

The Knowledge, Attitude and Practice of Safe Sex Method among Undergraduate Students of Benue State University Makurdi

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ABSTRACT

This study investigated the knowledge, attitudes and practice of safer sex methods among the undergraduate students of Benue State University, Makurdi. A survey research design was adopted for the study. A total of 188 participants were selected 42(22%) males and 146(78%) females participated in the study. The research employed a safe sex questionnaire which was developed by DKT international; Colleen Dilorio, (2009) in Turkey. The statistical analysis involved the use of independent t-test and simple linear regression. Three (3) hypotheses were tested and were confirmed. The result of the first hypothesis which the independent t-test was used revealed that there is significant difference between male and female on the practice of safe sex methods. The second hypothesis where the simple linear regression was used showed a significant influence of knowledge of safe sex methods on practice of safe sex methods. The result of hypothesis three also where the simple linear regression was used shows that, there is no significant influence of attitude towards safe sex methods. Based on the findings of this study, it is recommended that government ministries, international organizations, donor agencies, non-governmental organizations, religious bodies and the business sectors should help in creating awareness through campaigns making more people know how to engage safer sex so as to prevent the spread of dreaded sexually transmitted diseases.

Keywords: Knowledge, Attitude, practice, safe, sex, method

INTRODUCTION

Safer sex is an important factor in protection against sexually transmitted diseases, including HIV/AIDS (Human Immune Deficiency Virus/Acquired Immune

Deficiency Syndrome). Consistent and proper condom use and fidelity are two important aspects for STD and HIV/AIDS prevention. College students' knowledge, attitude and practice of safe sex behavior (like

sexual abstinence, contraceptive use and consistent condom usage) are important antidote for prevention.

There appears a discrepancy among university students' knowledge about sexually transmitted diseases and, existing safe sex practices. Undergraduate students are sexually active and have HIV/AIDS, but rarely use contraceptives on a consistent basis thereby making them vulnerable to sexually transmitted diseases (STD).

It is observed that young female students are likely to show preference for abstinence over condom use than their male counterparts. These factors influence the youth's sexual behaviours and contraceptive decisions. Also, prevailing gender norms, attitudes towards procreation and fear of HIV infection determine the practice of safe sex. It is believed that, public enlightenment campaign on HIV/AIDS awareness will lead to increase in the youths' knowledge and this will also affect their sexual practices, especially among undergraduate students.

The ages between 15 and 17 are critical in life because these are the

time of the young female first public appearance at formal social institutions and as such are exposed to exploring their sexuality. As part of their developmental stages, any foundation on morals that has been formed in early years may be tested and new values explored in their years. It is logical that, the more knowledge and experience a person has regarding the risk of unprotected sexual behaviours, the more that person would be to make knowledgeable decision to protect herself.

However, there are definite solutions as to the effectiveness of sexual knowledge. Some studies point to important relationships between formalized sex education and increases in safe sex behaviours. Somers and Gleason (2001) found that adolescents who felt vulnerable to unwanted pregnancy were likely to seek information needed to avoid it. Although college students in one study, Rose (1995) did not change their attitudes inspite of various incidences about such issues as abortion, premarital issues, casual or oral sex as a result of taking a health and human sexuality courses, they did report significant attitudinal and behavioural changes regarding safe sex practices.

Young college students are also influenced on knowledge of safe sex behaviours via their peer group, parents and families. The influence of peer pressure is pertinent especially in the young adults, like adolescents, college students most often, weigh the rewards and costs of their behaviours and experiences based on the feedback of peer influences.

Thorne, (1993) said peer groups in which sexual behaviours are reinforced and encouraged provide the communicational context in which attitudes and rationalizations favouring sexual engagements are learned. In contrast, peer groups in which sexual behaviours are reinforced or not rewarded, provide attitudes, support and rationalization, promoting alternative values and behaviours. During adolescence and particularly during the college period when an emerging adult is usually living independently for the first time, peer groups become especially influential.

This holds true for those who have weak attachment with parents or other groups. Sensation seeking behaviours are linked to a variety of sexual behaviours. Arnett(1996)

found that the frequency of reckless behaviours such as sex without contraceptive and sex with someone known only casually were higher in college students than in higher school students in their sample.

Although the concept of reckless behavior has not been linked to self-esteem, Rolsen and Scherman (2002) found that sensation seeking behaviour was not linked to locus of control. They also found that, the more risky a person perceives a situation, the less likely she will become involved in it. However, Kershaw et al (2003) opined that female emerging adults underestimate their sexual risk taking behaviours in an attempt to protect their self-esteem and reduce the anxiety associated with engaging in high risk behaviours.

This implies a potential disconnect if one considers the disparity in having knowledge of the consequences involved in high risk sexual behaviours and having the perception that, the behaviour is personally risky. Parents, peers and the media tend to be the major source of sexual role modeling for children, adolescents and emerging adults, incidences for safe sex methods.

In recent decades, some research has indicated male and females recounting comparable percentages of sexual experiences. The Centre for Disease Control (1997) reported that females reported sexual experiences (87.8%) more often than males (84%) although, females reported being more selective in choosing a sexual partner as a function of knowledge of safe sex methods. Hawkins, (1995) studies shows that females often underestimate the risk of their sexual behaviours, Kershaw et al (2003). Many emerging adults college students do not act in accordance with the knowledge that they have regarding high-risk sexual behaviours.

CONCEPTUAL AND THEORETICAL REVIEW

Knowledge

Merriam Webster defines knowledge as the fact or condition of knowing something with familiarity gained through experience or association. Also as the acquaintance with or understanding of a science, art or technique. Plato, famously defined knowledge as a justified true belief. In Plato's view, knowledge is merely an awareness of absolute

universal ideas or forms, existing independent of any subject trying to apprehend. Consequently, knowledge is a familiarity or understanding of someone or something such as facts, information, or skills which is acquired through experience or education by perceiving, discovering or learning.

Attitude

Gordon Allport (1935) defined attitude as a mental and neutral state readiness organized through experience, exerting a directive and dynamic influence upon the individual's response to all objects and situations with which it is related. Krech and Crutchfield, (1948) defined attitude as an enduring organization of motivational, emotional, perceptual and cognitive processes with respect to some aspect of the individual's world.

Eagly and Chaiken (1993) defined attitude as a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavor. In light of the above, an attitude is a predisposition or tendency to respond positively or negatively towards a certain object, person or

situation. Attitude influences an individual's choice of action and responses to challenges, incentives and rewards (together called stimuli).

Practice

Practice can be defined as how social beings, with their diverse motives and their diverse intentions, make and transform the world in which they live. Practice is the act of rehearsing a behaviour over and over, or engage in an activity again and again, for the purpose of improving or mastering it.

Safe sex

Safe sex can be defined as a general term used to describe methods for reducing the chance that one will spread or catch sexually transmitted diseases. The idea is that with a few simple tools and strategies, one can increase safety without sacrificing one's sex life. Safe sex is a sexual activity method in which precautions are taken to avoid the spread of sexually transmitted diseases (STDS), HIV/AIDS and unwanted pregnancies especially by using condoms or contraceptives.

Method

Method can be defined as a manner or mode of procedure, especially an

orderly, logically, or systematic way of instruction, inquiry, investigation and experiment. A method is an established habitual logical or prescribed practice or systematic process achieving certain ends with accuracy and efficiency usually in an ordered sequence of fixed steps.

Theoretical Review

There are many theories that explain the concept of safer sex among the sexually active group in the society this include the youth and middle age adults. However, this study is anchored on the Health Belief Model Theory.

The Health Belief Model Theory:

This theory was developed in the 1950s by social psychologists, Irwin, Rosenstock, Gorfrey, Hochborum, Stephen, Kegeles, Howard and Leventhal at the U.S. The health belief model theory is a psychological health behaviour change model developed to explain and predict health-related behaviours particularly with regards to the uptake of health services.

The health belief model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action and

self-efficacy explain engagement (or lack of engagement) in health-promoting behaviour. More recently, Rosenstock (2000). The model has been applied to understand patients' responses to symptoms of diseases, compliance with medical regimens, lifestyle behaviour (e.g. sexual risk behaviours) and behaviours related to chronic illnesses, which may require long-term behaviour maintenance in addition to initial behaviour change and may have used it to guide safe sex practices.

The health belief model theory has two basic components;

1. The perception of threats find the evaluation of recommended behaviour under the perception of threat, people will act to protect their health if they are personally at risk of particular action will enable them to deal with that risk. The model suggests that the individual who has a positive behaviour towards safe sex do so because of his or her perception towards the risk of contracting or being infected with sexually transmitted diseases and that condom use will enable them to deal with that risk. The health model suggests that preventive health behaviours are

influenced by five factors and this include;

2. **Perceived susceptibility:** This has to do with an individual's subjective assessment of risk of developing a health problem. It predicts that individuals who perceive that they are susceptible to a particular health problem. Individuals with low perceived susceptibility may deny that they are at risk for contracting a particular illness.

Others may acknowledge the possibility that they could develop the illness, but believe it is unlikely individuals who believe they are at low risk of developing an illness are more likely to be personally affected by a particular health problem are more likely to be personally affected by a particular health problem are more likely to engage in the behaviors to decrease their risk of developing the condition.

Perceived Severity: This refers to the subjective assessment of the severity of a health problem and its potential consequences. It has to do with the feelings of an individual concerning the seriousness of the illness if contracted or left untreated. There is every possibility that one well strictly adhere to

methods of safe sex practices (use of condoms) during sexual intercourse.

For example, an individual may perceive that influenza is not medically serious but if he or she perceives that there would be serious financial consequences as a result of being absent from work for several days, then he or she may perceive influenza to be a particularly serious condition.

Perceived Benefits: This is of the view that health-related behaviours are also influenced by the perceived benefits of taking action. Perceived benefits refer to an individual's assessment of the value or efficacy of engaging in a health promoting behaviour to decrease risk of disease. If an individual believe that a particular action will reduce susceptibility to a health problem or decrease its seriousness, then he or she is likely to engage in that behaviour regardless of objective facts regarding the effectiveness of the action

Perceived Barriers: Perceived barriers refer to an individual's assessment of the obstacles to behaviour change. It is observed that, health related behaviours are also a function of perceived barriers

to taking action. Even if an individual perceives a health condition as threatening and believes that a particular action will effectively reduce the threat, barriers, may prevent engagement in the health-promoting behaviour in other words, the perceived benefits must out weight the perceived barriers in order for behaviour change to occur.

Perceived barriers to taking action include the perceived inconvenience, expense, danger, and discomfort (e.g. pain, emotional upset) involved.

Cues to Action: The health belief model posits that a cue or trigger, is necessary for promoting engagement in health promoting behaviours. Cues to action can be internal or external. External cues include events or information from others, the media, or health care providers promoting engagement in health related behaviours. Examples of cues to action include reminder postcard from a dentist, the illness of a friend or family members and product health warning labels.

The intensity of cues needed to prompt action varies between individuals by perceived

susceptibility, seriousness, benefits and barriers. For example individuals who believe they are at high risk for a serious illness and who have an established relationship with a primary care doctor may be easily persuaded to get screened for the illness after seeing a public service announcement. Whereas individuals who believe they are at low risk for the same illness and also do not have reliable access to health care may require more intense external cues to order to get screened

Empirical Review

A study of the young adolescent knowledge of safe sex practices in the United states shows that the rate of unprotected sexual activities, pregnancies and child bearing, continues to be substantially higher among the youth in comparable to the industrialized nations. This was due to their lack of knowledge of safer sexual behaviour (Terry and Manlove, 2002). A study carried out on couples in the United States who wanted to control whether and when they will conceive a child, the result indicated that because of their lack of knowledge of the use of safer sex practices, couples with inconsistent use effective and safer

sex methods has given Americans, the distinction of having one of the highest adolescents pregnancy rate in the industrialized nation (Alan Guttmacher institute, 2002; Welandt, Bolden and Kanduesen, 2002).

Even though, the rate of contraceptive use among adolescents is improving in recent times, many still do not have the required knowledge of safer sex most graduates or adolescents' lack of knowledge of the use of safer sex practices has shown that majority of them do not use any safer sex method during their first sexual intercourse experience in the cross-sectional study carried out in various secondary schools of Dhankula district involving 200 adolescent students aged between 13 to 19 years. Result shows that of the students (26%) believe that safer sex is having sex with single partner only and about (13%) of them had no know ledge of safe sex practices. Most of them (94%) believed sexually transmitted diseases are transmitted from one person to another from unsafe sexual contact, while (93%) believed that avoiding sex with multiple partners could prevent them from contacting sexually transmitted disease.

Frederick *et al.*, (2000) conducted a cross sectional, retrospective study of older children, adolescents and young adults enrolled in the CDC pediatric spectrum of HIV disease (PSD) study. A supplementary data used to collect data once one-time bases in 1997. Of 131 adolescents HIV-infected as children (mean age 15.5 years), 18% reported using condoms, but only one-third reported consistent condom use. In an older population of 111 HIV-infected adolescents with hemophilia (mean age 18.5 years) 59% reported previous sexual intercourse (Brown *et al.*, 2000), Zorilla and colleagues in Puerto Rico examined the factors associated with sexual activity and pregnancy in eight prenatal HIV-infected female with no history of pregnancy. (Zorilla *et al.*, 2003). While their sample size was too small for generalization, their findings suggest that the sexual behaviour of prenatal infected women is similar to that of HIV negative adolescent and adults.

Sexual experience in each of these studies is lower than that reported for a cohort of adolescents with sexually acquired HIV infection (n=323. 17 mean years) which found

65% were sexually active across all six study visits, with approximately 43% consistently reporting unprotected sex at last intercourse (Murphy *et al.*, 2001)

In a review of trends of sexual behaviour in U.S, high school students 53% of high school students reported ever having sexual intercourse in 1991, while 47% reported the same in 2003. In addition, the pert age of currently sexually active students who used a condom during last sexual intercourse during this time frame increased significantly (46-63%), Grunbaum *et al.*, 2004)

While these studies suggest that rates of sexual behaviour reported by HIV-infected adolescents resemble those of their uninfected peers, direct comparisons cannot due to age, assessment and measurement differences.

Also, in a cross-sectional study of Owo adolescents on their knowledge, sexually attitude and safer sexual behaviour showed no significant correlation in their sexual knowledge and safe sex methods among the adolescents. However it has been established that adolescents with more sexual

knowledge had less positive sexual attitudes and did not show increased practices of safe sex behaviours, Holl Jit and Ctten Sti (2009)

According to the journal of sexual behaviours of adolescents by BMJ (2003), both girls and young men, lack knowledge about the use of sexually safe sex methods but unlike male who often become prostitutes voluntarily girls usually do so against their wishes.

In a study of Nigeria adolescents on their knowledge and practices of safer sex behaviour indicates that about 74% of sexually active adolescents (74%) male versus 70% females had high knowledge of safe sex behaviours. Also, almost 7.5% (1.4%) males versus 1.6% females and 32.8% (42.5%) versus 16.0% females reported use of condom, accepting gifts for sex and having more than the sexual partner respectively. High level of sexually transmitted disease knowledge was significant in predicting the likelihood of non use of condom regardless of adolescents' level of safe sex knowledge, those wither education, older age at first sex, higher wealth index and from Urban location are less likely to engage in non-protective sexual

behaviours compared to adolescents in other categories (UNICEF, 2003, 2008).

In the adolescents cross-sectional study of their knowledge of safe sex behaviors showed that a large proportion was not adequately knowledgeable about one tenth of them had better knowledge about sexual diseases and how better to avoid them, United Nations Family Planning Assistance (UNFPA, 2003). Also, Omerepie, (2008) reported that majority of the youths or adolescents lack knowledge of the existence of sexually transmitted diseases and safer sex method. In this view, Odu (2008) found that a high level of knowledge of risk reduction of sexually transmitted diseases in Nigeria. Young people are more likely to adopt and maintain safer sexual behaviours than older people with well established sexual habits making the youth excellent candidates for prevention among all groups.

However, lack of knowledge and many interrelated and complex factors which put the youths at risks of contracting sexually transmitted disease will not be changed easily. In many settings, these includes: unemployment, broken homes,

poverty, poor education etc. Also, Urbanization trends to disrupt family relationship, social network and traditional norms while generating more opportunities for sexual intercourse, Sharma (2009); BMJ (2003).

According to Jadaq and Hyde (1995), Parkes, Wight, Henderson and Hart, gender difference measuring knowledge of safer sex practices show a significant overall effects for gender. For the risky behaviour listed, men are reported less likely to adhering to safer sexually practices than women.

Another Australian adolescent showed that sexuality is an important part of their (adolescents) life by Australian parents; they strive to provide them with knowledge and skills to make informed choice and effective use of safe sexual behaviours. This was a very strong support among parents for safer sex message in school and among media outfits, book; Morojele and Kachieng (2007).

In New York city, Vurum (2000) and Samri (2003) when asked how much they are worried about adolescents inadequate knowledge about sexual safety activities and acquiring sexually transmitted disease,

respondents answered that they are worried most about contracting sexually transmitted diseases when engaging in sexual intercourse with a partner without the use of condom, women worried more significantly than men. However, the most frequent behaviours strategized to avoid HIV, Gonorrhoea etc, involve using condom and decreasing casual sex, comparing gender respondents, more women reported working harder on relationship giving up casual sex, not engaging into sexual intercourse without using condom as a preventive measure, centre of Disease Control (CDC), (2003).

In a survey of university students in Vietnam, knowledge of sexually transmitted disease and effective use of safe sex practices or behaviours, the result indicated that eight of ten male and three quarter of female did not know that it is possible to get contracted with sexual diseases from an infected person, Terry and Manlove, (2000). Of the total sample, only 9% of the male and 10% of the females reported that they had ever used a protective measure, Lynch, (2001). However, the correspondents reported a relatively low level of sexual activity only 15% of males

and females reported having had sexual intercourse.

The knowledge of safer sex practices as well as the use of safer sex methods is often practiced or adopted by most prostitutes and sex trade workers. Studies in developed nations, however have found that sex trade workers and prostitutes are not the solely and major causes of the distribution and spread of sexually transmitted diseases Harth, (1992); Kaljee, (2002), sex trade workers on their own develop techniques to minimize dangers and promote safer sex practices.

In a study of college students on their use of safe sex behaviour and knowledge of safety sexual practices shows that most of them did not know the use and existence of safer sex methods many of them felt that sexuality is an interactive negotiated social transaction and partner choice. In respect of this, the young adolescents need to adopt skills and self confidence to use condom consistently and correctly or either abstain from sexual relations. Even the boys should learn to say no to risky sex, imago (2000).

Consistent use of condom during casual sex and having one faithful sexual partner have been found to

be effective way of preventing and protecting one's self among men and women, particularly among youths at the onset of pre-marital sex, Abma and Megile (2007).

The crux of the study is therefore, to analyse implication of sexually transmitted diseases knowledge for safe sexual practices among Nigerians. The proportion here is that adequate knowledge of the sexually transmitted diseases will to a large extent, influence protective sexual behaviour to a greater extent, Odu and Akande (2008). A student suggested that when he asked the girl friend that they will use condom during sex and she refused, h left her because of his fear of those sexually transmitted diseases. Hagaland (2005), Robert, Oyum, Balnasan and Laing (2005).

The adolescent's knowledge of effective and consistent use of safer sex practices towards sexual risk is not quite appreciable, this is in view of their use of condoms and other contraceptive methods during sexual intercourse. According to Canbell (1992), students' attitudes towards safer sex as predicted, women were consistently more positive about the use of protection as a method of safer sex behaviours

than men were. However, most adolescents today do not adopt or use safety practices during sexual intercourse.

In a study by Clark, (2006), of college students about knowledge of use of sexual protective methods among students, the result showed that most of them (adolescents) today never know and use condom, during sexual intercourse. Although, there is substantial evidence to suggest that increased knowledge of safer sex had led to changes in the sexual behaviours of at least some men. The evidence suggests little change among women.

In Chile, a third of young people reported having had sex before age 15. In analysis today young people in Cambodia were becoming sexually active at younger age than in the past. Also, in Costa Rica and Cambodia, a trend among youths too has a wider representative of sexual practices and oral sex was noted, putting together, male and female adolescents at risk of sexual diseases, greatly due to lack of knowledge about presentation in symptoms and treatment, Obisesan (2003). The study of Bangladeshi adolescents knowledge of safer sex practices during and before having

sex indicate that low proportion of 17% of the adolescents ever heard about condoms and abstinence. 41.0% ever heard but often do not adopt any, thereby exposing them to STI.

However, there is a gap in their perceived knowledge about safer sex practices. Large proportion of them bears misconception about transmitted diseases. For example, that STD/AIDS cannot spread in the environment, unless there is a sexual contact or an exchange of blood with an infected person. Also, the results have shown that the older adolescents had better knowledge than their younger counterparts.

Similar pattern of results was observed by Khan and Clark. This might be due to the fact that, the older adolescents are more sexually active and conversant with peer groups and other members of the family. It was also found that adolescents living in joint or extended families had better knowledge of safe sex practices than the adolescent of nuclear families. Clark opined that age related increased knowledge of safe sex among the old adolescents might be due to experimental factors.

Khan found significant association of knowledge or sexually transmitted diseases with levels of education and practices of safe sexual behaviour of the adolescents. Infact, education is the pathway communication for any message. Increased age with increased level of education give opportunity to have more knowledge of safer sex behaviours and its practices is a way of avoiding the contraction of sexually transmitted disease, Khan, (2002); Clark, Jackson and Taylor, (2002).

Research has indicated that young people often lack the knowledge ralted to their health. They also lack the maturity to face grave consequences after getting infected. Adolescents comprises of 20% of the total world population and 80% of them live in developing nations.

Despite high chances of indulging into sexual activity, adolescents especially in developing nations often lack due knowledge about a safer sex and inability to adopt a safe method have contributed a lot in increasing the number of teenage pregnancies and rise in fertility rate, population and poverty in the

country, Wascak, Thapa, Davey, (2003).

In a study of knowledge, perception and attitudes of adolescent girls towards safe sex and sex education in South Delhi, India, result indicated that more than one third of students in this study has no accurate knowledge about the right and possible ways of avoiding contracting those sexually transmitted diseases. About 49% felt that condoms should not be available to youth, 41% were confused about whether the contraceptive pill could protect against gonorrhoea and 32% thought it should only be taken by married women. A summary of the main findings shows that 79% had no knowledge about the dangers making sex without adopting any safety measure, two fifths did not know the consequences of acquiring syphilis and 28% were unaware that gonorrhoea was a sexually transmitted disease.

In response to the question people who always use condoms are safe from sexually transmitted diseases but when asked questions regarding the use of safe sex behaviours, 41%, 18% and 31% of the students in the do not know or do not have

knowledge that condoms were an effective method of avoiding contraction of sexually transmitted diseases. The main sources of information available to respondents about the knowledge and safety methods of safe sex were friends 76%, the media 92% books magazines 65% and internet 52%, that of the adolescent girls, 48% considered that that it was not possible to walk with parents about sex. However, 24% considered that it was not possible to walk with parents about sex.

However, 24% had used their mother as a source of information. Alexander & Micinanus, (2007). The summary of the Australian secondary school students and sexual health ARCSHS, (2008) found that, the majority of the students have experienced some form of sexual activity without adapting to strict and safer sex behaviour thereby putting them at risk of contracting some sexually transmitted disease. On the whole, condom use has remained stable between 2002 and 2008 surveys. Based on self reported data, a considerable proportion (43%) of sexually active students only use condom sometimes when they had sex and as man 71%) but

nonetheless is proportion never used condoms when they had sex in the previous years. ARCHS (2008). This places these young people at risk of unplanned pregnancy and other sexually transmitted diseases.

In multivariate analysis, women who has high knowledge were more likely to use condoms at their last sex encounter compared to those with only low knowledge of those safer behaviours, on the whole, those who used condoms as safe sex practice method were twice as like to use condoms, compared to women who did not report using them as contraceptive method. Dieter, (2012).

Self perceived ability to adopt and use a contraceptive as a way of safer sex level of formal education and condom use as a safer sex method were all significantly associated with self-reported condom use at last sexual encounter. Those findings suggest that gender and inequality and access to formal education and due to their lack of knowledge about hose safer sex behaviours.

According to the Spring (2002), National College Health Assessment, 4 out of 5 college

students reported that they have had sexual intercourse during their life time, one in four have had six or more sexual partners, less than 38% reported using a condom during their last majority of sexually active college students reported not using a condom because they felt that their partner was safe from diseases and they know their partner was safe from diseases and their partners sexual listing.

It is logical that, the more knowledge and experience a person has regarding the risk of unprotected sexual behaviour the more likely that person would be able to make knowledgeable decisions to protect his or herself, Somers and Gleason, (2000). Although, the college students in one study Feigernbaum, Western and Rosen (1995) did not change their attitudes about issues of safer sex practices as a result of taking health and human sexuality course, they did report significant attitudinal and behavioural change regarding their knowledge and safer sex practices (i.e having fewer sex partner and using condoms and spermicidal after completing the course.

Also, in a research conducted, showed that the ways in which self-esteem is related to sexual behaviours are complicated because emerging adult college students continue to make sexual behavioural choices that put them at risk in spite of having adequate knowledge of existing risk prevention and possible ways of avoiding contracting them, Gardon, Dittus and Jaccardi (1999); Proper and Brown, (1986) knowledge of the use of protected measures is very important among people. According to Abegbola, (1995) knowledge essentially is the recall recognition of specific and universal elements in a subjective area in the context of sexually contracted diseases, having knowledge implies the ability to recall facts concerning causes, transmission and prevention concerning such diseases, the accompanying behaviour would be logical.

That is having the knowledge of prevention, transmission and other facts would motivate logical safer sex behaviour. In relation to sexually transmitted diseases, Bimbola (2008). According to Abegbola, (1995), knowledge essentially is the recall recognition of specific and universal elements in

subjective area. In the context of sexually contracted disease, having knowledge implies the ability to recall facts concerning causes, transmission and prevention concerning such diseases, the accompanying behaviour would be logical.

A study on accuracy knowledge and information on safer sex behaviour especially sexually transmitted diseases was low among adolescents as reported by Ogunada (2002), a higher level of knowledge of sexually transmitted disease is observed among the population in Nigeria. However, Ogunada reported a quarter of respondent acknowledge that they often had unsafe sex with high risk partners. In one research conducted in several African population result indicated that 15 to 19 years old girls are five to six times more likely to be HIV/AIDS positive than boys of their own age, this indicated that they have knowledge of sexual behaviours and safer sexual practices, Robert, Liang, Batusan, (2005).

Lack of knowledge of safer sex practices among adolescents including those reported having had virginal sex had sexual and life

threatening indications between many seem unaware that they can contract sexually transmitted disease without using safer sex practices.

Recent researches have shown that lack of safer sexual behaviour has accounted greatly to the high rate of premature death among Africans, up to 60% of HIV/AIDS infections are among 14 to 15 years old with generally twice as many new infections on young women. The studies of knowledge of sexual behaviours and contraceptives use of 498 clinical students of a randomly selected medical college in south-west of Nigeria conducted in June 2003 show that two-third of 69.5% of the students new and used a safe method during their last sexual intercourse.

The most contraceptive method they use was the condom (54.6%) though a third of them incorrectly identified the units of the fertile period. Hagland; centre for disease control CDS (2006). According to CDS (2006), condoms are solely physical barrier to the transmitted disease in women. However, lack of knowledge of the use of preventive methods especially condoms use

among adolescents greatly put a threat to their life.

In a study carried out by Carrol (1999), knowledge off safer sex practices and sexually disease changes in college students. This was due to how condoms were reportedly used in women, there was a relationship in the expected direction between claiming to have begun use of condoms and the frequency with which they were reportedly used. Those who already knew and had ever used condoms were few.

METHOD

a. Design

The study employed a survey design for the purpose of data collection, in order to extract some facts which will help in describing knowledge, attitudes and practice of safe sex methods among undergraduate students of Benue State University Community. A research design is an outline of what is required to successfully conduct a research.

Karlinger (1996) indicated that research design is the plan structure and strategy of investigation conceived to obtain answers to

research questions and control variables.

b. Participants

The participants for the study were 200 (one hundred level) undergraduate students of the Benue State University Makurdi. The participants were randomly selected from faculties of the university namely; faculty of Social Sciences, Arts, Education, Science and Law respectively. The sample comprised of 23 (11%) 100 level students, 45(21%) 200 level students, 43 (20%) 300 level students, 64(30%) 400 level students, and 36 (17%) 500 level students respectively. This sample equally consists of 134(67%) males and 66 (33%) female participants with age ranged between 17-45 years.

c. Instrument

The instrument that was used in this research work was a safe sex questionnaire which was developed by DKT international Collen Dilorio, (2009) in Turkey. It measures the self-report and sexual beahviours of the Turkish Youth.

d. Research Hypotheses

1. There will be a significant difference between male and

- female students on practice of safer sex methods.
2. The student's knowledge of safe sex method will significantly influence their practice of safe sex methods.
 3. Student's knowledge of safe sex methods will significantly influence their attitude

towards safe sex on practice of safe sex method.

e. Data Analysis

The t-test and ANOVA were used in analyzing and testing of the research hypotheses.

PRESENTATION AND DISCUSSION OF RESULT

Table 1: Demographics of Participants

Variables	N	Percentage
Male	42	
Female	146	
Total	188	100.0

Source: Field Survey, 2017.

Hypothesis Testing

Hypothesis One: This hypothesis states that, there will be a significant

difference between male and female students on safe sex methods

Table 2: Summary of Independent t-test showing the difference between males and females on practice of safe sex methods

Variables	N	Mean	SD	df	T	P
Male	42	16.7143	3.21039	187	1.057	<0.05
Female	146	16.1233	3.19027			

Source: Field Survey, 2017.

Table 2 above shows that, there is a significant difference between males and females on the practice of safe sex methods. Observation of the mean career choice for males and females reveal that male (mean = 16.7143, SD = 3.21039) are higher on the practice of safe sex methods

than females (Mean = 16.1233, SD = 3.19027). Thus the hypothesis which states there will be a significant difference between male and females on the practice of safe sex methods is accepted.

This result is in line with findings of other scholars particularly to that of Parkers, Wright and Heriderson and Hart (2007) who reported that gender difference of safe sex practice showed significant overall effect on gender. Also, in a similar studies carried out by Centre for Disease Control (CDC, 2006) on effective and consistent use of contraceptives (condoms) among adolescents, shows that females had lower scores, than males or inhibition.

Terry and Man Love, (2000) also reported in their findings of

University students in Vietnam about the knowledge of sexually transmitted disease and effective use of contraceptives and the results indicates that three quarter of female and eight out of males did not know that, it is possible to contract sexually transmitted disease from an infected person.

Hypothesis 2: Student’s Knowledge of safe sex Method will significantly influence their practice of safe sex methods.

Table 3: Summary of simple linear regression showing the influence of knowledge of safe sex on practice of safe sex methods

Variables	R	R ²	f	β	T	P
Constant	.156	.024	4.7252		12.363	<0.05
Female				.156	2.180	<0.05

Source: Field Survey, 2017.

It was hypothesized that, there will be a significant influence of knowledge of safe sex methods on practice of safe sex methods. The hypothesis was tested using sample linear regression and the result was significant. $F = (1,191), 12.363; P < 0.05$. Thus the hypothesis which states that there will be influence of knowledge of safe sex methods on

practice of safe sex methods was accepted.

The result is consistent with study by Frederick et al (2000), Murphy, et al (2001) and Zorilla *et al.*, (2003). Frederick et al (2000) conducted a cross-section retrospective study of older children, adolescents and young adults enrolled in the CDC pediatric spectrum of HIV Disease (PSD) study. A supplemental data

abstraction instrument was used to collect data.

Hypothesis 3: Student's knowledge of safe sex methods will

significantly influence their attitude towards safe sex on practice of safe sex methods.

Table 4: Summary of simple linear regression showing the influence of attitude towards safe sex on practice of attitude towards safe sex on practice of safe sex methods

Variables	R	R ²	f	β	T	P
Constant	.025	.001	.123		14.242	<0.05
Attitude				.025	.350	<0.05

Source: Field Survey, 2017.

Result from table 4 above revealed that, there is no significant influence of attitude towards safe sex on the practice of safe sex methods. $F=(1,192), 14.242; P>0.05$. Thus, the hypothesis which states that, there will be significant influence of attitude towards safe sex on practice of safe sex methods was rejected.

This finding supports a study by Lou, Jit, and Cheristi (2009), in a cross-sectional study of Owo adolescents on their knowledge, sexual attitude and safer sex behaviour showed no significant correlation in their sexual knowledge and safe sex methods among the adolescents.

CONCLUSION

In conclusion, this research work is basically concerned with the knowledge, attitude and practice of safer sex methods among undergraduate students of Benue State University, Makurdi, as a study area.

From the findings of the study, the researchers were able to realize that, lack of knowledge of safer sex methods among the youths of today has accounted greatly to the high rate of HIV/AIDS and other sexually transmitted disease among people in Benue state University, Makurdi, Nigeria.

It is concluded that, the persistent and continuous education, awareness, effort by the

government, researcher, non-governmental organizations (NGOs) and other international agencies have only contributed little to behavioural changes among adolescents.

RECOMMENDATION

The study recommends that, the scale of the knowledge of safer sex methods is very important for any organization concerned with the development of its members.

The findings of this work suggest that sexually transmitted diseases such as HIV/AIDS prevention that directly targeted young people should receive the greatest attention so that more of them can get to know how to prevent the spread of the scourge.

Government ministries, agencies, international organizations, donor agencies, non-governmental organizations, religious bodies and other business organizations can help in creating awareness through campaigns making, more people to them available and affordable to the general public and also provide them with safe sex guides.

Periodic HIV/AIDS test should be carried out among students to detect the disease and prevent its

spread. Professional guidance and counseling personnels be trained and engaged by public schools.

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