

The Path physiology and Taxonomy of Hiv/Aids Awareness and Young People's Sexual Behavior in Ekiti State, Nigeria

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Abstract: The HIV/AIDs awareness and adolescents' sexual behaviour in Ekiti State of Nigeria was x-rayed. The paper looked at the pathophysiology and taxonomy of HIV/AIDs, the stages of infection, signs and symptoms and sexual behaviour of students and that there is also a relationship between age and HIV/AIDs awareness and age and sexual behaviour. The study then concluded that there is significant relationship between HIV/AIDs awareness and adolescent sexual behavior in Ekiti State, Nigeria.

Keywords: Pathophysiology, Taxonomy, HIV/AIDs, Awareness, Young People's, Sexual Behavior.

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I. Introduction

(HIV) that is Human Immuno-Deficiency Virus and (AIDs) Acquired Immunodeficiency Syndrome. HIV infection in a chronic diseases that progressively damages the body's immune system, making an otherwise healthy person less able to resist a variety of infections and disorders. Normally, when viruses' or there pathogens enter the body, they are targeted and destroyed by the immune system. But the Human Immuno-deficiency Virus (HIV) attacks the immune system itself, invading and taking over CD4 T cells, monocytes and macrophages which are essential elements of immune system.

Miller (2007), stated that HIV is a virus that replicated in the human body and could develop into AIDS. He observed that the virus could potentially live in the human body -for years (sometimes 10-15 years) before it would be noticed or developed into AIDS. Although, he observed that symptoms were not present, the virus was still transmissible. He also discussed the myth or popular fallacy which erroneously gave the impression that only high risk groups acquired (HIV). However, the fact is that the virus does not discriminate and anyone who has any risk can acquire the virus. The behaviours in which a person engages are what transmit (HIV).

Path physiology Of Hiv/Aids

The disease is caused by a retrovirus (virus that contains RNA instead of DNA as its genetic material) this retrovirus, produces the enzymes reverse transcriptase inside the cells of the infected person (host cells) and converts its own genetic material RNA, into DNA. It then inserts this DNA into the chromosomes of the host cells. The viral DNA takes over the CD4 cells causing it to produce new copies of HIV. The host cell then pass out into the tissue fluid and blood and infect other host cells. When infected host cells divide, copies of provirus (transformed viral RNA to DNA) are integrated to the DNA of daughter cells spreading the disease within the body.

HIV has an affinity for cells that have a protein receptor called CD4 in their membranes including T-lymphocytes, monocytes, macrophages, some B- lymphocytes, intestinal and neuroglial cells in the brain. Helper T-cells are the main cells involved. When infected, their numbers are reduced causing suppression of both antibody-mediated and cell mediated immunity with subsequent development of wide spread opportunistic infections often by microbes of relatively low pathogenicity. HIV infection lead to low levels of CD4 T-cell through three main mechanisms. First, by direct viral killing of infected cells, second by increase rates of apoptosis in infected cells and third by killing of infected CD4 cells. (Cunmngam, 2010).

(HIV) has been isolated from semen, cervical secretions, lymph, plasma, cerebrospinal fluid, tears, saliva, urine and breast milk. The secretions known to be especially infective are the semen, cervical secretions, blood and blood products.

Taxonomy of Hiv

Two types of (HIV) have been characterized. These are the HIV-1 and HIV- 2. HIV - 1 is the virus that was initially discovered and termed both lymphadenopathy Associated virus (LAV) and Human T-Cell leukemia lymphoma virus (HTLV) III. It is more virulent, more infective and is the cause of the majority of HIV infection globally. The lower of HIV-2 compared to HIV-1 implies that fewer of those exposed to HIV-2 will be infected

per exposure. Because of its relatively poor capacity for transmission HIV-2 is largely confined to West African (Gilbert, 2003 Reeves & Doms, 2000)

Stages Of Hiv Infection

The stages of HIV infection are acute infection (also known as primary infection), latency and AIDS. Babayaro (2010), stated that acute infection lasts for several weeks and may include symptoms such as fever, lymphadenopathy (swollen lymph nodes), pharyngitis (sore throat), rash, myalgia (muscle pain), malaise and mouth and esophageal sores. The latency stage, according to Blankson (2010) involves few or no symptoms and can last anywhere from two weeks to twenty years or more, depending on the individual. AIDS, the final stage of HIV infection is defined by low CD4 cell counts (fewer than 200 per microlitre), various opportunistic infections, cancers and other conditions.

A small percentage of HIV-1 infected individuals retain high levels of CD4 T cells without antiretroviral therapy. However, most have detectable viral load and will eventually progress to AIDS without treatment, although more slowly than others. These individuals are classified by Babayaro, (2010) as HIV controllers or long term non-progressors (LTNP). Also people who maintain CD4 T cell counts and have low or clinically undetectable viral load without anti-retroviral treatment are known as elite controllers or elite suppressors (ES).

Signs and Symptoms

Within a few days or weeks of infection with HIV, about half of people will develop symptoms of primary HIV infection. These can include: Fever, Fatigue, Rashes, Headache, Swollen lymphnodes, Body aches, Night sweats, Sore throat, Nausea, Diarrhea. Because the symptoms of primary HIV infection are similar to those of many common viral illnesses, the condition often goes undiagnosed, even if the infected person sees the physician other than the initial flulike symptoms, associated with primary HIV infection, most people in the first months or years of HIV infection have few or even no symptoms. As the immune system weakens, however, a variety of symptoms can develop. These include persistent swollen lymph nodes, lumps, rashes, sores or other growths on or under the skin or on the mucus membrane of the mouth, eyes, arms or nasal passage; persistent yeast infection, unexplained weight loss, fever and drenching night sweats, dry cough and shortness of breath, persistent diarrhea, easy bruising and unexplained bleeding, profound fatigue, memory loss, difficulty with balance, tremors or seizure, changes in vision, hearing, taste or smell. There is difficulty in swallowing, changes in mood and other psychological symptoms and persistent or recurrent pain. Obviously, many of these symptoms can also occur with a variety of other illnesses.

Because the immune system is weakened, people with HIV infection are highly susceptible to infections, both common and uncommon. The infection most often seen in people with HIV is pneumocystic carini pneumonia, a protozoal infection, Kaposi's sarcoma, a previously rare form of cancer is common in HIV infected men. Women with HIV infection often have frequent and difficult to treat vaginal yeast infections. Cases of tuberculosis (TB) are increasingly being reported in patients with HIV (Olarotimi, 2006).

It has now been realized that HIV/AIDS infection is a threat to the world and people are beginning to take action to prevent it from killing millions more than it had done in the past.

HIV/AIDS Epidemic in Nigeria and one Onelga in Particular Orubuloye (2011) explained that "since 1986 when the first AIDS case was detected in Nigeria, the epidemic had rapidly grown. The adult HIV prevalence had increased from 1.8% in 1991 to 4.5% in 1996 and to 5.6% in 2009. Estimates derived from the 2011 HIV/Syphilis sero-prevalence sentinel survey among women attending ante-natal clinics indicated that more than 3.5 million Nigerians might be infected with HIV.

HIV/AIDS had been reported in all communities in Nigeria. Nigeria now has general population epidemics of over 1% and in some communities HIV prevalence is well over 10%. Orubuloye, who is of the Department of Sociology, University of Ado-Ekiti, Nigeria, also observed that there was a higher HIV prevalence outside major urban areas compared to the major urban areas. Surely, men and women are both infected. HIV infects all age groups, but young people between the ages of 15 and 24 years are more infected and the rate of infection among this group is more than 10%.

Lately, according to Orubuloye (2011), an increasing number of children are being either infected with the virus through mother-to-child transmission, or are losing one or both parents to the disease. By all indications the HIV/AIDS epidemic has continued to grow largely through heterosexual unprotected sexual intercourse. Ignorance is said to be costly, the level of ignorance among young persons and adults in Nigeria and Ekiti in particular over HIV is shocking, one may presume Nigerians know, but we are being proved wrong with the escalation of HIV cases daily. Therefore the preventive strategies should target more, the behavioural changes of adolescents before a permanent habit is formed.

Hiv/Aids Awareness

Olaleye, (2007) in the brief overview of his book, pointed out what HIV and AIDS were and what exposures and risky behaviours could potentially lead to acquiring the virus. He included the scope of HIV/AIDS awareness to be the following:

- The meaning of HIV/AIDS,
- How HIV is transmitted and the risk involved,
- Factors that contribute to the rising cases of HIV/AIDS,
- Prevention of the acquisition of HIV and Reducing the risk of acquiring HIV
- How to go for test.

The writers' explanation was of United States Affairs though he used that to generalize as it pertains to HIV awareness.

How HIV IS Transmitted and the Risk Involved

HIV lives only within body cells and body fluid not outside the body. It is transmitted by blood and blood products, semen, vaginal and cervical secretions and breast milk. HIV cannot live in the air, water or object or surfaces such as toilet seats, eating utensils or telephones. The three main routes of HIV transmissions are:

1. From specific kinds of sexual contacts
2. From direct exposure to infected blood and blood products
3. From an HIV infected woman to her fetus during pregnancy or childbirth or to her infant during breast feeding.

Sexual Contact and the Risks

HIV is more likely to be transmitted by unprotected anal or vaginal intercourse than by other sexual activities. Being the receptive partner during anal intercourse is the riskiest of all sexual activities. Oral-genital contact carries some risks of transmission although less than vaginal or anal intercourse, oral sex is still responsible for a small but significant number of HIV transmission.

HIV can be transmitted through tiny tears in the fragile lining of the vagina, cervix, penis, anus and mouth and also through direct infection of cells in some of these areas. The presence of lesions, blisters or inflammation from other Sexually Transmitted Diseases (STDs) in the genital, anal or oral areas makes it two to nine times easier for the virus to be passed. In addition, any trauma or irritation of the tissues such as might occur from rough or unwanted intercourse or the use of enemas and douching prior to anal and vaginal intercourse increases the risk. Spermicides may also cause irritation and increase the risk of HIV transmission.

The risk of HIV transmission during oral sex increases, if a person has poor oral hygiene, has oral sores or has just brushed or flossed before or after oral sex. Some evidence suggest that recent consumption of alcohol may make the cells that line the mouth more susceptible to infection with HIV. (Olarotimi, 2006) During vaginal intercourse male to female transmission is more likely to occur than female to male transmission. HIV have been found in pre-ejaculatory fluid so transmission can occur before ejaculation. It has also been found that circumcised males have lower risk of HIV infection than uncircumcised males (Olarotimi, 2006). While claiming awareness, the bad habit of indulgence in overdrinking of alcohol, taking of substance abuse such as marijuana, gskolo tend to stimulate sexual urge and in such unguarded moments, intercourse could be the next solace. As such the behavioural change should be our target hence the timely embarking of this study.

Direct Contact with Infected Blood

The second major route of HIV transmission is direct contact with blood of an infected persons. For example, if needles from infected persons are shared, small quantity of one person's blood are directly injected to another person's blood stream. This is usually common where needles used to inject drugs such as cocaine, heroin and anabolic steroids are routinely contaminated by the blood of the user. Needles and blades used in acupuncture, tattooing, ritual scarring and piercing of earlobes, nose, lips, nipples, navels or other body parts can also be a source of transmission.

HIV has been transmitted in blood and blood product used in the medical treatment of injuries, serious illnesses and haemophilia. In the case of contact with body fluid, trace amount of HIV have been found in the saliva, and tears of some infected people. However researchers believe that these fluids do not carry enough of the virus to infect another person (Olarotimi 2006). Contact with urine and faeces of an infected person may carry some risks but contact with sweat is not believed to carry any risk. There is absolutely no evidence that the virus can be spread by insects such as mosquitoes. Drug users, their sex partners and their children are all at extremely high risks for HIV. In developing countries, the risk of contracting HIV or another serious infection from blood transmission is very high. Those who have diseases that require frequent blood transfusion are at high risk. The risk of health workers acquiring the disease from an infected patient is higher.

Mother to Child Transmission

This is another route of HIV transmission which is also called vertical or perinatal transmission. This can occur during pregnancy, child birth or breast feeding. About 25-30% of infants born to untreated HIV infected mothers are also infected with the virus. Worldwide, about two thirds of the vertical transmissions occurs during pregnancy and child birth and one third through breast feeding (Olarotimi, 2006). Lack of testing and treatment and common breast feeding carry a high risk of vertical transmission.

The Following Popular Ways Assumed to Put People at Risk are Ruled Out

HIV cannot be gotten from

- Casual contact with infected person which includes handshaking, hugging, caring for people with HIV/AIDS or visiting HIV patients in their homes or hospitals.
- Food served by HIV positive people or using utensils that belong to them,
- Saliva or tears (that includes the intimate contact of kissing) saliva weakens the presence of HIV.
- People with HIV coughing or spitting
- Toilet or toilet seats and wash basins.
- Swimming pools or public showers.
- Donating blood
- Mosquitoes or other insect bites.
- Using an infected person's telephone

Factors That Contribute To The Rising Cases Of Hiv/Aids In Ekiti State.

Many factors have led to the rising cases of HIV/AIDS in Ekiti State espically among the youths and they include:

a. Ignorance

Rimfat (2006), has identified ignorance as a leading factor in the spread of HIV/AIDS'. This is because initially most people claimed that HIV/AIDS was a disease of the white people only. To others, there was no known mode of spread and prevention. To worsen the situation still, the campaign strategies employed by the government to create awareness was concentrated only in the urban areas and not to the areas where the ignorant people were concentrated and population high especially the rural areas and suburbs of the urban areas

b. Poverty

Poverty arises from a condition whereby an individual fails or unable to meet the basic needs of life. According to Njoku (2005), poverty has compelled many young female to engage in illicit sexual acts or prostitution, as a means of livelihood. Such has increased the spread of HIV/AIDS especially in Jos metropolis.

c. Unemployment

Unemployment is a major problem in Nigeria. Youths who are jobless must have to survive despite the poverty level of the country. This leads them to engage in all sorts of risky behaviours such as drug abuse, sexual intercourse etc, which consequently may lead to the spread of HIV/AIDS.

d. Polygamy

As observed by Ibori (2000), polygamy is risky as there is tendency of one member being unfaithful thereby promoting spread of HIV/AIDS.

e. Prostitution

This refers to individuals who engage in sexual activity in exchange for money or other valuable materials that are given at the time of the act. Njoku (2005) commented thus:

Prostitution has been identified as a major way of spreading sexually transmitted diseases including HIV virus in many societies. It is in recognition of this problem that commercial sex workers have been identified as a high risk group in terms of vulnerability to HIV/AIDS infection and the spread of the virus. (pg 34).

Prevailing adverse socio-economic conditions and the increasing desire for materialism and high living values and standard in the society has pushed our young girls into prostitution.

f. Low Literacy Level

Most members of the population in Jos North Local Government Area are not aware of the dangers and problems of HIV/AIDS infection. They are not aware of the modes of transmission of the virus as well as measures to curb the spread of it. Evidence of the low literacy level especially concerning HIV/AIDS could be seen in the increasing number of risky behaviours, risky traditional practices that involves the use of contaminated sharp objects for many people in the society at the same time. There is also this dangerous wife inheritance practice where a widow is inherited by the brother of the deceased (Ibori, 2000).

g. Low Condom Usage

Low condom usage has stem from the fact that most youngsters and adults have negative views of the use of condom because they feel that sexual act is better when it is skin to skin. This has contributed to the spread of HIV/AIDS. The following were recommended by Osowole (1998), for the proper use of condoms in reducing the transmission of HIV/AIDS and increase the efficiency of the condom.

- a. Latex condoms which offer greater protection against viral sexually transmitted diseases is preferred to the natural membrane condom.
- b. Direct sunlight has a destroying effect on the condoms and as such should be stored in a cold, dry place.
- c. Condoms which are brittle, sticky or discoloured signifies obvious signs of age or in damaged packages and should not be used as the infection prevention ability cannot be guaranteed. It should also be handled with care to prevent puncture.
- d. Condom should be worn before genital contact to avoid exposure to fluids that contain infectious agents. To this, hold the tip of the condom and unroll it into the erect penis, leaving space at the tip to collect the semen making sure that no air is trapped in the tip of the condom.
- e. Adequate lubrication using water based lubricants should be carried out before intercourse. Oil based lubricants weakens the latex and thereby should not be used.
- f. Use of condoms with spermicides may provide additional protection against sexually transmitted diseases.
- g. If condoms breaks, it should be replaced immediately. If ejaculation has occurred after condom burst, spermicides should be used which is believed to have reduction effect on risk of sexually transmitted diseases.
- h. On the withdrawal after ejaculation, care should be taken as to avoid the condom slipping off the penis before complete withdrawal. Again, the base of the condom should be held while withdrawing and the penis should be withdrawn while still erect.
- i. Condom should never be re-used.

From the above knowledge about the use of condom, it is understood that condoms do not provide absolute protection from any infection but can go a long way to reduce the risk of infection. The risk of infection is most effectively reduced through abstinence or sexual intercourse with a mutually faithful uninfected partner.

h. Low Status of Women

The rising case of HIV/AIDS in Jos North Local Government Area has also been attributed to low status of women. Women in Nigeria and indeed Sub-Saharan African are regarded as their husband's property and therefore cannot resist or refuse sexual advances by their husbands. They have no right insisting on knowing their husband's HIV status even when they are engaged in risky sexual behaviours. The women are also subjected to certain sexual abuses which render them vulnerable to HIV/AIDS infection. Women have no control over their sex life, and even the use of condom is determined by the husband or the male sexual partner. (Njoku, 2005).

i. Somatization of HIV/AIDS

This arises from the fact that people with HIV/AIDS are seen as being different, bad, unclean and sinners. This has lead to people with AIDS being treated unequally. For instance sacking one from job because he or she has AIDS. The stigma associated with HIV/AIDS infection has made it difficult for people to willingly go for HIV/AIDS tests and seek for medical attention earlier. The culture of silence and stigmatization associated with HIV/AIDS is causing a big setback in war against HIV/AIDS spread. When the society wakes up to their responsibility of relating well to the victims, caring for them and giving the necessary social and medical attention they require, people will no longer hide the sickness and as such the rate of spread will be drastically reduced.

j. Proliferation of Tertiary Institutions

Increase in the number of tertiary institutions has been identified as one of the major factors contributing to the increasing cases of HIV/AIDS infection in most sub-Saharan African cities. (Boma, 2005) commented this way:

The proliferation of tertiary institutions often stimulates rapid urbanization and agglomeration of people from different cultures and social backgrounds within the town where the institutions are located. This often erodes the traditional and social values which had acted as a check on the social behavior of the youths. Consequently, many youths in tertiary institutions often engage in unprotected sexual acts and other high risk behaviours that make them vulnerable to HIV infections. (pg 35)

Lewis is narrow in his thinking on the correlation between educational institution and rise in HIV cases. Rather, the problem lies in moral depravity from adults, leaders, the home and the social life in the country and the Western world. Most of the students in our tertiary institutions are within the age bracket of 15-25 years which has the highest rate of HIV/AIDS epidemic. This can be attributed largely to some avoidable risky behaviours which many of them participate in. It is therefore critical that appropriate HIV/AIDS preventive strategies be put in place to tackle the pandemic. To do this, strategies to make adolescents be aware of HIV/AIDS so as to reduce or abolish

risky behaviours should be put in place targeting the Adolescent secondary school students, which is a stepping level to the tertiary institutions. Other factors include consumption of alcoholic drinks, urbanization and inter-communal clashes and wars.

Prevention of HIV Infection/ Reducing the Risk of Acquiring HIV Infection

HIV/AIDS currently has no cure, although many treatments are available to help reduce the scourge of the opportunistic infections and tumours associated with AIDS through lowering the viral load. Since it is obvious that AIDS has no cure, the only way to tackle the spread of HIV and AIDS is to prevent the infection with HIV occurring. This calls for efficient implementation of prevention and control strategies that respect and protect human rights. (Uchendu, 2008). He then postulated various ways to prevent HIV infection as follows:

- a. Informing the general public about HIV transmission and explaining those behaviours that place individuals at highest risk of infection.
- b. Counseling HIV infected persons.
- c. Ensuring the safety of blood and blood products.
- d. Taking action to reduce HIV transmission among injecting drugs users

Preventing Sexual Transmission of HIV

Sexual transmission of HIV can be prevented by having only one uninfected sexual partner, use of condom with new partners, avoiding other sexually transmitted infections, and establishing comprehensive sexually

How can one get tested?

It was first noted through Olaleye (2007), that there was a window period in which it was recommended to be tested. This window period according to him, was 3-6 months after a potential exposure. This 3-6 months window period is due to the fact that the test look for the antibodies to the virus (not the virus itself) and it takes approximately 3-6 months for HIV antibodies to develop in the body. What this means therefore, is that, if one had sexual intercourse the past weekend and is worried about acquiring HIV, and if he/she gets tested this week, the test would not pick up on a potential infection for the past weekend but would find antibodies from potential exposure that happened 3-6 months ago.

In Nigeria, whether in rural or urban setting, testing is not accessible to the entire population. Some might not go for HIV testing because of the shame the stigma will produce. Some will shy away and suffer in silence while others will produce diversionary stories and attribute the potential infection to activities, devil or unknown factors. But as Socrates said “to thyself be true”.

HIV scourge is real. It is not a myth. Meretricious gimmick about spiritual or penticoastal cure will not help. Some experts recommend HIV testing for everyone (Olarotimi, 2006). However, an individual should strongly consider being tested, if any of the following applies to him or her or to any past or present sexual partner.

- You have had unprotected sex (vaginal or anal) with more than one partner or with a partner who was not in a mutually monogamous relationship with you.
- You have used or shared needles, syringes or other paraphernalia for injecting drugs (including steroids)
- You received a transfusion of blood or blood products between 1978 and 1985 or in the recent times.
- You have been diagnosed with an STD

Testing Options

If you decide to get an HIV test, either you can visit a physician or health clinic or you can take a home test.

Physician or Clinic Testing

Physician or Clinic testing has an advantage of getting one-on-one counseling about the test, the results and ways to avoid the future infection or spreading the disease. If you have any good reason to think you may test positive, it is probably best to be tested by a physician or Clinic where follow up care and counseling will be intensive. Areas where HIV testing can be arranged include your physician, student Health Clinic, Planned Parenthood, public health department or local AIDS association. Public clinic often charge little or nothing. The standard test involves drawing a sample of blood that is sent to a laboratory for analysis for the presence of antibodies. If the first stage of testing is positive, a confirmatory test is done. Rapid tests are now available. These test involve the use of blood or oral fluid and can provide results in as little as twenty minute (20 minutes). If a rapid test is positive for HIV infection, a confirmatory test will be performed. Before you perform an HIV test, be sure you understand what will be done with the results.

Results from confidential tests may still become part of the medical records and/or be reported to (with your name or some other identifiers) state and federal public health agencies. If you decide to be tested anonymously in which case, results will not be reported to anyone but yourself, then check with your physician or counselor about how to obtain an anonymous test or use a home test.

Home Testing

A home test kit is available though not commonly available in Nigeria. To use a home test kit, one pricks his/herself with a supplied lancet, drops a few blood on the blotting paper and sends it to the laboratory. With an anonymous number of telephone, results can be communicated. Any result that test positive, is routed to the trained counselor who can provide emotional and medical support.

Adolescents and their Sexual Behaviour

During adolescence, the biological changes bring about physical, social, emotional and cognitive changes. The lives of adolescents are wrapped in sexuality. Adolescence is a time of sexual exploration and incorporating sexuality into one's identity. Adolescents have almost insatiable curiosity about the mysteries of sex. They wonder whether they are sexually attractive, how to behave sexually and what the future holds for their sexual lives. Most adolescents eventually manage to develop a mature sexual identity even though as adults can attest, there are always times of vulnerability and confusion along life's sex journey. The sexual attitudes and behaviours in adolescence is a product of pubertal change which involves sexual maturation and dramatic increase in androgen in males and oestrogens in females. In the present generation, puberty comes earlier than in the previous generations which can lead to early dating and early sexual activities. Adolescence and sexual behaviour would be discussed under the sub-headings: Adolescence and Adolescent, Socio-Cognitive Changes of Adolescents, Adolescents' Egocentrism, Adolescents' Moral Reasoning, Adolescents Sexual Behaviour, Sexual Identity Development of Adolescents, Heterosexual Attitude and Behaviour. Moreover, adolescents are not only emotionally immature but also have not reached the age of discretion. They take much risk and look at life as adventure.

Recommendations

Based on the findings of the study, the following are recommended:

1. More awareness about HIV/AIDS should be created by teachers, parents and the government to enlighten students more.
2. The study found high (positive) sexual behaviour among students, hence efforts directed at discouraging students in engaging in sexual activities should be intensified by counselors, teachers religious leaders, the parents and mass media.
3. The study found out that HIV/AIDS awareness correlated highly with sexual behaviour, students should be advised by the teachers, guidance counselors and parents to use the knowledge or awareness of HI V/AIDS to discourage involvement in sexual activities, not as a guaranty for sexual promiscuity.

II. Conclusion

The pursuance of this study originated from the fact that HIV/AIDS spread is still on the increase affecting mainly the young ones between the ages of 15 and 24 and has posed a great concern to the nation and society at large. Despite the great efforts put forward by the Federal government to reduce the spread of HIV/AIDS, yet there is high level of infected persons. This study sought to determine whether students level of awareness of HIV/AIDS has any relationship with their sexual behaviour. From the results obtained from the study, many of the secondary school students studied, have high level of awareness about HIV/AIDS. Also, the students are of positive (favourable) sexual behaviour. Students' age was found to correlate highly with their sexual behaviour. Similarly, a relationship was found to exist between students' age and their HIV/AIDS awareness.

The study found a significant difference between the HIV/AIDS awareness and sexual behaviour of male and female senior secondary school students in Ekiti State from interaction with the young people especial in schools. The study therefore concludes that there is a significant relationship between HIV/AIDS awareness of students and their sexual behaviour.

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