Pattern in Human Immunodeficiency Virus Perception, Sexual Risk Behaviors and Condom use among Young People ln Orire Local Governments Area Oyo State, Nigeria

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ABSTRACT

Sexual risk behaviors are defined as sexual activities that may make an individual liable to the risk of sexually transmitted infections including Human Immunodeficiency Virus (HIV) and unplanned pregnancies. Young people are at high risk of developing sexual risk behavior. The rate of risky sexual behaviors and the spread of STIs continue to be increasing among the young people population. Therefore this study aimed to assess patterns in human immunodeficiency virus perception, sexual risk behaviors, and condom use among young people. A descriptive cross-sectional study was conducted among young people in Orire local governments area Oyo state. The study participants were selected through systematic random sampling techniques and the data was collected through self-administered questionnaires. A total of 354 study subjects were included in the study. Data was entered and analyzed by using SPSS version 21. Three hundred fifty-four respondents participated in this study. Of those, 79.4% of them have awareness about risky sexual behaviors, and about 63.8. % of them know the consequences of unsafe sex. Among the total study participants, about 22.7% of them had previously practiced sexual activity; of these 61.7% of respondents had more than one sexual partner. From the respondents who had practiced sex, 76.6% of them had always used a condom during their sexual intercourse with their partners, while 80% of them never used a condom during sexual intercourse and 84.5% have high knowledge of risk behavior. There is also an association Between HIV-Perception of Risk and tribes, level of education, and religion of the respondents with a p-value less than 0.05. Even though the majority of the young female people have an awareness regarding sexual risk behaviors, a considerable number of them have practiced risky sexual behaviors that might predispose them to different sexual and reproductive health problems, and peer pressure was revealed as a major factor that influences the

respondents towards their first sexual intercourse. Peers have a greater influence on the positive and negative behavior of their friends. Therefore, the school should emphasize promoting peer educators and peer discussion to protect adolescents and youth from risky sexual behaviors.

KEYWORDS: *Human Immunodeficiency Virus, Perception, Sexual Risk, Behaviors, Condom Use Young People*

INTRODUCTION

Youth is best understood as a period of transition from the dependence of childhood to adulthood's independence and awareness of our interdependence as members of a community. Health as defined by World Health Organization is a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"(WHO, 1946).Young people are at an important stage of development and they are undergoing physical, emotional and cognitive changes (Fransen et al, 2012).The exclusive focus on pregnancy and disease prevention in the definition of sexual health leaves out aspects of young people's sexual development and health that researchers argue are critical such as sexual orientation, sexual perception and gender beliefs and early unprotected sexual initiation can trigger a succession of health consequences such as sexually transmitted disease (STDs), teenage pregnancy, abortions, and Human Immunodeficiency infection (Jejeebhoy et al, 2005).

HIV/AIDS is one of the top three causes of young people's deaths globally and one of the most urgent public health challenges ravaging both developed and developing countries (WHO 2014). Though effects of HIV/AIDS cannot be understated in the social sectors of the population, the epidemics among young people is fast on the increase. While young people undergo the normal physiologic changes that accompany puberty, they are also faced with many intense social issues revolving around relationships with others, independence from parents, and burgeoning sexuality. Although these issues encompass young people of both genders, girls are more at risk for social and emotional problems: specifically symptoms of depression, negative body image, and sexual risk behavior (U.S. Department of Health and Human Services, 2010). Sexual risk behavior among young people is a widespread topic of interest in the current literature (Pearson et al, 2012). Sexual risk behavior can result in unplanned pregnancy or increased sexually transmitted infections (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health, 2013). These activities include inconsistent condom use, increased number of sexual partners, or early coital debut .Despite the remarkable progress been made to curb the spread of HIV, the virus still poses a great challenge: HIV prevalence studies shows a continued increased risk of women particularly young women at a greater risk of HIV/AIDS, sexual risk behaviors and unexplored option of contraceptive methods.

Materials and Methods

Study Area

The study was conducted in Orire local government area of Ogbomosho in Oyo state

Nigeria. The local government area was created on the 3rd of May, 1989 with their

headquarter in Ikoyi-ile. The Local government area is bounded in the North by Irepodun

Local Government, Oyo local Government in the West, Ogooluwa and Ogbomosho South

Local Government in the South and in the East by Ogbomosho North and Kwara State.

Study Location

This was a community based, descriptive cross-sectional study of females aged 15 to 24 years. Orire local government areas has ten wards, the sample size was distributed proportionately within the ten wards. Respondents were selected for interview according to the number allocated to each ward.

Study Population

It consist of young females between the ages of 15 to 24 years residing in all of the chosen areas. Oyo state is divided in to six health zones, namely; Ibadan health zone, Ogbomosho health zone, Oyo health zone, Oke ogun 1 health zone, Oke ogun 11 health zone and Ibarapa health zone. Ogbomosho health zone was randomly selected by balloting and it has five local governments' areas under it. Random selection of Orire local government was done out of the five local governments areas under Ogbomosho health zone. Orire local government areas has ten wards, the sample size was distributed proportionately within the ten wards. Respondents were selected for interview according to the number allocated to each ward.

Data collection procedure

An interviewer – semi structured questionnaire was used to obtain information from the participants. The modified tool contained 78 structured questions. Ten health workers were trained for two days and employed for a period of one week for data collection. The trained health workers had a minimum of secondary school qualification and data were collected using a standard combined questionnaire for the study. Face-to-face survey using self-administered questionnaires were conducted to obtain the following information from the study participants: socio-demographic characteristics, sexual behaviors, condom use, comprehensive knowledge on HIV/AIDS and risk perception of HIV infection. The questionnaires were adapted from survey instruments that have been tested and used to conduct college based HIV/AIDS knowledge, attitudes, beliefs and behavior surveys. In order to see the reliability of the adopted questionnaires, the English version was translated into Yoruba language and back translated into English, and in the process there was no significant difference between the two versions and the local language was used to collect the required information. Pre- test of questionnaires were conducted on twenty young people and the results were used to improve the phrasing of questions in the questionnaires

Ethical considerations

Ethical approval was obtained from the Oyo State Ethical Review Board of the data of the adolescents. Confidentiality and anonymity of participants were assured as no incriminating information or identifiers were collected. Prior to data collection, the purpose of the study was explained for participants and the confidentiality of the results was assured. All respondents signed the informed consent form before participation.

Data management and statistical analysis

Data were entered, cleaning and management were done using SPSS version 21.Categorical and Continuous variables were described using frequency tables, means and standard deviation respectively. Descriptive statistics was used to summarize demographic data, bi- variate analysis was done using chi –square test while multi variate analysis was done using binary logistic regression test. Level of confidence was set as 95%.

RESULTS

SOCIODEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Table 1 below shows the socio-demographic characteristics of the respondents ranged between 15

years and 24 years with a mean age of 20.33± 2.814 years. Of the 354 respondents, 62.7% were aged between 20-24 years while 37.3% were aged between 15-19 years. About three quarters (76.3%) were currently married/cohabiting. Slightly above half (58.5%) of the respondents were in a monogamous union. More than half (53.1%) of the respondents were Muslims. Majority (79.9%) of the respondents belonged to the Yoruba tribe.

Table 1: Socio-demographic Characteristics of Respondents

Variable	Frequency	Percentage (%)
Age		
15-19 years	132	37.3
20-24 years	222	62.7
Marital Status		
Currently Married/Cohabiting	270	76.3
Not Currently married	84	23.7
Nature of Union ever belonged		
Monogamy	207	58.5
Polygamy	87	24.6
Single	60	16.9
Religion		
Islam	188	53.1
Christianity	166	46.9
Tribe		
Yoruba	283	79.9
Other tribes	71	20.1
Education		
Primary school or lower	112	31.6
Secondary school or higher	242	68.4
Current schooling Status		
In-School	74	20.9
Out-of-school	280	79.1
Current Occupational Status		
Unemployed	14	4.0
Skilled/student	82	23.2
Unskilled	258	72.9
Average Monthly Income		
None	139	39.3
500-1000	9	2.5
1000 & above	187	52.8
Unreported	19	5.4

KNOWLEDGE AND ATTITUDE OF THE RESPONDENTS CONCERNING HIV INFECTION

Knowledge on routes of HIV transmission

Table 2below: About 84.5% of the respondents knew the correct meaning of HIV. In this domain, 79.4% of the respondents knew that HIV can be transmitted through sexual intercourse; this is closely followed by knowledge on HIV transmission through sharp objects (78.0%). Only 52.3% of the respondents knew that HIV can be transmitted from mother to child during delivery. Only 33.6% of the respondents were willing to work with an HIV infected colleague/co-worker, while 32.8% were willing to live under the same roof with an HIV infected person, 22.9% were willing to share a meal with an HIV infected person. Highest proportion of the misconception was the notion that HIV can be transmitted by hugging (74.3%) which is closely followed by the misconception that HIV can be transmitted by witchcraft (68.1%), 59.9% believed HIV can be transmitted by sharing toilets,58.8% also believed HIV can be transmitted through mosquito bites.

Knowledge on prevention of HIV through condom use had the highest proportion (76.6%), followed in this domain by knowledge on avoidance of commercial sex workers (70.9%), 70.1% of the respondents believed HIV can be prevented by being faithful to one's partner, while 63.8% knew that HIV can be prevented by abstinence and by encouraging one's partner to be faithful. 80.9% of the respondents believed that HIV can be prevented by doing nothing, 75.1% believed that HIV can be prevented by seeking protection from traditional healers, while 34.7% believed that HIV can be prevented by going for medical check-ups.

Table 2: Distribution of pattern of HIV knowledge among respondents

VARIABLES	Frequency(%)
Knowledge on definition of HIV	
What do you understand by HIV	299(84.5)
Knowledge of Routes of HIV transmission	
Sexual intercourse	281(79.4)
Sharp objects	276(78.0)
Unscreened blood	268(75.7)
Mother to child(pregnancy)	205(57.9)
Mother to child(delivery)	185(52.3)
Mother to child(breast milk)	214(60.5)
Attitudes on Stigmatization of PLWHA	
Share Meal with an HIV infected person	81(22.9)
Live under the same roof with an HIV infected person	116(32.8)
Buy things from an HIV infected person	108(30.5)
Work with an HIV infected colleagues/co worker	119(33.6)
Misconception about HIV transmission	
Mosquito bites	208(58.8)

Witchcraft	241(68.1)
Eating utensils	233(65.8)
Sharing toilets	212(59.9)
Hugging	263(74.3)
Knowledge on HIV prevention	
Abstinence	226(63.8)
Faithfulness to one's partner	248(70.1)
Encouraging one's partner to be faithful	226(63.8)
Avoid unscreened blood	245(69.2)
Use condoms	271(76.6)
Avoid sharing body piercing instruments	231(65.3)
Avoid commercial sex workers	251(70.9)
Misconception about HIV prevention	
Praying to God	168(47.5)
Going for check-up s	123(34.7)
Seeking protection from traditional healers	266(75.1)
Using anti-biotic	265(74.9)
By doing nothing	286(80.9)

PATTERN OF SEXUAL RISK BEHAVIOUR AMONG RESPONDENTS

Table 3below: Majority (85.9%) of the respondents reported only one sexual partner in the last six (6) months, 10.4% had no sexual partner and 3.7% had two or more sexual partners in the last 6 months.80% reported that they did not use any condom as at their last sexual intercourse while only 15.3% reported use of condom at their last sexual intercourse.About three-quarter (76.3%) of the respondents rarely never used a condom during sexual intercourse in the last 6 months, 8.5% sometimes used a condom while only 4.8% consistently used a condom during sexual intercourse in the last 6 months

Table 3: Pattern of Sexual Risk Behavior among the respondents

Variable	Frequency
Number of Sexual Partners in the last 6 months	
None	37(10.4)
1	304(85.9)
2 or more	13(3.7)
Condom use as at last sexual intercourse	
Yes	54(15.3)
No	269(80.0)
Not applicable	31(8.7)

Condom use as at last 6 months	
Always	17(4.8)
Sometimes	30(8.5)
Never/rarely	270(76.3)
Not applicable	37(10.4)
Sexual Risk Behavior	
High Risk	299(84.5)
Low Risk	55(15.5)
Partner type as at last sexual intercourse	
Steady	274(84.8)
Non steady	31(15.2)

SELF PERCEPTION OF HIV RISK

Table 4 below shows the pattern of self perception of HIV risk among the respondents. Majority of the respondents (n=262, 74.0%), reported a low self perception of HIV risk.

Of these 262 respondents, 71% were faithful to their partners, 15.3% had never had any sexual exposure while 13.7% had their partners using condom constantly. 26.0% (n=92) of the respondents reported a high self perception of HIV risk. Of these 92 respondents (63.0%) ascribed their reason to previous sexual exposure without condom, 13% ascribed it to prior injury with contaminated material. 7.6% had sexual intercourse with persons suspected to have HIV infection and 5.4% had previous sexual exposure with more than one partner. Majority (54.8%) of the respondents was not worried about contracting HIV, 26.8% were worried, and 9.6% were very worried while only 8.8% were somewhat worried about contracting HIV.

Table 4: Distribution of respondents by self perception of HIV Risk and reasons for risk perception

VARIABLE	FREQUENCY
Chance of contracting HIV	
Moderate chance	54(15.3)
Good chance	38(10.7)
No chance	262(74.0)
Risk Perception	
High Risk	92(26.0)
Low Risk	262(74.0)
Reasons for Risk	
Had sex without condom	58(63.0)
Injury with contaminated material	12(13.0)
Had sex with HIV infected person	7(7.6)
Had sex with more than one partner	5(5.4)
Reasons for not at Risk	
Faithful to partner	186(71.0)
Never Had Sex	40(15.3)

Use condom consistently	36(13.7)
Worries about contracting HIV	
Very worried	34(9.6)
Worried	95(26.8)
Somewhat worried	31(8.8)
Not worried	194(54.8)

PERCEPTION ON CONDOM USE

Table 5below : A little more than half (57.1%) of the respondents strongly disagreed that condom use is a sign of not trusting one's partner, while about a quarter (25.1%) of the respondents strongly agreed that condom use is a sign of not trusting one's partner. 58.2% of the respondents strongly disagreed that it is embarrassing to buy or ask for a condom while 24.0% of the respondents strongly agreed to this statement. About half (50.3%) of the respondents strongly disagreed that the use of condom can reduce sexual pleasure, while only about one-third of the respondents strongly agreed to this statement. 58.8% of the respondents strongly disagreed that it is embarrassing to ask one's partner to use a condom, while about one-quarter (24.6%) of the respondents strongly agreed to this statement. 46.6% of the respondents strongly disagreed that they are capable of successfully refusing sex if their partner refuses to wear a condom and 4.5% were undecided

Table 5: Perception of Respondents on Condom Use

VARIABLES	SA	A	U	D	SD
Condom use is a sign of not trusting one's partner	89(25.1)	40(11.6)	15(4.2)	7(2.0)	202(57.1)
It is embarrassing to buy or ask for a condom	85(24.0)	39(11.0)	15(4.2)	9(2.5)	206(58.2)
The use of condom can reduce sexual pleasure	117(33.1)	38(10.7)	15(4.2)	6(1.7)	178(50.3)
It is embarrassing to ask my partner to use a condom	87(24.6)	34(9.6)	14(4.0)	11(3.1)	208(58.8)
I am capable of successfully refusing sex if my partner refuses to wear condom	105(29.7)	38(10.7)	16(4.5)	30(8.5)	165(46.6)

UPTAKE OF CONDOM AMONG THE RESPONDENTS

Table 6below : Only 33.3% of the respondents have previously used a condom, out of whom 64 4% used a condom for the purpose of preventing pregnancy while 35.6% used a condom to prevent both HIV and pregnancy. Majority (55.9%) of the respondents usually travel above 60 minutes to the source of condom while 42.4% travelled 5-30 minutes to the source of condom. More than half (55.1%) of the respondents travelled by car to the source of condoms, while 38.1% travelled on foot to the source of condom. Money had hindered 8.5% of the respondents from using a condom. Only 35.9% of the respondents ever discussed condom choice with their friends, out of which 92.9% found the influence of these friends encouraging.

Table 6: Correlates of Uptake of Condom among the respondents

VARIABLES	Frequency
Have you ever used a condom?	

Yes	118(33.3)
No	236 (66.7)
Condom use as at last sexual intercourse	
Yes	54(15.3)
No	269(80.0)
Not applicable	31(8.7)
What was your primary purpose of your uptake of condom?	
Prevent pregnancy	76(64.4)
Prevent both HIV & pregnancy	42(35.6)
What is the travel time in minutes to the source of your condom?	
5-30min	50(42.4)
30-60min	2(1.7)
Above 60mins	66(55.9)
Mode of transport to the source of condom?	
Car	65(55.1)
Bike	8(6.8)
Foot	45(38.1)
Has money ever hindered you from using condom?	
Yes	10(8.5)
No	108(91.5)
Have you ever discussed condom choice with your friends?	
Yes	127(39.5)
No	196(60.5)
What was the influence of friends on your choice of condom?	
Encouraging	118(92.9)
Discouraging	9(7.1)

RESPONDENTS' KNOWLEDGE OF VOLUNTARY COUNSELLING AND TESTING

Table 7below. 79.9% of the respondents know a place where they can get an HIV test. 83.1% (n=294) of the respondents were willing to take an HIV test. Of the 294 respondents willing to take an HIV test, majority (90.5%) were willing to take an HIV test so as to know their HIV status ,8.1% were willing so as to reduce fear. Of the 60 respondents who were unwilling to take an HIV test, 36.7% were unwilling because they don't want to know their HIV status, 21.7% felt it is not necessary. 77.7% have had an HIV test before, out of whom 242 (68.4%) had an HIV test under 12 months;51.7% had an HIV test 12-23 months; while 4.2% had the test 24 months and above.22.3% of the respondents have never had an HIV test before

Table 7: Correlates of Voluntary Counseling and Testing Uptake among the Respondents

VARIABLES	FREQUENCY
Do you know of a place where you can get an HIV test	
Yes	283(79.9)
No	71(20.1)
Do you desire to take an HIV test	
Yes	294(83.1)
No	60(16.9)
Reasons for willingness	
Reduce fear	24(8.1)
Marriage	2(0.7)
Want to know my HIV status	266(90.5)
Others	2(0.7)
Reasons for non willingness	
Don't want to know my status	20(33.3)
Not necessary	13(21.7)
Fear of results	22(36.7)
Can't afford it	5(8.3)
Have you ever had an HIV test	
Yes	275(77.7)
No	79(22.3)
When last did you had an HIV test	
Never	34(9.6)
Under 12 months	279(78.8)
12-23 months	18(5.1)
>24 months	15(4.2)
No response	8(2.3)

KNOWLEDGE OF SEXUALLY TRANSMITTED INFECTIONS

Table 8 below: 76.3% of the respondents have heard of sexually transmitted infections, 18.6% of the respondents had not heard of sexually transmitted infections. The symptoms of sexually transmitted infections as identified by the respondents include: genital itching (60.2%); pain during sexual urination (56.8%), genital discharge (55.9%); lower abdominal pain (49.2%) and pain during sexual intercourse (42.4%). About half (48.0%) of the respondents believed that nothing can be done to protect oneself against sexually transmitted infections, about one quarter (24.0%) identified consistent condom use as a form of protection against STIs, while only 5.4% believed that being

faithful to one's partner can protect one against STI.

Table8: Distribution of Knowledge of STI and its symptoms among the respondents

VARIABLES	Yes n%	I don't know n%	No n%
Have you heard of STIs?	270 (76.3)	18(5.1)	66(18.6)
What are the symptoms of STIs			
Genital itching	213(60.2)	119(33.6)	22(6.2)
Genital discharge	198(55.9)	125(35.3)	31(8.8)
Pain during sexual intercourse	150(42.4)	141(39.8)	63(17.8)
Pain during urination	201(56.8)	124(35.0)	29(8.2)
Lower abdominal pain	174(49.2)	132(37.3)	48(13.5)
How do you protect yourself against STIs?			
By doing nothing	170(48.0)		
Condom use	85(24.0)		
Being faithful	19(5.4)		
I don't know	80(22.6)		

ASSOCIATION BETWEEN KNOWLEDGE OF HIV AND SOCIODEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Table 9 below: More (61.7%) of the respondents who were Muslims than (50.6%) the Christians had good perception of the risk of HIV. The difference is statistically significant (χ^2=4.419, P=0.036). There was a statistically significant association between tribe of the respondents and their level of perception of the risk of HIV.Here,62.2% of the Yoruba respondents had good level of perception while 33.8% of other tribes also had good level of perception (χ^2=18.611, P <0.001). 66.1% of the respondents with secondary education and above also had good level perception of the risk of HIV while only 35,7% of the respondents who had primary education and below also had good level of perception of the risk of HIV. There was a significant relationship between level of education and perception of the risk of HIV (χ^2=28.792, P < 0.001). A higher proportion of the skilled workers/students (65.9%) had good level of perception of the risk of HIV than unskilled workers(55.4%) and the unemployed(21.4%).These differences were statistically significant (χ^2=10.046, p=0.007). Though more (58.1%) of the respondents aged 20-24 years had good perception of the risk of HIV than 53.8% of the respondents aged 15-19 years. This difference was not statistically significant (χ^2=0.629, P =0.428). Similarly, marital status, current schooling status, nature of union and average monthly income showed no significant association with the level of perception of the risk of HIV among the respondents.

Table 9 : Bi-Variate Association Between HIV-Perception of Risk And Socio-Demographic Characteristics Of The Respondents

Variable	Low risk Perception n (%)	High risk Perception n (%)	Chi Square	P value
Age				
19 years and less	61 (46.2)	71 (53.8)	0.629	0.428
20-24 years	93 (41.9)	129 (58.1)		
Marital Status				
Currently Married/Cohabiting	121 (44.8)	149 (55.2)	0.797	0.372
Not Currently married*	33 (39.3)	51 (60.7)		
Nature of Union ever belonged				
Monogamy	92 (44.4)	115 (55.6)	1.432	0.489
Polygamy	40 (46.0)	47 (54.0)		
Single	22 (36.7)	38 (63.3)		
Religion				
Christianity	82 (49.4)	84 (50.6)	4.419	0.036*
Islam	72 (38.3)	116 (61.7)		
Tribe				
Yoruba	107 (37.8)	176 (62.2)	18.611	<0.001*
Other tribes	47 (66.2)	24 (33.8)		
Education				
Primary school or lower	72 (64.3)	40 (35.7)	28.792	<0.001*
Secondary school or higher	82 (33.9)	160 (66.1)		
Current schooling Status				
In-School	26 (35.1)	48 (64.9)	2.665	0.103
Out-of-school	128 (45.7)	152 (54.3)		
Current Occupational Status				
Skilled/student	28 (34.1)	54 (65.9)	10.046	0.007*
Unskilled	115 (44.6)	143 (55.4)		
Unemployed	11 (78.6)	3 (21.4)		
Average Monthly Income				
None	64 (46.0)	75 (54.0)	0.879	0.831
500-1000	3 (33.3)	6 (66.7)		
1000 &above	79 (42.2)	108 (57.8)		
Unreported	8 (42.1)	11 (57.9)		

PREDICTORS OF HIV-RISK PERCEPTION

Table 10 below: Yoruba's were about 3 times more likely to have a good knowledge of HIV Risk than other tribes (AOR = 2.720, 95% =1.544-4.791). Also, skilled workers/students were about 4.4 times more likely to have a good knowledge of HIV risk than those who are unemployed (AOR = 4.417, CI = 1.070-18.229).

Table 10: Adjusted Predictors of HIV-Risk Perception

Variable	Odds Ratio	P Value	95% Confidence Interval	
			Lower Limit	Upper Limit
Religion				
Christianity/Traditional	0.677	0.087	0.433	1.059
Islam	1			
Tribe				
Yoruba	2.720	0.001*	1.544	4.791
Other tribes	1			
Education				
Primary school or lower	1.118	0.742	0.575	2.176
Secondary school or higher	1			
Current Occupational Status				
Skilled/student	4.417	0.040*	1.070	18.229
Unskilled	3.660	0.059	0.953	14.056
Unemployed	1			

ASSOCIATION BETWEEN RISKY SEXUAL BEHAVIOUR AND SOCIODEMOGRAOHIC CHARACTERISTICS OF RESPONDENTS

Table 11 below : A significantly higher proportion of respondents who were aged 20-24 (94.6%) engaged in risky sexual behavior than those who were aged 15-19 years (χ^2=46.568, P< 0.001). 93.7% of the respondents who were currently married/cohabiting engaged in risky sexual behavior while 54.8% of the respondents who were not currently married engaged in risky sexual behavior. The difference between these two proportions was statistically significant (χ^2=74.036, P< 0.001). The proportion of the respondents who engaged in risky sexual behavior increased progressively amongst those who are single (38.3%), those in monogamous union (92.8%) and those in polygamous union (96.6%).The difference in these proportions was statistically significant (χ^2=117.824, P< 0.001). 87.3% of the respondents who were Christians engaged in risky sexual behavior while 81.9% of Muslims engaged in risky sexual behavior. No significant association exists between these two proportions (χ^2=1.984, P=0.159). A significantly lower proportion of respondents who belonged to the Yoruba tribe (82.0%) engaged in risky sexual behavior than respondents from other tribes (94.4%) (χ^2=6.637, P=0.010). A significantly higher proportion of the respondents with primary school education or lower (93.8%) engaged in risky sexual behavior than those with secondary education or higher (80.2%) (χ^2=10.767, P=0.001) 94.3% of the respondents who engaged in risky

sexual behavior were presently out of school while only 47.3% of the respondents who were still attending school engaged in risky sexual behavior. This difference is statistically significant (χ^2=98.478, P< 0.001). 94.2% of the respondents who were engaged in unskilled occupations engaged in risky sexual behavior,85.7% of those who were unemployed practiced risky sexual behaviors while only 53.7% of those with skilled occupation/students engaged in risky sexual behaviors (χ^2= 77.899, P< 0.001). 97.9% of those who had a weekly income of above 1000 NGN engaged in risky sexual behavior while 88.9%, 73,7%, and 67.6% of those who earned 500-1000 ,unreported earnings, and those who had no earnings respectively also engage in risky sexual behaviors (χ^2=57.24, P< 0.001).

Table 11: Bivariate Association between Sexual Risk Behavior and the Socio-demographic Characteristics among the Respondents

Variable	Low Risk	High Risk	Chi Square	P value
Age				
19 years and less	43(32.6)	89(67.4)	46.568	<0.001
20-24 years	12(5.4)	210(94.6)		
Marital Status				
Currently Married/Cohabiting	17(6.3)	253(93.7)	74.036	<0.001
Not Currently married*	38(45.2)	46(54.8)		
Nature of Union ever belonged				
Single	37(61.7)	23(38.3)	117.824	<0.001
Monogamy	15(7.2)	192(92.8)		
Polygamy	3(3.4)	84(96.6)		
Religion				
Christianity	21(12.7)	145(87.3)	1.984	0.159
Islam	34(18.1)	154(81.9)		
Tribe				
Yoruba	51(18.0)	232(82.0)	6.637	0.010
Other tribes	4(5.6)	67(94.4)		
Education				
Primary school or lower	7(6.2)	105(93.8)	10.767	0.001
Secondary school or higher	48(19.8)	194(80.2)		
Current schooling Status				
In-School	39(52.7)	35(47.3)	98.478	<0.001
Out-of-school	16(5.7)	264(94.3)		
Current Occupational Status				
Skilled/student	38(46.3)	44(53.7)	77.899	<0.001
Unskilled	15(5.8)	243(94.2)		
Unemployed	2(14.3)	12(85.7)		
Average Monthly Income				
None	45(32.4)	94(67.6)	57.424	<0.001

500-1000	1(11.1)	8(88.9)
1000 & above	4(2.1)	183(97.9)
Unreported	5(26.3)	14(73.7)

PREDICTORS OF RISKY SEXUAL BEHAVIORS

Table 12 below: Respondents in monogamous union were about 30 times more likely to engage in risky sexual behavior than those who are single (P=0.004 AOR=27.554 95% CI=2.863-265.140) while those in polygamous union were about 41 times more likely to engage in risky sexual behaviors (P=0.003, AOR=41.069, 95% CI=3.521-479.021).

Also respondents who earned weekly income of 1000 NGN and above were about 11 times more likely to engage in risky sexual behavior than those without any income (P=0.001, AOR=10.723, 95% CI=2.762-41.632).

Table 12: Adjusted Predictors of Sexual Risk Behaviours

Variable	Odds Ratio	P value	Lower Limit	Upper Limit
Age				
19 years and less	1			
20-24 years	2.505	0.057	0.973	6.448
Marital Status				
Currently Married/Cohabiting	1			
Not Currently married*	2.305	0.454	0.260	20.459
Nature of Union ever belonged				
Single	1			
Monogamy	27.554	0.004*	2.863	265.140
Polygamy	41.069	0.003*	3.521	479.021
Tribe				
Yoruba	1			
Other tribes	0.628	0.518	0.153	2.576
Education				
Primary school or lower	1			
Secondary school or higher	0.175	0.191	0.099	1.203
Current schooling Status				
In-School	1			
Out-of-school	9.681	0.100	0.647	144.814
Current Occupational Status				
Skilled/student	1			
Unskilled	0.204	0.258	0.013	3.192
Unemployed	1.136	0.926	0.077	16.779
Average Monthly Income				
None	1			
500-1000	2.367	0.583	0.109	51.187

1000 & above	10.723	0.001*	2.762	41.632
Unreported	5.454	0.031	1.170	25.427

ASSOCIATION BETWEEN CONDOM USE AS AT LAST SEXUAL INTERCOURSE AND CORRELATES OF CONDOM UPTAKE OF RESPONDENTS

Table 13 below: 27.6% of the respondents who used condom as at their last sexual intercourse believed that the primary purpose of uptake of condom is to prevent pregnancy only, while 42.9% of the respondents believed that the primary purpose of uptake of condom is to prevent against both pregnancy and STIs. No significant difference exists between these two proportions (χ^2=2.834, P=0.092). 52.0% of the respondents who used condom as at last sexual intercourse reported that sourcing for condom takes them 5-30 minutes, while 0% of the respondents says sourcing for condom takes them 30-60 minutes as at last sexual intercourse as compared to a minor proportion of the respondents 27.3% who says sourcing for condom took them above 60 minutes as at their last sexual intercourse. The difference was statistically significant. (χ^2= 8.648, P=0.013). 22.8% of the respondents who used condom as at their last sexual intercourse had previously discussed condom use with their friends, while only 12.8% of the respondents who had not discussed condom use with their friends used condom as at their last sexual intercourse. The difference in these proportions was statistically significant (χ^2=5.623, P=0.018). 22.0% of the respondents who have ever discussed condom uptake with their friends reported their friends influence as encouraging while 33.0% of the respondents reported their friends influence on uptake of condom as discouraging. The difference was statistically not significant (χ^2=0.606, P=0.436).

Table 13: Bivariate Association between Condom Use as at last sexual intercourse and Correlates of Uptake of Condom among the respondents.

	Condom use as at last sexual intercourse			
Variable	Yes	No	Chi Square	P value
Primary reason for uptake				
Prevent pregnancy	21(27.6)	55(72.4)	2.834	0.092
Protect against both pregnancy and STIs	18(42.9)	24(57.1)		
Travel time to source of condom				
5-30 minutes	26(52.0)	24(48.0)	8.648	0.013
30-60 minutes	0(0.0)	2(100.0)		
Above 60 minutes	18(27.3)	48(72.7)		
Ever discussed condom with friends				
Yes	29(22.8)	98(77.2)	5.623	0.018
No	25(12.8)	171(87.2)		
Influence of friends on condom use				
Encouraging	26(22.0)	92(78.0)	0.606	0.436
Discouraging	3(33.0)	6(66.7)		

DISCUSSION AND CONCLUSION

This study examined the perception of Human Immunodeficiency Virus Infection among young people in Orire, their sexual risk behavior and condom use. Further insights into what particular socio-demographic characteristics of respondents have been associated with risky sexual behaviors

were also considered in this study. Findings from this study show that majority of the respondents had good knowledge of HIV/AIDS, and its modes of transmission, but misconceptions about transmission, prevention and relationship with persons living with HIV/AIDA is very high. Uptake of Condom was abysmally low among the sexually active respondents; also their self-perception of HIV risk is incongruent with their overall level of risky sexual behavioral activities.

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