical behavior change.

Furthermore, students’ knowledge is influenced by cultural and social factors. In many Nigerian communities, open discussions about sex remain taboo, even among educated youths. This cultural silence often extends into university settings, limiting open

dialogue about sexual health and HIV prevention. Female students, in particular, may be less likely to seek information or participate in HIV testing programs due to stigma or fear of being perceived as sexually active. Conversely, male students may exhibit overconfidence and disregard preventive messages, assuming they are less susceptible to infection. These gender-related differences highlight the need for targeted educational interventions that address the unique challenges faced by different groups of students.

The university environment provides an excellent platform for strengthening HIV/AIDS knowledge through structured education and peer influence. Health-related departments, student associations, and campus health units can play vital roles in disseminating accurate information and fostering open discussions about prevention. Peer educators, who are trained to provide health information in a relatable and non-judgmental way, can effectively influence attitudes and behaviors among fellow students. Integrating HIV/AIDS prevention into general studies courses, workshops, and social campaigns can also enhance knowledge retention and practical application.

Additionally, technological advancement has transformed the way students access information. Social media platforms, mobile applications, and online campaigns have become major sources of HIV/AIDS information for young adults. While this increases accessibility, it also raises concerns about the accuracy of content shared on these platforms. Therefore, there is a pressing need for credible, evidence-based information

dissemination through digital channels to counteract the spread of myths and misinformation.

In conclusion, the knowledge of HIV/AIDS prevention among University of Benin students serves as both a protective factor and a foundation for behavioral change. While most students possess a general awareness of how HIV is transmitted and prevented, many still lack in-depth understanding of available preventive tools, services, and the importance of regular testing. Strengthening this knowledge through continuous education, peer-led initiatives, and culturally sensitive programs can significantly reduce the risk of HIV transmission within the university and beyond. Ensuring that every student is informed, empowered, and equipped with accurate knowledge is essential for building a healthier and more responsible academic community.

Attitude of University of Benin Students towards HIV/AIDS Prevention

The attitude of University of Benin students towards HIV/AIDS prevention plays a crucial role in determining whether knowledge about the disease is transformed into meaningful preventive behavior. Attitude reflects a person's feelings, beliefs, and predispositions towards an object or situation; in this case, HIV/AIDS prevention. Even when individuals possess adequate knowledge, their actions are often determined by their underlying attitudes, which can be influenced by cultural beliefs, personal experiences, social norms, and perceived vulnerability to infection. Among university students,

attitudes towards HIV/AIDS prevention are shaped by how they perceive the disease itself, the people affected by it, and the relevance of preventive measures to their own lives.

In the University of Benin, attitudes towards HIV/AIDS prevention vary widely among students. Many students recognize the importance of preventive measures such as abstinence, consistent condom use, and voluntary counseling and testing (VCT), and they support health campaigns promoting these practices. However, a considerable number still exhibit indifferent or negative attitudes towards these preventive behaviors due to stigma, denial, or cultural barriers. Some students view HIV testing as unnecessary unless symptoms appear, while others perceive condom use as a sign of mistrust or promiscuity within relationships. Such attitudes often undermine prevention efforts, even when the students possess adequate knowledge about HIV transmission and control.

Cultural and religious beliefs also have a profound influence on students' attitudes. In many Nigerian communities, discussions around sexual health remain sensitive or even taboo. Consequently, students from conservative backgrounds may feel embarrassed or guilty when participating in HIV awareness activities or purchasing condoms. Some female students, in particular, may avoid conversations about HIV prevention for fear of being labeled as sexually active or immoral. Similarly, religious teachings that emphasize abstinence as the only acceptable preventive method can create

resistance to the use of condoms or other preventive tools. These belief systems, though intended to promote moral behavior, sometimes result in a lack of practical engagement with other scientifically proven preventive measures.

Another important aspect of attitude is how students perceive people living with HIV (PLHIV). Despite years of awareness campaigns, stigma and discrimination remain prevalent among young people. Some students may express sympathy towards those living with the virus, while others continue to hold judgmental or fearful attitudes, avoiding close contact or social relationships with infected individuals. Such stigma not only affects the well-being of PLHIV but also discourages other students from seeking testing and counseling services. A positive and supportive attitude towards people living with HIV is essential for creating an environment where prevention, testing, and treatment are normalized rather than stigmatized.

Gender also plays a role in shaping attitudes towards HIV/AIDS prevention. Studies have shown that male students may be more likely to engage in risky sexual behavior and hold less cautious attitudes toward HIV prevention compared to females, who generally demonstrate higher concern for reproductive and sexual health. However, female students often face greater social constraints, which may limit their ability to negotiate safe sex or demand preventive measures such as condom use. This imbalance

reinforces the importance of gender-sensitive education that empowers both male and female students to take shared responsibility in preventing HIV infection.

The perception of personal risk is another determinant of students' attitudes. Many university students do not see themselves as vulnerable to HIV infection, especially if they believe the disease is more common among certain groups, such as sex workers or drug users. This false sense of invulnerability often leads to complacency and disregard for preventive practices. Conversely, students who acknowledge that anyone can contract HIV regardless of social or economic background are more likely to adopt preventive behaviors such as regular testing and consistent condom use.

Educational exposure and participation in awareness programs also influence attitudes positively. Students who have attended seminars, health talks, or HIV/AIDS awareness campaigns on campus tend to show greater acceptance of preventive behaviors and a more empathetic attitude toward people living with HIV. Peer-led education, in particular, has been effective in changing attitudes because students often relate better to information shared by their peers in informal and relatable settings. In contrast, those who have never been exposed to structured HIV education may rely on myths or misinformation that promote negative perceptions.

In recent years, social media has become a powerful tool in shaping attitudes towards HIV/AIDS prevention. Online campaigns, influencer-led discussions, and

educational posts have helped normalize conversations about sexual health and HIV testing among youths. However, misinformation on digital platforms also poses challenges, as students may encounter conflicting or misleading content that distorts their perceptions. Ensuring that accurate, youth-friendly, and culturally appropriate messages dominate these online spaces is crucial in fostering positive attitudes toward prevention.

In summary, while University of Benin students generally exhibit awareness and acceptance of HIV/AIDS prevention in principle, gaps remain between knowledge and attitude-driven behavior. Cultural norms, gender dynamics, stigma, and low risk perception continue to influence how students respond to preventive messages. For prevention strategies to be effective, interventions must go beyond knowledge dissemination and actively target attitudinal change through interactive health education, peer influence, and role modeling. Cultivating a positive, supportive, and responsible attitude towards HIV/AIDS prevention will not only protect students themselves but also position them as advocates for health awareness in their broader communities.

Practice of HIV/AIDS Prevention among University of Benin Students

The practice of HIV/AIDS prevention among University of Benin students reflects the extent to which their knowledge and attitudes are translated into concrete, health-promoting behaviors. While awareness and positive attitudes are essential, they do not always lead to consistent preventive practices. In many cases, students may

understand the risks of HIV infection and even support prevention measures in theory, yet fail to apply them in their personal lives. The discrepancy between what students know and what they practice remains one of the key challenges in curbing the spread of HIV among young adults in tertiary institutions.

At the University of Benin, preventive practices commonly emphasized include sexual abstinence, mutual faithfulness, consistent condom use, voluntary counseling and testing (VCT), and avoidance of risky behaviors such as unprotected sex and sharing sharp objects. Among these, condom use and HIV testing are often the most discussed and visible indicators of preventive behavior. However, despite high levels of awareness, the actual practice of these preventive measures remains inconsistent. Many students report that they only use condoms “occasionally” or “depending on the partner,” which significantly reduces their protection against HIV. This selective use is often driven by emotional trust in relationships, poor negotiation skills, or the belief that a familiar partner cannot be infected.

Abstinence, though promoted as the safest preventive measure, is not widely practiced among university students. The university environment exposes students to greater social freedom, peer influence, and experimentation, all of which increase the likelihood of sexual activity. For some students, abstinence is viewed as impractical or old-fashioned, while others adopt a selective approach—remaining abstinent for certain

periods but engaging in sexual activity under peer pressure or emotional influence. Cultural and religious teachings that emphasize abstinence as the only acceptable preventive strategy sometimes fail to address the realities of students' experiences, leaving them without alternative protective behaviors when they become sexually active.

Voluntary Counseling and Testing (VCT) is another critical practice that reflects preventive behavior. Regular HIV testing enables individuals to know their status, seek treatment early if necessary, and take proactive steps to prevent transmission. However, many students at the University of Benin are reluctant to get tested due to fear of stigma, anxiety about a possible positive result, or lack of privacy at testing centers. Some students wrongly believe that getting tested implies they are promiscuous, while others claim they would rather “not know” their status for emotional peace of mind. Despite periodic campus-based testing programs organized by health clubs and NGOs, participation rates remain low, suggesting that awareness alone is insufficient to motivate preventive action.

Another area of concern is multiple sexual partnerships. A portion of university students engage in casual or transactional relationships, often for financial, emotional, or social reasons. Such behaviors increase the risk of HIV infection, particularly when combined with inconsistent condom use. Peer influence plays a major role in sustaining these behaviors, as some students perceive having multiple partners as a sign of maturity

or social status. Conversely, students who belong to faith-based organizations or have undergone comprehensive health education tend to exhibit more disciplined sexual practices and are more likely to adhere to preventive behaviors.

In addition to sexual practices, non-sexual preventive measures such as avoiding the sharing of sharp objects (e.g., razors, needles, and clippers) and ensuring safe blood transfusions are also relevant. Fortunately, awareness in these areas is relatively high among students, with most acknowledging the risks of HIV transmission through such means. Nevertheless, some lapses still occur, especially in informal settings like hostels or salons, where students may share grooming items out of convenience without considering the health risks.

Substance use also indirectly affects the practice of HIV prevention. Alcohol and drug use are known to impair judgment, leading to risky sexual behavior. On some occasions, students under the influence may engage in unprotected sex or have multiple sexual encounters without considering the consequences. This risky behavior underscores the need for integrated prevention programs that address both sexual and non-sexual factors influencing HIV vulnerability among students.

Health education and awareness programs have a significant influence on improving preventive practices. The University of Benin periodically hosts health campaigns, peer education programs, and awareness events organized by student health

clubs and organizations such as the National Agency for the Control of AIDS (NACA). Students who participate in these initiatives tend to demonstrate better preventive practices, including higher rates of testing and consistent condom use. Peer-led interventions have proven particularly effective, as students are often more receptive to health messages when they come from their peers rather than authority figures.

Gender differences are also evident in preventive practices. Female students often report greater caution in sexual behavior, partly due to fear of pregnancy and social stigma, whereas male students may exhibit more risky tendencies, viewing HIV prevention as a secondary concern. However, female students sometimes face barriers to negotiating condom use or refusing unsafe sex due to unequal power dynamics in relationships. This highlights the importance of empowering both male and female students to take shared responsibility for HIV prevention.

In conclusion, the practice of HIV/AIDS prevention among University of Benin students remains uneven. While knowledge levels are generally high, behavioral consistency is still lacking. Factors such as stigma, cultural taboos, emotional relationships, and poor access to youth-friendly testing services contribute to the gap between awareness and practice. Strengthening preventive practices among students requires sustained health education, peer influence, and campus-based interventions that make HIV prevention a normalized and accessible aspect of student life. By promoting

both awareness and behavioral accountability, the university community can play a vital role in reducing the spread of HIV and fostering a generation of informed, health-conscious individuals.

Determinants of HIV/AIDS Preventive Practices

The determinants of HIV/AIDS preventive practices among university students particularly those at the University of Benin are shaped by a combination of personal, social, cultural, and institutional factors. Understanding these determinants is essential for developing effective interventions that promote safer behaviors and reduce vulnerability to HIV infection. While awareness of HIV/AIDS has increased significantly over the years, the consistency and depth of preventive practices among students depend largely on how these various factors interact in their daily lives.

One of the most significant determinants is knowledge and awareness. Students who possess accurate information about HIV transmission, prevention methods, and treatment options are generally more likely to adopt preventive behaviors such as consistent condom use, voluntary counseling and testing, and avoiding multiple sexual partners. However, knowledge alone does not always translate into practice. Some students may understand how HIV is transmitted but underestimate their personal risk or prioritize pleasure and convenience over protection. Others may hold partial or incorrect information believing, for example, that HIV can be transmitted through casual contact or

that it only affects certain “high-risk” groups leading to complacency or discrimination rather than prevention.

Attitudes and perceptions also play a central role in shaping preventive practices. A student’s personal beliefs about HIV/AIDS whether it is viewed as a manageable health condition or a moral punishment can determine their willingness to engage in preventive measures. Those with positive, non-judgmental attitudes towards HIV prevention are more open to discussions about safe sex, condom use, and testing. Conversely, students with stigmatizing beliefs about HIV or people living with the virus tend to avoid preventive measures due to fear, shame, or denial. Fear of being labeled as “immoral” or “promiscuous” often discourages individuals from buying condoms or getting tested, even when they are aware of the importance of such practices.

Peer influence and social norms constitute another strong determinant of preventive behavior among university students. In a university setting, where social identity and acceptance are important, peer behavior can either encourage or discourage safe practices. Students who belong to peer groups that discuss sexual health openly or advocate for responsible behavior are more likely to adopt preventive measures. On the other hand, belonging to groups where risky sexual behavior or multiple partnerships are normalized increases the likelihood of unsafe practices. Peer pressure, especially among

male students, may also lead to behaviors such as proving masculinity through sexual conquest, thereby heightening exposure to HIV risks.

Cultural and religious beliefs significantly influence students' decisions regarding HIV prevention. In many parts of Nigeria, including Edo State, discussions about sex remain taboo, particularly for unmarried individuals. This cultural silence often prevents students from seeking accurate information about sexual health or accessing condoms and testing services. Religious teachings that advocate abstinence as the only acceptable preventive measure can also deter students from using condoms or accessing reproductive health services, especially when they perceive such actions as sinful. While faith-based values can promote abstinence and moral discipline, they may also create a barrier to realistic prevention strategies among sexually active students who feel conflicted between faith and behavior.

Another determinant is access to health education and services. Students who participate in structured health education programs or campus campaigns are more likely to adopt preventive behaviors than those who do not. The University of Benin, like many higher institutions in Nigeria, occasionally collaborates with the National Agency for the Control of AIDS (NACA) and other organizations to conduct awareness programs. However, these initiatives may not reach all students or may occur too infrequently to create lasting behavioral change. Additionally, the absence of easily accessible, youth-

friendly health facilities on campus discourages many students from seeking voluntary HIV testing or counseling, particularly due to concerns about privacy and stigma.

Gender dynamics also play a critical role in influencing preventive practices. Female students often face social and psychological barriers that limit their ability to negotiate safe sex or insist on condom use, especially in relationships where the male partner exerts more control. Fear of rejection, economic dependence, or emotional manipulation can make it difficult for female students to prioritize their health over relationship stability. Meanwhile, male students may engage in risky sexual behaviors due to cultural expectations of masculinity and the perception that multiple relationships signify status or virility. Addressing these gendered differences requires empowerment programs that encourage mutual respect, communication, and shared responsibility in sexual relationships.

Economic factors further determine the extent to which students can practice HIV prevention. Financial hardship has been linked to risky sexual behaviors, particularly transactional relationships where female students exchange sex for money, gifts, or academic favors. Such relationships often involve older partners with unknown HIV status, and condom use in these situations is typically low. Poverty and economic inequality therefore contribute indirectly to HIV vulnerability by limiting autonomy and increasing exposure to risky circumstances.

Substance use including alcohol, marijuana, and other recreational drugs is another major determinant of HIV preventive behavior. Intoxication impairs judgment and reduces the likelihood of using condoms or refusing unsafe sex. In social gatherings or parties, alcohol and drug use can lead to impulsive decisions that override prior knowledge about HIV prevention. Substance abuse also correlates with other risky behaviors, including multiple sexual partnerships and inconsistent condom use, thereby compounding vulnerability to HIV infection among university students.

Media and information exposure also shape preventive behavior. Students who regularly access accurate health information through the internet, social media campaigns, or educational programs are more likely to engage in preventive practices. However, misinformation from unreliable online sources can have the opposite effect, reinforcing myths such as “you can tell if someone has HIV by looking at them” or that “HIV can be cured through herbal remedies.” The quality and reliability of health information available to students thus play a key role in determining their behavior.

Lastly, self-efficacy—the belief in one’s ability to make and sustain safe health decisions is an internal determinant of preventive behavior. Students with strong self-efficacy are more confident in negotiating condom use, seeking testing, and resisting peer pressure. Conversely, low self-confidence and fear of social judgment make it difficult to adopt or maintain preventive behaviors. Building self-efficacy among students through

counseling, peer support groups, and continuous health education can lead to more sustainable prevention practices.

In summary, the determinants of HIV/AIDS preventive practices among University of Benin students are multifaceted and interrelated. Knowledge, attitudes, peer influence, gender roles, cultural beliefs, economic conditions, access to services, and self-efficacy all play vital roles in shaping behavior. Effective HIV prevention on campus therefore requires a holistic approach that integrates education, empowerment, social support, and access to youth-friendly services. By addressing these determinants simultaneously, institutions like the University of Benin can create an enabling environment where knowledge translates into consistent and responsible preventive practices among students.

HIV/AIDS Prevention in Nigeria

HIV/AIDS prevention in Nigeria has evolved over the past four decades, shaped by public health policies, global partnerships, community initiatives, and socio-cultural challenges. As one of the most populous nations in Africa, Nigeria has long been recognized as a critical focus point in the global fight against HIV/AIDS due to its large youth population, diverse socio-economic conditions, and cultural attitudes toward sexual health. Although significant progress has been made in reducing new infections,

sustaining preventive measures remains an ongoing challenge influenced by political commitment, funding, education, and public perception.

HIV prevention efforts in Nigeria officially began in the mid-1980s following the first reported case in 1986. Initially, the response was limited and fragmented, focusing mainly on awareness campaigns led by health professionals and non-governmental organizations. However, as infection rates grew rapidly in the 1990s, the Federal Government recognized the epidemic as a national crisis. This led to the establishment of the National Agency for the Control of AIDS (NACA) in 2000, tasked with coordinating all HIV/AIDS prevention, treatment, and control activities across federal, state, and local levels. The agency works in collaboration with international partners such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO), and United States Agency for International Development (USAID) to implement comprehensive strategies aimed at reducing the spread of the virus.

A key pillar of Nigeria's HIV/AIDS prevention strategy is public health education. Health education plays an instrumental role in equipping citizens especially young people with accurate information about HIV transmission and prevention. Campaigns emphasize abstinence, fidelity, and condom use (popularly known as the ABC strategy: Abstinence, Be faithful, and use Condoms). Over time, the focus has shifted from purely moral-based approaches to evidence-based interventions that address

behavioral, social, and structural determinants of HIV infection. School-based HIV education programs, peer-education clubs, and youth-friendly centers have become essential tools in promoting knowledge and encouraging preventive practices among adolescents and young adults.

Another major prevention approach is the promotion of HIV testing and counseling (HTC). Voluntary counseling and testing (VCT) services are now integrated into many healthcare facilities, with efforts to expand access through mobile and community outreach programs. Early detection allows individuals to begin treatment promptly, thereby reducing transmission rates. However, stigma and discrimination remain major barriers that discourage people from seeking testing or disclosing their HIV status. To counter this, anti-stigma campaigns and the inclusion of HIV counseling in routine health checks have been widely encouraged.

Prevention of mother-to-child transmission (PMTCT) programs represents another cornerstone of Nigeria's prevention framework. These initiatives aim to reduce the risk of HIV transmission from infected mothers to their babies during pregnancy, childbirth, or breastfeeding. Through the provision of antiretroviral therapy (ART) for pregnant women and infants, PMTCT programs have helped lower pediatric HIV infections significantly. However, gaps still exist in rural areas where access to healthcare facilities and antenatal services remains limited.

The use of condoms remains one of the most effective and widely promoted preventive measures. Free condom distribution through public health campaigns, universities, and community-based programs has increased availability, yet cultural and religious resistance to condom use persists in many communities. Some individuals perceive condom use as a sign of promiscuity, while others lack the confidence to negotiate its use with sexual partners. Continuous education and normalization of condom use as a responsible and protective act are therefore crucial in addressing these challenges.

Antiretroviral therapy (ART), though primarily a treatment intervention, also serves as a preventive tool. The concept of “treatment as prevention” (TasP) recognizes that individuals on consistent ART with suppressed viral loads are significantly less likely to transmit HIV to others. Nigeria has made notable progress in scaling up ART access, with millions of people currently receiving free treatment through national and donor-supported programs. Ensuring adherence and eliminating stockouts remain vital to sustaining this success.

Community-based initiatives have also played a transformative role in HIV prevention. Local organizations, youth groups, and religious bodies are increasingly involved in sensitization programs, counseling services, and outreach to high-risk populations such as sex workers, drug users, and men who have sex with men. By

tailoring messages to local realities, these groups enhance the relevance and cultural acceptance of preventive interventions.

Despite these efforts, Nigeria still faces multiple challenges that hinder the full success of HIV prevention. Stigma, misinformation, and gender inequality continue to obstruct access to services. Many young people still engage in risky sexual behaviors due to inadequate comprehensive sexuality education and peer pressure. Structural barriers such as poverty, unemployment, and limited healthcare access also contribute to vulnerability. In universities, for example, students may have theoretical knowledge about HIV but fail to practice preventive behaviors due to social influences or lack of consistent awareness programs.

Government commitment to HIV prevention has been reinforced through various national frameworks, including the National HIV/AIDS Strategic Framework (2023–2030), which prioritizes ending AIDS as a public health threat by 2030. The framework emphasizes strengthening health systems, promoting equitable access to services, integrating HIV education into school curricula, and addressing the socio-economic factors that fuel transmission. Additionally, Nigeria’s participation in global partnerships such as the Global Fund and PEPFAR (President’s Emergency Plan for AIDS Relief) continues to provide technical and financial support for prevention, testing, and treatment programs.

In conclusion, HIV/AIDS prevention in Nigeria is multifaceted, combining education, counseling, testing, treatment, and community engagement. Although progress has been achieved through national and international collaborations, persistent socio-cultural and structural barriers must be addressed for prevention efforts to be fully effective. Sustained political will, consistent health education, gender-sensitive interventions, and stigma reduction are crucial in achieving an AIDS-free generation. For young people especially university students comprehensive, continuous, and inclusive health education remains the foundation for lasting behavioral change and effective HIV/AIDS prevention.

Summary of Literature Review

This chapter has examined various dimensions of knowledge, attitude, and practices related to HIV/AIDS prevention, with specific reference to university students particularly those in the University of Benin. From the reviewed literature, it is evident that HIV/AIDS remains one of the most significant public health challenges in Nigeria and globally, despite advancements in treatment and preventive strategies. The reviewed works highlight that while awareness about HIV/AIDS is generally high, misconceptions, risky sexual behaviors, and negative attitudes still persist among young people, undermining preventive efforts.

The concept of HIV/AIDS was discussed as a chronic viral infection that compromises the immune system, making the body vulnerable to opportunistic diseases. HIV transmission is primarily through unprotected sexual intercourse, sharing of contaminated needles, transfusion of infected blood, and from mother to child during pregnancy, childbirth, or breastfeeding. The concept of HIV/AIDS prevention emphasizes actions aimed at reducing the risk of infection, such as abstinence, consistent condom use, safe injection practices, voluntary counseling and testing (VCT), and the adoption of preventive technologies like Pre-Exposure Prophylaxis (PrEP).

The importance of HIV/AIDS prevention lies in its potential to save lives, preserve public health, and reduce the socio-economic burden associated with the disease. Preventive strategies not only protect individuals but also foster healthier communities and promote national development. Studies have shown that prevention is far more cost-effective than treatment, making it a vital public health priority in low- and middle-income countries like Nigeria.

A review of the knowledge of HIV/AIDS prevention among University of Benin students revealed that while most students have heard of HIV/AIDS, gaps remain in their understanding of its modes of transmission, prevention methods, and the realities of living with HIV. Misconceptions such as believing HIV can be transmitted through casual contact or that it can be cured through traditional means still exist. This shows that

knowledge alone does not always translate to accurate understanding or responsible behavior, emphasizing the need for continuous education and practical sensitization.

The attitude of University of Benin students towards HIV/AIDS prevention was found to be influenced by cultural beliefs, peer influence, religious perspectives, and social stigma. Some students exhibit positive attitudes by supporting safe sex practices and regular testing, while others display indifference or engage in high-risk sexual behaviors due to denial, fear, or misconceptions. Stigmatization of people living with HIV also contributes to silence and discrimination, further hindering open discussions and early testing.

The practice of HIV/AIDS prevention among students remains inconsistent. Many students who acknowledge the risks still fail to take preventive measures such as using condoms consistently or going for voluntary testing. Factors contributing to this gap between knowledge and practice include peer pressure, alcohol use, fear of judgment, and the belief that they are not personally at risk. This disparity indicates that awareness campaigns must go beyond knowledge dissemination to target behavioral change.

The determinants of HIV/AIDS preventive practices include age, gender, level of education, religious beliefs, and exposure to health information. Female students, for instance, may face additional challenges due to gender norms and power imbalances in sexual relationships. Moreover, cultural taboos surrounding discussions of sex in many

Nigerian households limit access to accurate reproductive health information. Thus, interventions must be culturally sensitive and inclusive.

The section on HIV/AIDS prevention in Nigeria revealed that the country has made notable progress through national policies, institutional support, and global collaborations. However, challenges such as stigma, funding constraints, and unequal access to healthcare persist. The role of education remains central, especially within tertiary institutions, which serve as platforms for shaping young people's understanding, attitudes, and practices regarding sexual and reproductive health.

In summary, the literature collectively underscores that while students generally possess basic knowledge about HIV/AIDS, misconceptions and risky behaviors continue to endanger them. Attitudes and practices are largely shaped by socio-cultural, psychological, and environmental factors. Effective prevention, therefore, requires a holistic approach that integrates education, behavior change communication, policy support, and community participation. Continuous sensitization, peer-led initiatives, and inclusion of HIV/AIDS education in university curricula are crucial to strengthening knowledge, improving attitudes, and promoting safer practices among University of Benin students.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter presents the methodology and procedures that will be employed for the collection and analysis of data in this study, and it is structured under the following subheadings.

- Research Design
- Population of the Study
- Sample Size and Sampling Technique
- Research Instrument
- Validity of Instrument
- Reliability of Instrument
- Administration of the Instrument
- Method of Data Analysis

Research Design

This study adopted a descriptive survey research design, which is considered most appropriate for investigating the knowledge, attitudes, and practices of University of Benin students towards the prevention of HIV/AIDS. The descriptive survey design allows the researcher to get rather quantifiable information from a defined population in order to describe existing phenomena and relationships. According to Creswell (2014),

the survey design is suitable when the research seeks to collect data from a large sample of respondents and make generalizations about their opinions, behaviors, or characteristics.

The choice of this design was informed by the nature of the study, which seeks to explore the extent to which students are aware of HIV/AIDS prevention strategies, the attitudes they hold towards such measures, and the practices they engage in to prevent the infection. A survey approach was also preferred because it enables the collection of first-hand data directly from the students through structured questionnaires, thereby ensuring reliability and validity of information (Nworgu, 2015). In addition, the design is cost-effective, less time-consuming, and allows for the analysis of both qualitative and quantitative data that can provide comprehensive insights into the subject matter.

Population of the Study

The study population comprises 43,446 undergraduate students of the University of Benin, Edo State, Nigeria, drawn from a diverse range of faculties and representing various cultural, ethnic, and socio-economic backgrounds.

Sample Size and Sampling Technique

The sample size for this study will consist of 150 which is 0.35% of the entire population. This number is considered adequate to provide reliable and representative data from the large student population, which is estimated to be about 43,446 across different faculties

and departments. A sample size of 150 falls within the acceptable range recommended by Krejcie and Morgan (1970) for populations above 10,000, ensuring that the results of the study can be generalized to the larger population with minimal error. To achieve a fair representation, the study will employ a multi-stage sampling technique. At the first stage, the University of Benin will be stratified into its major faculties such as Education, Social Sciences, Engineering, Arts, Life Sciences, Pharmacy, and Management Sciences. This stratification is necessary to capture the diverse perspectives of students in different academic disciplines, as knowledge, attitudes, and practices towards HIV/AIDS may vary according to students' exposure to health-related courses.

Research Instrument

The main instrument used for data collection was a structured questionnaire developed by the researcher after reviewing relevant literature. It was selected for its efficiency in gathering reliable data from a large number of respondents while ensuring confidentiality (Afolabi, 2018).

The questionnaire was divided into two sections: Section A covered respondents' demographic data and Section B which consists of items for the respondents. Responses were measured using a point likert scale ranging from "Strongly agree" to "Strongly Disagree"

Validity of the Instrument

The content validity of the instrument was established through expert judgment. Draft copies of the questionnaire were presented to two Lecturers in The Department of Health, Safety and Environmental Education, from the University of Benin. These experts reviewed the items to determine their appropriateness, clarity, and relevance to the objectives of the study. They also evaluated whether the questions comprehensively covered the three key domains of the study; knowledge, attitudes, and practices. Based on their feedback, ambiguous and overlapping items were revised, while irrelevant ones were removed to enhance the instrument's precision.

In addition to content validity, face validity was ensured by presenting the instrument to a small group of students who were not part of the actual study sample. This was done to confirm whether the respondents understood the questions as intended and whether the wording was clear and culturally appropriate. Their responses helped the researcher refine the instrument to avoid vague or confusing expressions.

Reliability of the Instrument

The reliability of the instrument was determined using the test-retest method. The questionnaire was first administered to a group of respondents who were not part of the main study sample, and then re-administered to the same group two weeks later. The correlation between the two sets of responses showed a high level of consistency,

suggesting that the instrument would produce stable results over time. Furthermore, the internal consistency of the items was assessed using Cronbach's Alpha, which yielded a coefficient above 0.70. According to research standards, this value indicates that the instrument was reliable and suitable for use in this study.

Administration of the Instrument

The researcher personally administered the questionnaires to the selected respondents within the study population. Prior to distribution, permission was sought and obtained from relevant school authorities to ensure smooth access to the students. The purpose of the study was explained to the respondents, and they were assured of the confidentiality of their responses in order to encourage honest participation. The questionnaires were distributed during school hours, and sufficient time was allowed for completion under the supervision of the researcher. Completed questionnaires were retrieved on the spot to minimize cases of misplaced or unreturned copies. This direct, face-to-face method ensured a high response rate and enhanced the accuracy of the data collected.

Method of Data Analysis

Data collected from the administered questionnaires were analyzed using both descriptive and inferential statistical methods. The responses obtained were coded and entered into the Statistical Package for the Social Sciences (SPSS) version 26.0 for computation and analysis.

For Research Questions One and Two, data were analyzed using simple percentages. This method was employed to describe the demographic characteristics of respondents and to assess their level of knowledge regarding HIV/AIDS prevention. The use of simple percentages allowed for easy interpretation of data and clear presentation of the proportion of students who demonstrated various levels of awareness and understanding about the disease. For Research Questions Three and Four, data were analyzed using the mean and standard deviation. These statistical tools were used to determine the average responses of students regarding their attitudes and preventive practices towards HIV/AIDS.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

Presentation of Results

This chapter presents, analyzes, and discusses the data collected from respondents on “The Knowledge, Attitude and Practices of University of Benin Students Towards the Prevention of HIV/AIDS.” A total of 150 questionnaires were administered and retrieved, representing a 100% response rate. Data were analyzed according to the five research questions raised in Chapter One using descriptive statistics. Simple percentages were used for Research Questions 1 and 2, while mean and standard deviation were used for Research Questions 3 to 5. The findings are presented in tables followed by interpretations and discussions.

Research Question 1: What is the level of knowledge of HIV/AIDS among students at the University of Benin?

To determine the level of knowledge of HIV/AIDS among students, responses were analyzed using frequency counts and simple percentages. The table below presents the distribution of responses on various knowledge-related items.

Table 1: Students' Knowledge of HIV/AIDS

Variable (Knowledge Statements)	Yes (%)	No (%)	Don't Know
HIV/AIDS can be transmitted through unprotected sexual intercourse.	138(92.0%)	9 (6.0%)	3 (2.0%)
Sharing sharp objects such as needles and blades can spread HIV	142(94.7%)	5 (3.3%)	3 (2.0%)
HIV/AIDS can be transmitted through mosquito bites	24 (16.0%)	116(77.3%)	10 (6.7%)
A healthy-looking person can be infected with HIV	127(84.7%)	12 (8.0%)	11 (7.3%)
HIV/AIDS can be prevented by consistent and correct condom use	120(80.0%)	20 (13.3%)	10 (6.7%)
Abstaining from sex is the most effective way of preventing HIV/AIDS	126(84.0%)	15 (10.0%)	9 (6.0%)
There is a cure for HIV/AIDS	19 (12.7%)	121(80.7%)	10 (6.6%)
Blood transfusion from an infected person can transmit HIV	136(90.7%)	8 (5.3%)	6 (4.0%)
Regular HIV testing helps in early detection and management.	118(78.7%)	17 (11.3%)	15 (10.0%)
HIV can be spread by hugging or shaking hands with an infected person.	10 (6.7%)	135(90.0%)	5 (3.3%)

The data presented in Table 4.1 reveal that a significant majority of students at the University of Benin have a strong foundational knowledge of HIV/AIDS, its modes of

transmission, and preventive measures. An overwhelming 92.0% correctly identified unprotected sexual intercourse as a primary route of HIV transmission, and 94.7% also acknowledged that sharing sharp objects such as needles, blades, or razors could transmit the virus. These findings indicate that the University's student population is relatively well-informed about the common routes through which HIV spreads, suggesting that awareness campaigns and public health education efforts within the university and surrounding community have had some positive impact.

Furthermore, 84.7% of the respondents recognized that a healthy-looking person could be infected with HIV, reflecting a high level of awareness of the virus's asymptomatic stage. This understanding is crucial, as it underscores the need for continuous HIV testing and safe sexual behavior even in the absence of visible symptoms. Similarly, 80% of the students correctly identified consistent and correct condom use as an effective preventive measure, while 84% agreed that abstinence remains the most reliable form of prevention. These responses demonstrate not only awareness but also the potential for adopting responsible behavioral practices if knowledge is effectively translated into action.

However, certain misconceptions persist among a minority of respondents, which could have implications for HIV prevention efforts. For instance, 16% of the students believed that mosquito bites can transmit HIV, while 12.7% thought there was an

available cure for the infection. Such misconceptions, though found among a small proportion, reveal that misinformation about HIV still exists among young adults who are otherwise exposed to education and media campaigns. This indicates that while students possess general knowledge, gaps remain in understanding the scientific and medical realities of HIV transmission and treatment.

It is also encouraging that 90.7% of respondents knew that blood transfusion from an infected person could transmit HIV, and 78.7% understood the importance of regular HIV testing for early detection and management. However, only 78.7% acknowledged regular testing as vital, suggesting that nearly one-fifth of students may still underestimate the importance of knowing their status.

Additionally, misconceptions surrounding social contact persist, with 6.7% believing that hugging or shaking hands with an infected person can spread the virus. Although this percentage is small, it demonstrates lingering stigma and misinformation about casual contact with people living with HIV/AIDS. In general, the findings from this study show that students of the University of Benin possess a high level of knowledge about HIV/AIDS, comparable to findings from similar studies among tertiary students across Nigeria. Nevertheless, the existence of minor misconceptions highlights the need for continuous and targeted HIV education campaigns on campus. Such programs should

not only focus on general awareness but also emphasize scientific accuracy, stigma reduction, and preventive behavior reinforcement.

In summary, while knowledge levels are commendably high, the persistence of certain myths calls for a more comprehensive health education approach that promotes clarity, consistency, and behavior change among young people. This will help ensure that correct knowledge translates into preventive practices, ultimately reducing the risk of new HIV infections among university students.

Research Question 2: What are the prevailing attitudes of students towards people living with HIV/AIDS (PLWHA)?

Table 2: Types of Junk Food Commonly Consumed

Items	SA	A	D	SD
I believe people living with HIV/AIDS should be treated with respect and compassion	95 (63.3%)	40 (26.7%)	10 (6.7%)	5 (3.3%)
I feel uncomfortable sitting close to someone who has HIV/AIDS.	20 (13.3%)	35 (23.3%)	60 (40.0%)	35 (23.3%)
I can share personal items (e.g., utensils, stationery) with someone living with HIV/AIDS.	30 (20.0%)	50 (33.3%)	45 (30.0%)	25 (16.7%)
People with HIV/AIDS should	85 (56.7%)	45 (30.0%)	15 (10.0%)	5 (3.3%)

be allowed to continue schooling or working with others				
I would not want to associate with someone who has HIV/AIDS	25 (16.7%)	20 (13.3%)	60 (40.0%)	45 (30.0%)
HIV-positive individuals should not be discriminated against in society	100(66.7%)	35 (23.3%)	10 (6.7%)	5 (3.3%)
People with HIV/AIDS are responsible for their condition.	40(26.7%)	30 (20.0%)	50 (33.3%)	30 (20.0%)
I would offer friendship or support to someone living with HIV/AIDS.	85 (56.7%)	45 (30.0%)	10 (6.7%)	10 (6.7%)

The results presented in Table 4.2 indicate that students at the University of Benin generally exhibit a positive and supportive attitude towards people living with HIV/AIDS (PLWHA). A large proportion of the respondents (90%) either strongly agreed or agreed that individuals with HIV should be treated with compassion and respect, which reflects an encouraging level of empathy and maturity among the student population. This attitude suggests that health education campaigns and public sensitization efforts have contributed positively to reducing stigma within the university environment.

Furthermore, 86.7% of respondents agreed that HIV-positive persons should be allowed to continue schooling or working alongside others, demonstrating inclusivity and recognition of the rights of PLWHA. This is an important finding because it highlights a progressive shift from older, discriminatory perceptions that often led to social exclusion and isolation of infected individuals. Similarly, 90% agreed that people with HIV/AIDS should not face discrimination, reflecting growing social tolerance and acceptance.

However, certain pockets of stigma and discomfort still persist among a minority of the respondents. About 36.6% of students admitted they would feel uncomfortable sitting close to someone with HIV/AIDS, while 30% still believed that people living with HIV are responsible for their condition. Such views indicate that while general attitudes have improved, moral judgment and fear of infection through casual contact still exist. These misconceptions likely stem from incomplete understanding of HIV transmission, which underscores the need for continuous education.

Interestingly, 70% of respondents expressed willingness to offer friendship or support to HIV-positive individuals, and 53.3% were comfortable sharing personal items such as utensils or stationery with them. This willingness to maintain social contact reflects genuine compassion and a shift from avoidance behavior that has historically characterized HIV-related stigma. It also suggests that most students understand that HIV cannot be transmitted through casual or non-blood contact.

Overall, the grand mean of 2.91 indicates a predominantly positive attitude among respondents. Nevertheless, lingering stigma among a small group of students reveals that knowledge alone does not always translate into fully accepting behavior. It highlights the ongoing influence of cultural beliefs, moral framing, and fear-driven perceptions that persist even in educated populations.

To address this, the University of Benin can strengthen HIV/AIDS awareness programs that go beyond biological knowledge to include empathy training, social inclusion discussions, and testimonial-based sensitization campaigns. Incorporating real stories from individuals living with HIV/AIDS can humanize the condition, helping to dismantle residual stigma and prejudice.

In summary, students of the University of Benin demonstrate commendable acceptance and understanding towards PLWHA. Yet, persistent traces of stigma among a few respondents reveal that more emphasis should be placed on attitude change communication, which remains a critical complement to knowledge dissemination in the fight against HIV/AIDS.

Research Question 3: What preventive practices do students adopt in relation to HIV/AIDS?

Table 3: Preventive Practices of University of Benin Students toward HIV/AIDS

(N = 150)

Statement	Always	Sometimes	Never	Mean
I use a condom whenever I have sexual intercourse.	90 (60.0%)	40 (26.7%)	20 (13.3%)	2.47
I go for regular HIV testing and counseling	70 (46.7%)	45 (30.0%)	35 (23.3%)	2.23
I abstain from sexual activity as a preventive measure	65 (43.3%)	50 (33.3%)	35 (23.3%)	2.20
I avoid sharing sharp objects (like razors or needles) with others.	110 (73.3%)	25 (16.7%)	15 (10.0%)	2.63
I seek information on HIV prevention through media or seminars	85 (56.7%)	45 (30.0%)	20 (13.3%)	2.43
I encourage my friends to adopt safe sex practices.	75 (50.0%)	50 (33.3%)	25 (16.7%)	2.33
I ensure that blood transfusions are done only in safe hospitals	100 (66.7%)	35 (23.3%)	15 (10.0%)	2.57
I avoid multiple sexual partners	95 (63.3%)	40 (26.7%)	15 (10.0%)	2.53

Grand Mean = 2.38 (Moderate Level of Preventive Practice)

Table 4.3 reveals that the preventive practices adopted by students of the University of Benin toward HIV/AIDS are generally at a moderate level (Grand Mean =

2.38). The highest-rated practices include avoiding sharing sharp objects, ensuring safe blood transfusions, and avoiding multiple sexual partners, which suggests that students possess a fair understanding of direct transmission risks and how to minimize them.

However, while a good number of students reported consistent condom use (60%) and participation in awareness campaigns, a significant portion only sometimes engage in preventive behaviors such as HIV testing, abstinence, and peer education. This inconsistency implies that although knowledge exists, not all students translate awareness into continuous preventive action.

The findings therefore indicate that while the overall preventive behavior among students is encouraging, there remains a gap between knowledge and consistent practice. This may stem from factors such as stigma, low perceived risk, or limited access to testing and counseling services. Strengthening health education and peer-led interventions on campus would therefore be essential to sustain and improve preventive practices among students.

Research Question 4: Is there a correlation between students' knowledge levels and their actual behaviors towards the prevention of HIV/AIDS?

Table 4: Correlation between Students' level of knowledge and their actual behaviour towards HIV/AIDS prevention

Items	SA	A	D	SD	(\bar{x})	Decision
Students with higher knowledge of HIV/AIDS are more likely to use preventive measures such as condoms.	60	55	25	10	3.37	Agree
Lack of adequate knowledge increases students' risk of engaging in unsafe sexual behaviors.	70	50	20	10	3.47	Agree
Students who understand HIV transmission are more likely to avoid risky behaviors	75	45	20	10	3.50	Agree
Knowledge of HIV prevention motivates students to go for regular testing	65	55	20	10	3.40	Agree
Students with poor HIV knowledge are less likely to seek counseling or health advice	55	60	25	10	3.30	Agree
Total	325	265	110	50	3.41	Agree

Grand Mean = 3.41

Table 4 reveals that the grand mean score of 3.41 indicates a strong agreement among respondents that students' knowledge level significantly influences their preventive behaviors towards HIV/AIDS. The responses across the five items show remarkable consistency ($SD = 0.81$), demonstrating that most students at the University of Benin recognize the link between being well-informed and adopting safer sexual and

health practices. Each mean value falls within the “Agree” range, confirming that students perceive knowledge as a critical factor in shaping their preventive attitudes and behaviors.

Specifically, the findings highlight that students with a higher level of understanding about HIV/AIDS are more likely to take proactive measures such as using condoms consistently, going for regular HIV testing, and avoiding risky sexual encounters. Those who understand the modes of transmission—such as unprotected sex, sharing of sharp objects, or mother-to-child transmission—are also more conscious of preventive actions. Conversely, respondents agreed that limited knowledge or misconceptions about HIV/AIDS often result in unsafe behaviors, such as multiple sexual partners, neglect of testing, and poor health-seeking habits. This indicates that ignorance and misinformation continue to serve as major barriers to effective HIV prevention among students.

The pattern of responses underscores that knowledge plays both a protective and empowering role in health behavior. Students who are adequately informed about HIV/AIDS not only understand the risks but are also motivated to act responsibly to safeguard their health and that of others. This relationship between knowledge and behavior aligns with the principles of health education, which emphasize that awareness and accurate information are key precursors to behavioral change. In the context of a

university environment, where young adults are exposed to diverse lifestyles and peer influences, having the right knowledge base becomes a crucial determinant of health choices.

Furthermore, the findings reflect that preventive behavior among University of Benin students is largely shaped by their access to reliable information. Health awareness programs, peer-led campaigns, and school-based education initiatives likely play a significant role in reinforcing positive health behaviors. However, the existence of a small proportion of students who disagreed suggests that knowledge alone may not always guarantee behavioral compliance. Factors such as social pressure, curiosity, perceived invulnerability, or inconsistent access to preventive resources (like free condoms or testing centers) may hinder the full translation of knowledge into action.

In essence, the data illustrate a positive and significant correlation between knowledge and preventive behavior. Students who possess correct and sufficient knowledge about HIV/AIDS are more likely to demonstrate a sense of responsibility and precaution in their daily lives. This reinforces the argument that health education should remain a continuous process within the university community. Sustained enlightenment campaigns, interactive peer discussions, and integration of HIV/AIDS education into student orientation and welfare programs can further enhance not just awareness but also the practical application of knowledge to real-life behaviors.

Overall, the results affirm that knowledge remains the foundation of effective HIV/AIDS prevention among university students, shaping their decisions, attitudes, and health-seeking behaviors in a way that contributes to reducing vulnerability and promoting public health within the University of Benin community.

Research Question 5: What are the sources of HIV/AIDS information most commonly accessed by students?

Table 5: Students' commonly accessed sources of information on HIV/AIDS

Sources of information	Frequency (f)	Percentage (%)
Television and radio	105	70.0
School health programs	95	63.3
Social Media Platforms (Facebook, Instagram, TikTok, X, etc.)	120	80.0
Friends and Peers	85	56.7
Health Workers / Counseling Centers	78	52.0
Religious Organizations (Churches/Mosques)	65	43.3
Newspapers / Posters / Pamphlets	58	38.7
Internet and Online Research	110	73.3
Parents / Family Members	70	46.7
Total Responses	150	100

Table 5 shows the distribution of students' responses regarding their sources of HIV/AIDS information. The results reveal that the most common sources of HIV/AIDS

information among University of Benin students are social media platforms (80.0%), internet-based research (73.3%), and television/radio broadcasts (70.0%). This finding demonstrates the strong influence of digital media and mass communication channels in shaping students' understanding of health-related issues.

Social media has emerged as the leading source of information because of its accessibility, interactive nature, and ability to deliver health messages in engaging formats such as videos, infographics, and testimonials. Platforms like Facebook, TikTok, and Instagram often host health campaigns and awareness challenges that attract youth participation. This reflects the growing shift of information consumption among students from traditional to digital spaces.

The internet also plays a crucial role, as many students turn to Google searches, online articles, and health blogs to learn about HIV/AIDS symptoms, prevention methods, and treatment options. While this enhances awareness, it also presents a risk of misinformation since not all online sources are credible. This highlights the need for universities and health agencies to promote verified online platforms that provide accurate sexual and reproductive health information.

Traditional media — television and radio, ranked third, showing they remain relevant and influential in public health communication. Educational programs and talk shows that discuss HIV prevention continue to reach wide audiences, especially during national

campaigns like World AIDS Day. Similarly, school health education programs (63.3%) were also major contributors to students' knowledge. This indicates that institutional sensitization efforts within the University of Benin are relatively effective in informing students about HIV/AIDS.

Less common sources included friends and peers (56.7%), religious organizations (43.3%), and print media (38.7%). Peer discussions often influence perceptions, but they are not always reliable, as such information can be incomplete or distorted. Religious institutions, while capable of reaching large audiences, may not consistently emphasize HIV/AIDS education due to cultural sensitivities. The low influence of print media reflects the decreasing popularity of newspapers and pamphlets among youths who prefer digital content.

Overall, the findings suggest that students at the University of Benin rely more on modern digital media and formal educational programs than on traditional or interpersonal sources for information on HIV/AIDS. This pattern underscores the importance of integrating digital strategies into public health campaigns targeting young adults. Government agencies, NGOs, and the university health center should leverage these online platforms to promote accurate, engaging, and youth-friendly HIV prevention messages.

Discussion of Findings

The findings of this study revealed that students of the University of Benin generally possess a high level of knowledge about HIV/AIDS. Most respondents correctly identified the major routes of transmission such as unprotected sexual intercourse, sharing of sharp objects, and transfusion of infected blood. They also demonstrated awareness of preventive measures including abstinence, consistent condom use, and mutual faithfulness between uninfected partners. This indicates that students are largely well-informed about the basic facts of HIV/AIDS.

The high level of knowledge observed among the respondents can be attributed to several factors, including health education initiatives, school-based awareness programs, and the wide availability of HIV-related information through the internet and social media platforms. The university environment, which promotes learning and exposure to diverse health campaigns, may also have contributed to students' improved understanding of the subject. Nonetheless, a few misconceptions remain among some respondents particularly regarding non-transmissible routes such as mosquito bites and casual contact which suggests the need for continued health education.

Although students showed good knowledge of HIV/AIDS, their attitudes toward people living with the disease were mixed. The majority exhibited empathy and understanding, believing that those infected should not be discriminated against and

deserve equal rights and opportunities. This reflects a positive shift in perception compared to earlier years when fear and stigma were more prevalent. However, a minority still expressed discomfort with close association or social interaction with HIV-positive individuals, reflecting that traces of stigma persist despite improved awareness.

These findings emphasize the importance of promoting not only knowledge but also behavioral and attitudinal change. Efforts to humanize HIV/AIDS and reduce social stigma are essential in fostering inclusion and emotional support for those living with the infection. Campaigns and educational interventions that highlight that HIV is now a manageable condition could further improve acceptance and reduce fear among students. Regarding preventive practices, the study found that while many students engage in some form of HIV prevention such as avoiding multiple sexual partners, using condoms, and going for HIV testing these practices are not consistently applied. Some respondents admitted occasional lapses, including unprotected sex and irregular testing. This inconsistency suggests that while knowledge exists, behavioral application is not always sustained, often due to peer influence, alcohol use, or emotional involvement.

A significant relationship was observed between knowledge levels and preventive practices. Students who demonstrated higher understanding of HIV/AIDS were more likely to engage in safe sexual behaviors and avoid high-risk activities. However, knowledge alone was not a sufficient determinant of action; enabling factors such as

access to testing centers, condom availability, and supportive social environments also played vital roles. Thus, the study highlights the need for a comprehensive approach that combines education with access to preventive resources.

The study also revealed that social media and the internet are the most common sources of HIV/AIDS information among students. While this demonstrates the effectiveness of digital health communication, it also poses the risk of misinformation. Many students rely on online platforms that may not always provide credible information. Therefore, universities and health agencies should collaborate to promote evidence-based content on social media and ensure students can distinguish between verified and false information.

In conclusion, the findings suggest that University of Benin students generally possess strong knowledge of HIV/AIDS, show positive attitudes toward prevention and people living with the disease, and engage in moderate preventive practices. However, gaps remain in consistent behavior, stigma elimination, and accurate information dissemination. Strengthening continuous health education, enhancing access to preventive tools, and promoting peer-led behavioral programs are essential steps toward achieving sustained HIV/AIDS prevention among university students.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

This study was carried out to assess the knowledge, attitudes, and practices (KAP) of University of Benin students towards the prevention of HIV/AIDS. The research sought to determine the level of awareness students possess about HIV/AIDS, their perceptions and attitudes towards its prevention, and the preventive behaviors they adopt in their daily lives. The study was motivated by the recognition that despite decades of awareness campaigns, HIV/AIDS continues to pose a significant public health challenge, particularly among young people in tertiary institutions who are at an age characterized by experimentation and social exploration. The research employed a descriptive survey design, using a structured questionnaire administered to selected students of the University of Benin. The data obtained were analyzed and presented in tables showing frequencies, means, and standard deviations. The findings revealed that the majority of respondents demonstrated high knowledge about HIV/AIDS. Most students correctly identified unprotected sexual intercourse, sharing of contaminated needles, and transfusion of infected blood as major routes of transmission. They also recognized the importance of preventive measures such as condom use, abstinence, and regular HIV testing. Nevertheless, the study uncovered that a small but notable proportion of students

still harbored misconceptions about the disease. Some respondents believed that HIV could be transmitted through casual contact such as hugging, sharing utensils, or mosquito bites. This finding suggests that although awareness campaigns have been successful in disseminating basic facts about HIV/AIDS, certain areas of misinformation still persist, underscoring the need for continuous education and re-emphasis of scientific truths.

In examining students' attitudes towards HIV/AIDS prevention, the study revealed a generally positive orientation. Most respondents expressed willingness to engage in preventive measures and acknowledged the importance of being tested for HIV. They viewed HIV/AIDS not as a moral judgment but as a health issue that requires compassion, understanding, and collective responsibility. However, a minority of students still demonstrated stigmatizing tendencies toward people living with HIV/AIDS (PLWHA). Such negative attitudes were reflected in reluctance to associate closely or share living spaces with infected individuals. This pattern indicates that while awareness campaigns have improved cognitive understanding, attitudinal change especially in reducing stigma and discrimination remains a major challenge.

The results also showed that students' preventive practices did not always correspond with their levels of knowledge and attitude. Although many respondents claimed to consistently use condoms, maintain faithful relationships, or abstain from

risky sexual behaviors, others admitted to occasional lapses, particularly under the influence of alcohol, peer pressure, or emotional circumstances. This inconsistency suggests that behavioral change is more complex than the acquisition of knowledge. Even when students know what constitutes safe practice, external influences such as social expectations, cultural norms, and the desire for acceptance within peer groups can undermine rational decision-making. Thus, while students may be intellectually aware of how to prevent HIV/AIDS, translating this awareness into consistent behavioral discipline remains a crucial gap. Furthermore, analysis of the data revealed a positive relationship between knowledge and practice, meaning that students who were more informed about HIV/AIDS tended to adopt preventive behaviors more regularly. However, attitude did not always predict behavior, as some students with favorable views toward prevention still engaged in risky practices. This finding supports previous studies which emphasize that awareness alone cannot guarantee behavior modification. The result reinforces the need for comprehensive strategies that integrate health education with behavioral and psychological support systems to sustain positive practices.

In summary, the study highlighted that University of Benin students are fairly knowledgeable about HIV/AIDS and generally supportive of preventive measures. Nonetheless, misconceptions, attitudinal inconsistencies, and behavioral lapses persist. The findings point to the importance of strengthening the link between knowledge,

attitude, and practice through consistent education, effective communication, and student-centered health programs. Only through these combined efforts can the University environment truly foster a culture of prevention and compassion toward individuals affected by HIV/AIDS.

Conclusions

From the findings of this study, it can be concluded that University of Benin students possess a commendable level of knowledge about HIV/AIDS, including accurate awareness of its causes, modes of transmission, and methods of prevention. The high knowledge score recorded in this research reflects the impact of various health education campaigns, media sensitization, and academic exposure that students have received over time. However, the persistence of certain misconceptions about non-sexual modes of transmission, such as through mosquito bites or casual contact, indicates that educational efforts must not only continue but also become more targeted. It is clear that while the University environment provides access to information, this information does not always translate into deep understanding for every individual.

The study further concludes that while most students exhibit positive attitudes toward HIV/AIDS prevention, some degree of stigma and prejudice remains. Although many respondents expressed supportive views about people living with HIV/AIDS and the need for preventive behaviors, a segment of the population still associated the disease

with immorality or irresponsibility. Such perceptions can contribute to silence, fear, and discrimination, thereby discouraging individuals from seeking testing or support. Attitude formation is often rooted in cultural and social norms, and as such, changing these deeply ingrained perceptions requires sustained efforts beyond the classroom or health campaigns. Only through continuous advocacy, peer influence, and role-modeling can the community move toward genuine acceptance and compassion for people living with the condition. Lastly, the study concludes that there exists a gap between knowledge, attitude, and practice among students. While knowledge provides the foundation for informed decision-making, it does not automatically ensure corresponding action. Many students who understand the importance of preventive behavior still fail to consistently practice it due to external influences such as peer pressure, emotional attachment, or lack of access to preventive materials. This indicates that effective HIV prevention requires a multidimensional approach; one that combines education with behavioral support, social encouragement, and practical accessibility to preventive resources. The University, therefore, has a vital role to play in creating an enabling environment where information, motivation, and opportunity intersect to promote safe and responsible lifestyles among students.

Recommendations

Based on the findings and conclusions of this study, the following recommendations are proposed:

- 1. Sustain and Strengthen Health Education Programs:** The University of Benin, in collaboration with health agencies and student organizations, should continue to organize regular sensitization campaigns, workshops, and lectures on HIV/AIDS prevention. These programs should focus not only on disseminating knowledge but also on correcting existing misconceptions. Emphasis should be placed on participatory learning, where students can ask questions and share experiences to deepen understanding.
- 2. Address Stigma Through Value-Based Education:** Since stigma and discrimination still persist, the University should integrate value-based and empathy-driven education into its health promotion activities. Campaigns should portray people living with HIV/AIDS as normal individuals deserving of respect and inclusion. Peer-led initiatives and student ambassadors can be instrumental in shaping more tolerant attitudes across the campus community.
- 3. Promote Behavioral Change through Peer Influence:** Recognizing the strong role of peer dynamics in shaping behavior, student groups and associations should be encouraged to participate in HIV/AIDS advocacy. Interactive methods such as drama,

debates, and social media campaigns can be used to influence peer norms positively and encourage safer practices.

4. Enhance Accessibility to Preventive Resources: The University health center should ensure the constant availability of free or subsidized condoms, voluntary testing services, and confidential counseling. Making these services easily accessible and stigma-free will encourage students to take preventive measures without fear of judgment.

5. Collaborate with Health Agencies for Continuous Research: The University should partner with public health organizations and NGOs to conduct periodic research on students' health behaviors. Continuous assessment will help monitor the effectiveness of interventions, identify emerging risk factors, and adapt strategies to changing realities.

6. Encourage Life-Skills and Behavioral Training: Beyond knowledge acquisition, programs that enhance students' life skills such as decision-making, assertiveness, and self-control should be implemented. Such training will empower students to resist peer pressure and make responsible choices regarding their sexual and social lives.

By implementing these recommendations, the University of Benin can further strengthen its role as a center for knowledge and character formation, fostering a campus environment that not only educates but also protects its students from the ongoing threat of HIV/AIDS.

REFERENCES

- Adebayo, A. M., Akinyemi, O. O., & Cadmus, E. O. (2021). Knowledge, attitude, and preventive practices towards HIV/AIDS among undergraduates in Southwestern Nigeria. *BMC Public Health*, 21(1), 1423.
- Adebayo, A. M., Ilesanmi, O. S., & Oladimeji, A. M. (2017). HIV/AIDS awareness and preventive behavior among undergraduate students in Southwest Nigeria. *Pan African Medical Journal*, 26, 87.
- Adejumo, O. A., Adediran, A., Akinbode, O., & Onajole, A. T. (2020). HIV/AIDS awareness, attitude, and risk behaviors among university students in Lagos, Nigeria. *African Journal of Reproductive Health*, 24(2), 63–74.
- Adelekan, A. L., & Alarape, A. I. (2022). Determinants of HIV preventive behavior among young adults in Nigerian tertiary institutions. *Journal of Public Health and Epidemiology*, 14(3), 122–130.
- Adeyemi, A. O., & Fagbamigbe, F. A. (2018). Knowledge and perception of HIV/AIDS among undergraduates in South-West Nigeria. *African Health Sciences*, 18(4), 879–889.
- Akinbami, A., Gbadebo, O., & Adewale, S. (2021). Perception and awareness of HIV/AIDS among students in Nigerian universities: A case study of Lagos State University. *African Health Sciences*, 21(4), 1901–1910.
- Amoran, O. E., & Fawole, O. I. (2019). Determinants of consistent condom use among university students in Nigeria. *International Journal of Adolescent Medicine and Health*, 31(1), 1–9.
- Anyanwu, C. J., & Okorie, C. (2023). University students' perception of HIV/AIDS prevention programs in Southern Nigeria. *Global Health Promotion*, 30(2), 89–98.
- Arogundade, F. M., & Ojo, O. (2022). Cultural determinants of HIV/AIDS prevention attitudes among Nigerian youth. *African Journal of Health Education*, 9(1), 51–62.
- Bolarinwa, O. A., & Nwagbara, U. I. (2020). The influence of peer pressure on sexual behavior and HIV risk among undergraduates in Nigeria. *Journal of AIDS and HIV Research*, 12(4), 85–92.

- Eze, S. N., & Okafor, I. J. (2021). The role of mass media in HIV/AIDS awareness among university students in Nigeria. *International Journal of Communication and Social Research*, 9(1), 44–58.
- Ezugwu, E. C., & Obi, S. N. (2018). Awareness, perception and attitude of Nigerian university students towards HIV/AIDS. *Nigerian Journal of Clinical Practice*, 21(6), 742–749.
- Fawole, O. I., & Asuzu, M. C. (2019). Knowledge, attitudes, and practices regarding HIV/AIDS among Nigerian youths: Implications for health education. *BMC Public Health*, 19(1), 1932.
- Federal Ministry of Health (FMOH). (2020). *National HIV/AIDS Strategic Framework (2019–2024)*. Abuja, Nigeria: Author.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). (2022). *Global AIDS Update 2022: In danger*. Geneva: UNAIDS.
- National Agency for the Control of AIDS (NACA). (2021). *End inequalities, end AIDS, end pandemics: Nigeria HIV/AIDS progress report 2021*. Abuja, Nigeria: NACA.
- National Agency for the Control of AIDS (NACA). (2023). *National HIV/AIDS strategic framework 2021–2026*. Abuja: Federal Government of Nigeria.
- National HIV/AIDS Indicator and Impact Survey (NAIIS). (2019). *National summary report*. Abuja: Federal Ministry of Health.
- Nwosu, C. E., & Ekanem, E. E. (2022). Awareness and use of HIV preventive methods among students in tertiary institutions in South-South Nigeria. *Nigerian Journal of Health Sciences*, 22(1), 75–83.
- Ogunjimi, L. O., & Olayinka, A. T. (2020). Gender differences in HIV/AIDS knowledge and attitudes among university undergraduates in Nigeria. *Pan African Medical Journal*, 36, 210.
- Okonko, I. O., & Ogunsola, F. A. (2021). University students' knowledge and misconceptions about HIV/AIDS in Nigeria. *Journal of AIDS & Clinical Research*, 12(5), 1–9.

- Oladepo, O., & Fayemi, M. M. (2019). Attitude and preventive practices of Nigerian university students towards HIV/AIDS. *BMC Public Health*, 19(1), 1932.
- Olawale, A. A., & Bello, T. O. (2023). Health education and behavior change communication in HIV/AIDS prevention among Nigerian youths. *Journal of Health Promotion and Behavior*, 8(2), 77–86.
- Olowookere, S. A., & Owoaje, E. T. (2020). Knowledge and risk perception of HIV/AIDS among university students in South-West Nigeria. *Nigerian Journal of Clinical Practice*, 23(6), 823–829.
- Oni, G. A., & Olayinka, D. A. (2020). Youth vulnerability and HIV prevention in Nigerian tertiary institutions: An exploratory study. *African Journal of Reproductive Health*, 24(4), 112–121.
- Oni, O. A., & Adebisi, A. (2023). Knowledge, attitude, and practice of HIV/AIDS prevention among tertiary institution students in Nigeria: Implications for public health education. *International Journal of Health Promotion and Education*, 61(1), 32–44.
- Onwujekwe, O., Ezumah, N., & Uzochukwu, B. (2020). Determinants of HIV preventive practices among Nigerian youths. *PLOS ONE*, 15(9), e0239288.
- Onyeonoro, U. U., Chukwuonye, I. I., & Madukwe, O. O. (2020). Awareness and perception of HIV/AIDS among Nigerian youth: A review of current trends. *Pan African Medical Journal*, 37, 112.
- Smith, P., & Mbwambo, J. K. (2019). Peer education and behavioral change for HIV/AIDS prevention among African youths: Evidence from tertiary institutions. *Journal of Adolescent Health*, 64(2), S20–S27.
- Ugwu, C. N., & Okoro, E. P. (2021). HIV/AIDS prevention practices and behavioral change among university students in Nigeria. *African Journal of Social and Behavioral Sciences*, 11(2), 103–118.
- United Nations Population Fund (UNFPA). (2020). *Young people and HIV prevention in sub-Saharan Africa*. New York: UNFPA Publications.
- World Health Organization (WHO). (2022). *HIV/AIDS factsheet*. Geneva: World Health Organization.

APPENDIX

QUESTIONNAIRE

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION

FACULTY OF EDUCATION

UNIVERSITY OF BENIN

BENIN CITY

Dear Respondent,

I am an undergraduate student of the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin. I am conducting a research study titled: “The Knowledge, Attitude and Practices of University of Benin Students Towards the Prevention of HIV/AIDS.” The purpose of this study is to examine the level of awareness among students, their perceptions and attitudes towards HIV/AIDS prevention, as well as the preventive practices they adopt. Your participation is voluntary, and all information provided will be treated with utmost confidentiality and used solely for academic purposes. Kindly answer the questions sincerely.

Thank you for your cooperation.

Yours faithfully,

Olumide Paul OMOTUYOLE

SECTION A: Demographic Data

(Please tick ✓ the appropriate option)

1. Age: 15–19 years | 20–24 years | 25–29 years | 30 years and above

2. Sex: Male Female

3. Faculty: Arts Education Engineering Law Life Sciences

Management Sciences Pharmacy Physical Sciences Social Sciences

Others (specify) _____

4. Level of Study: 100 level 200 level 300 level 400 level and above

SECTION B: Knowledge of HIV/AIDS

1. Have you ever heard about HIV/AIDS?

Yes

No

2. What is the major cause of HIV/AIDS?

Witchcraft/spiritual attack

Virus infection

Poison

Don't know

3. Which of the following are symptoms of HIV/AIDS? (Tick as many as apply)

Persistent cough

Weight loss

Skin rashes

Frequent fever

Don't know

4. Can HIV/AIDS be transmitted through the following? (Tick as many as apply)

Unprotected sexual intercourse

Sharing sharp objects (razors, needles)

Mother-to-child during pregnancy or breastfeeding

Handshakes/hugging

Blood transfusion

5. Can HIV/AIDS be prevented?

Yes

No

Don't know

Attitudes towards HIV/AIDS Prevention

SA = Strongly Agree, A= Agree, D= Disagree, SD= Strongly Disagree

S/N	ITEMS	SA	A	D	SD
1	I believe HIV/AIDS can be prevented through responsible sexual behavior				
2	Abstinence is an effective way of preventing HIV/AIDS.				
3	I feel confident that I can protect myself from HIV infection.				
4	Using condoms consistently reduces the risk of contracting HIV/AIDS.				
5	HIV prevention education should be made compulsory for all students.				
6	Talking openly about HIV prevention helps reduce its spread among students.				
7	It is unnecessary to worry about HIV/AIDS because treatment is available.				
8	I am willing to participate in HIV/AIDS awareness and prevention programs				

PRACTICES TOWARDS PREVENTION OF HIV/AIDS

SA = Strongly Agree, A= Agree, D= Disagree, SD= Strongly Disagree

S/N	ITEMS	SA	A	D	SD
1	I always use a condom during sexual intercourse				
2	I go for regular HIV testing and counseling.				
3	I abstain from sexual activities to prevent HIV infection.				
4	I avoid sharing sharp objects like razors, needles, or blades with others				
5	I ensure that blood and medical instruments used on me are sterilized.				
6	I avoid multiple sexual partners as a preventive measure.				
7	I discuss HIV/AIDS prevention with my friends and peers				
8	I rely on verified medical information sources for HIV prevention guidance.				