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HIV/AIDS

HIV/AIDS Risk Behaviour among Secondary School Students in Bwari Area Council of FCT-Abuja, Nigeria

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Abstract **Original Research Article**

Introduction: This research examined those risk behaviors in HIV/AIDS disease: Using a descriptive cross-sectional research design a proportional cluster sampling method was adopted to randomly select three government, one private, and three hundred and sixty senior secondary school students as volunteers for the study. A self-designed questionnaire was used for data collection. Data collected were analyzed using frequency counts and percentages to answer research questions while unpaired student's t test was used to test hypotheses. Although no significant difference existed between practicable and workable solutions towards combating HIV/AIDS epidemic in Bwari Area Council of FCT-Abuja (P>0.05):We were able to establish however that reduction of sexual partners and sexual abstinence have significant impact at combating HIV/AIDS epidemics in Bwari Area Council of FCT-Abuja (P<0.05). It also showed that knowledge of HIV/AIDS risk behaviors has negative impact on the student's school attendance and achievement. This study concluded that knowledge and peer group influence contributed to HIV/AIDS risk behaviors among secondary school students in Bwari Area Council of FCT-Abuja. It was therefore recommended that Voluntary Testing Centers (VTC), Post-exposure prophylaxis (PEP) and negative peer pressure reduction strict obligation and necessity in schools' environments.

Keywords: Voluntary, Testing Centers, Post-exposure prophylaxis (PEP), Peer Pressure, HIV/AIDS, Epidemic, Risk, Behaviors.

INTRODUCTION

Education and learning is supposed to be a tool for generational transformation and moral impart among students, but education has become a death trap where students go to school and either get corrupted and entangle in one behavior or the other. Risk behavior among secondary school students is increasing in an alarming rate, it's no longer violence, use of Tobacco, alcohol and examination malpractices that is bedeviling secondary schools' students today but, Human immunodeficiency Virus (HIV) which is a virus that attacks the body's immune system. If not treated can lead to Acquire Immunodeficiency Syndrome (AIDS). According to the data by the National Agency for the Control of AIDS (NACA), 1.7 percent of female adults aged 15-49 have HIV, while 0.8 percent of male adults aged 15-49 have the virus. Further review revealed that, despite the prevalence of HIV among women, the percentage of people who are knowledgeable about prevention measures is higher among men than among women. 74.1 percent of men aged 15-49 years are aware of HIV prevention compare to 70.7 percent of women aged 15-49 years. The first case of AIDS in Nigeria was reported in 1986. Consequently, and in line with guidelines from the World Health Organization (WHO), the government adopted ANC sentinel surveillance as the system for assessing the epidemic. Sentinel survey data showed that the HIV prevalence increased from 1.2% in 1991 to 5.8% in 2001. After 2003 the prevalence declined to 4.4% in 2005 before slightly increasing to 4.6% in 2008. Results from the latest round of sentinel survey shows that the national prevalence was 4.1% in 2010. (FMOH, 2010) [1]. Key drivers of the HIV epidemic in Nigeria include low

personal risk perception, multiple concurrent sexual partnerships, transactional and inter-generational sex, ineffective and inefficient services for sexually transmitted infections (STIs), and inadequate access to and poor quality of healthcare services. Entrenched gender inequalities and inequities, chronic and debilitating poverty, and persistence of HIV/AIDS-related stigma and discrimination also significantly contribute to the spread of the infection. Counsellors/Teachers, Parents, and Peers all provide students with suggestions and feedback about what they should think and how they should behave in social situations. These models can be a source of motivation or a lack of it. It is true that modelling refers to individual changes in cognition, behaviour, or effects that result from the observation of others (Ryan, 2000) [2]. Observing others perform a particular behaviour or voice a certain opinion can introduce a student to new behaviours and viewpoints that may be different from his or her own. Observation also enlightens a student on the risk of such behaviours and opinions. Depending on these risks, observation of a model can strengthen or weaken the likelihood the observer will engage in such behaviour or adopt such beliefs in the future.

Over the last 50 years' peer influence/pressure has emerged as the chief source of values and behavioural influence for students, replacing the influence of parent and adult. Given that adolescents spend twice as much time with peers as with parents or other adults, it is important to study the influence or pressures that peers place on each other (Nwankwo, 2010) [3].

Background of Study

Health risk behaviour was defined as any activity undertaken by individuals with a frequency or intensity that increases risk of disease or injury (Steptoe and Wardle, 2010) [4]. Much of the morbidity or mortality is linked with individual behavioural patterns, polluted environment or poverty (Jamal *et al*., 2013) [5]. Smoking, illicit sex and drugs abuse, physical inactivity, poor diet, alcohol misuse behaviours and tobacco use are health risk behaviours (HRBs) identified and indicted as the leading causes of death regardless of one's age (Bell *et al*., 2008) [6]. Centre for disease control and prevention, (2010) [7] statistics also showed that half of the premature death from developed countries is caused by preventable behavioural factors such as tobacco use, alcohol abuse, physical inactivity, and unhealthy dietary habits, risky sexual practices, non-adherence to; effective medication regimens and screening programmes. Health risk behaviours also have negative impact on the health and influence cognitive performance, emotions, and the overall quality of life in an individual in a magnitude that has become one of the priorities of the most important national and international health organization (Gray, 2009) [8].

World Health Organization (WHO, 2013) [9] reports revealed that the leading causes of global deaths today are largely associated with lifestyle which is an important predictor of future health, productivity and life expectancy. The increased western world lifestyle habits during the 1990s have resulted to a decrease in healthier Integr. J. Edu. Train.

Ezekwe and Awachie (2010) [10] observed that secondary School student's behaviour, contribute much to the spread of HIV and AIDS. The joint united nation's programme on HIV and AIDS shows that, the spread of this epidermis is in a geometric form, Jennifer James (1999) [11] observed that illicit sexual inter-course among the society is a major factor for the spread of this virus. According of U.S department (2008) reports, there are many risks factor that contribute to the spread of HIV, including lack of adequate knowledge, prostitution high risk practices, among students and itinerant workers, high prevalence of sexually transmitted infections, clandestine high risk heterosexual and homosexual practices, international trafficking of women and young girls and irregular blood screening. In Bwari Area Council, there is also an increasing concern about student's knowledge and risk behaviour of early and unprotected sexual relation. The epidemic has made it paramount to teach students effective sexual health and AIDS preventive programs that can increase and maintain desirable behaviour that can virtually eliminate their risk of becoming infected. Nkya, Gillespie, Howlet, (1991) [12] stated that it has been recognized for many years that population with high number of sexual contacts, high HIV and STI prevalence and low condom use play key role in the transmission of HIV. Risky sexual behaviours are defined as an act that increase the chance that a sexually active individual will contract a sexually transmitted infection, or become pregnant, or make a partner pregnant. Such behaviours include unprotected sexual, and abusing recreational drugs, risky sexual behaviours and sexually transmitted infections are more common in adolescents.

It is against this backdrop that the study investigated the HIV/AIDS Risk behaviour among secondary school students in Bwari Area Council of F.C.T-Abuja, Nigeria.

1.7. Research Hypothesis

The research will test the following hypothesis:

1. $\mathbf{H_0}$: HIV/AIDS Risk behaviour among secondary student's does not contribute to the spread of the virus.
   $\mathbf{H_1}$: HIV/AIDS Risk behaviour among secondary student's contribute to the spread of the virus.
2. $\mathbf{H_0}$: There is no practicable and workable solutions towards fighting this HIV/AIDS epidemic.
   $\mathbf{H_1}$: There is practicable and workable solutions towards.

LITERATURE REVIEW

INTRODUCTION

This chapter holds the main body of the research. HIV/AIDS risk behavior among secondary school students, effect of the epidemic, sensitization, and previous work which shall be review. Other related literatures and conceptual framework of various scholars and authors on the general overview of HIV/AIDS risk behavior among secondary school students. The chapter concludes with a theory which is used to provide an explanation to the issue under investigation.

Literature Review

While the prevalence of HIV/AIDS appears stabilizing in Nigeria, to think that the trend cannot take an upwards turn will be an understatement. Indeed, 'the prevalence of HIV disease will increase, while the future rate of new infections is uncertain' (Nikolopoulos *et al*., 2008) [13]. In 2020, sub-Saharan Africa accounted for 89 per cent of new HIV paediatric infections and 88 percent of the children and adolescents living with HIV worldwide, with adolescent girls' times more likely to be infected with HIV than boys. Some 88 per cent of AIDS-related child deaths were in sub-Saharan Africa. Nigeria has the highest number of children and adolescents aged 0-19 years living with HIV in West and Central Africa, with an estimate of 190,000. Most victims of this epidemic include:

Sex workers

Following the diagnosis and report of the first AIDS case in a sex worker in Lagos, testing of sex workers began in the state in 1989–1998 with two per cent of the sex workers tested at the time reported to be HIV positive. The number of reports increased steadily to 15% in 1993 and by 1996, 31% of the sex workers in Lagos were HIV positive (Joint United Nations Epidemiological Fact Sheet, 2004) [14]. Today, the female sex workers (FSW) constitute the sub group most affected by HIV/AIDS in Nigeria (Joint United Nations Epidemiological Fact Sheet, 2004 [14]; Nigeria National Agency for the Control of AIDS, 2012) [15]. In an integrated biological and behavioural surveillance (IBBS) survey carried out by the Federal Ministry of Health in 2007 and 2010 respectively comprising five and eight states of the federation (e.g. Lagos, Kano, Edo, Anambra and Cross River) including the FCT, different HIV prevalence among female sex worker was noted in these states and such has been largely attributed to the varying use of condom and alcohol consumption by the sex workers (Federal Ministry of Health, 2008, 2010a,b) [16]. The prevalence of HIV/AIDS among sex workers in Nigeria was approximately 25% in 2012 while prevalence among people 15–49 years old in the country in 2011 was around 4% (Joint United Nations Global Report, 2012a,b) [17].

Men who have sex with Men (MSM)

Men who have sex with men constitute the second most-at-risk populations affected by the epidemic in Nigeria according to 2010 IBBS survey with 17.2% average prevalence rate (Federal Ministry of Health, 2010a,b) [16]. The FCT was noted for having the highest prevalent rate (37.6%). A lower consistent use of condom than FSWs was reported by this subgroup of population albeit they appeared to have high levels of HIV prevention knowledge (Federal Ministry of Health, 2010a,b) [16]. A secondary analysis of the 2010 IBBS data involving 1545 MSM between 18 and 49 years showed that high number MSM practice risky sexual behaviour that is driven by alcohol and multiple male partners (Adeyemi *et al.*, 2012) [18].

Injecting Drug Users

While data from the 2010 IBBS survey revealed that injecting drug users (IDUs) were to a lesser extent affected by the HIV/ AIDS epidemic in the six states surveyed, 4.2% of this population was HIV prevalence among FSWs has remained consistently high and the proportion of new diagnosed HIV cases among this subgroup is high. The behaviours indicators also reveal the existence of unsafe sexual practices most especially with their boyfriends (Federal Ministry of Health, 2010a,b). There is thus an overriding need for effective, systematic and highly tailored public health interventions in the country. It is also important to maintain and strengthen special surveillance activities on these subgroups of the population in order to obtain a clearer picture of their changes in trends over the next few years.

Young people recorded the most prevalence of HIV/AIDs in the country. Thus, educational, structural and cultural factors that can influence good sexual and behavioural practices among this group of people need to be fostered. Unfortunately, research on sexual networking among this group of people is sparse with few earlier surveys carried out between 1990 and 1995 in Ekiti (Orubuloye *et al*., 1991) [19], Lagos.

HIV infection has spread over the last 30 years and has a great impact on health, welfare, employment and criminal justice sectors; affecting all social and ethnic groups throughout the world. Recent epidemiological data indicate that HIV remains a public health issue that persistently drains our economic sector having claimed more than 25 million lives over the last three decades (WHO Fact Sheet, 2014) [20]. The estimated overall number of People Living with HIV (PLWHIV) by the end of 2014 was approximately 36.9 (34.3–41.4) million and Sub-Saharan Africa was the most affected region, having 25.8 (24.0–28.7) million PLWHIV and 66% of all people with HIV infection living in the region (Joint United Nations Global Fact Sheet, 2015) [21].

Of all people living with HIV globally, 9% of them live in Nigeria (UNAIDS, 2014a) [22]. The country already burdened by political instability and endemic political corruption as a result of almost 33 years of military rule now seems prepared to 'wipe out' the virus within a few decades (Nigeria National Agency for the Control of AIDS, 2012) [23]. Notwithstanding the progress in institutional reforms and political commitment to tackle the disease, the country has seen more citizens placed on life saving medication of active antiretroviral therapy (AART) to increase the survival of such HIV seropositive individuals (Nigeria National Agency for the Control of AIDS, 2012) [23].

This present review surveys the dynamics of HIV transmission in Nigeria, its emerging trends and the sentinel surveillance system put in place by the governmental and non-governmental institutions, and international organizations. Finally, a discussion on how this information could aid HIV/AIDS prevention and best behavioural practices among the highly risk individuals is presented.

HIV/AIDS Surveillance System

The method adopted in this paper was a descriptive analysis of the HIV epidemiology in Nigeria, based on the sentinel surveillance system. The most comprehensive national data on HIV/ AIDS in Nigeria is through the sentinel surveillance system adopted by the government. Data are collected regularly from all zones, states, towns and rural areas in the country and with the target population being pregnant women aged between 15 and 49 years attending antenatal clinics (ANC) in selected health facilities in all states in the country (National Population Commission, 2009 [24]; Federal Ministry of Health, 2009, 2010a,b) [25]. The assessment of the epidemiological situation in Nigeria is not based on the analysis of the routine notifications of newly diagnosed HIV infections delivered by physicians and/or laboratories because the monitoring and evaluation system in place though relatively strong at the national level is much weaker at the state and local government levels, and across other sectors (public, private, and civil society). In addition, the harmonization of monitoring and evaluation system in the area of data collection and reporting tools and templates is poor across partners and service delivery care. The first two AIDS cases in Nigeria were diagnosed in 1985 and reported in 1986 in Lagos one of which was a young female sex worker aged 13 years from one of the West African countries (Nasidi and Harry, 2006) [26]. The news of this first AIDS case sent panic, doubt and disbelief to the whole nation as AIDS was perceived as the disease of American homosexuals. Some people saw the story about AIDS as a ploy by the Americans to discourage sex and many acronyms, one of which was 'American Idea for Discouraging Sex' emerged at the time. This earlier perceptions, scepticisms and reactions of the Nigerian public towards the 'foreign' AIDS case and HIV/ AIDS in general has been well documented in the introductory part of a fairly recent doctoral thesis on 'Modelling HIV/AIDS Epidemic in Nigeria' that can be found online (Eze, 2009) [27].

Notwithstanding the above misconception by the Nigerian public, since the beginning of the epidemic in the mid-1980s, a total of 2,200,000 new HIV infections have been reported in 2014. Most cases were adults over the age of 15 years. A substantial number of new HIV-infected children (<15 years) was also noted in 2014 (n = 58,000). Notably, previous data had linked the infections of a substantial number of HIV-infected children to their mothers' infections (Nigeria National Agency for the Control of AIDS, 2012) [23]. The table also indicates that 1.6 million AIDS orphans were estimated to be in the country in 2014. The number of people estimated to be receiving ART was 747,382 with 3.0 million adult populations estimated to be living with the disease as of 2014. Albeit due to its population size, Nigeria is now the second largest HIV disease burden in the world with 3.2 million after South Africa which has 6.8 million burden of the disease though prevalence is stable at 3.4% (FMoH, 2013 [28]; Nigeria National Agency for the Control of AIDS, 2012 [23]; United States Agency International Development, 2013) [29]. Table 1, also indicates a dearth of access to treatment and care to PLWHIVA. Perhaps, this has led to the seemingly unchanged trends in AIDS-related deaths in Nigeria between 2005 and 2013.

By states, HIV prevalence clearly varies. While HIV/AIDS tends to be generally low in most parts of the country, the highest numbers of HIV prevalence were found mostly in Benue, FCT, Anambra, Bayelsa and Akwa Ibom States of the federation. These marked differences in the prevalence rates among these states could be due to a number of factors including but not limited to cultural differences, varying levels of education, religion and differing socioeconomic structures. Indeed, there must be interplay of these factors on HIV/AIDS outcomes in these states. The variations in socio-cultural and religious practices among about 400 different ethnic groups in Nigeria have implications on the risk of HIV transmission. Notably, some practices that include multiple and concurrent sex partners, delivery outside the health facility without a skilled birth attendant, female genital mutilation, unsterile traditional bloodletting and traditional marking and tattooing will lead to an increase in the risk of HIV transmission (Nigeria National Agency for the Control of AIDS, 2010a,b) [30].

HIV Reporting

Following the first AIDS case reported in 1986, the Federal Ministry of Health (FMoH) that same year set up the National Expert Advisory Committee on AIDS (NEACA) and requested the assistance of WHO

leading to the establishment of several HIV testing centres in the country and the coming up with a comprehensive medium-term plan for the nation's battle against HIV/AIDS. However, no serious efforts at tackling the epidemic were evident until the restoration of democracy in the country in 1999 (Nasidi and Harry, 2006) [26].

Following this restoration of democracy, the government 'kick starts' the race against the epidemic in the country, fostering links with many international organizations to carry out surveys on some aspects on HIV/AIDS including the National Demographic and Health Survey (National Population Commission, 1999, 2003) [31], the National HIV/AIDS and Reproductive Health Survey (NARHS) (Family Health International, 2000) [32] and the Behavioural Surveillance Survey (BSS) (Daily Trust Newspaper, 2003) [33].

The Nigerian Institute of Medical Research (NMR) also published the most comprehensive data on reported cases of HIV/AIDS in Nigeria in 2000. The institute retrieved data from the records of 1,057 health and laboratory facilities (comprising 289 public and 370 private hospitals and 181 public and 217 private laboratories) on all diagnosed HIV infections, AIDS cases and AIDS related deaths between 1989 and 1999 as cited in Eze (2009) [27].

The first HIV/AIDS sentinel survey in Nigeria was conducted in 1991 with 1.8% prevalence reported. This was followed by 3.8% in 1993, 4.5% in 1996, 5.4% in 1999 and a 5.8% peak in 2001. From 2001 a somewhat decline in trends were noted, starting with 5.0% in 2003, 4.4% in 2005, 4.6% in 2008, 4.1% in 2010 and 3.4% in 2013 (NARHS, 2013; Nigeria National Agency for the Control of AIDS, 2012, 2010a) (see Fig 3). It is now clear that HIV prevalence in the country is relatively stable. This positive trend is largely attributed to an effective reporting and intervention system (UNAIDS, 2014b) [34].

Dynamics of HIV Transmission

Heterosexual intercourse is the major route for HIV transmission in Nigeria accounting for over 80% of the infections with the majority of remaining HIV infections among key affected populations (Nigeria National Agency for the Control of AIDS, 2014, 2010b). Other modes of transmission such as intravenous drug use and same-sex intercourse are now growing in importance (Nigeria National Agency for the Control of AIDS, 2010b). In fact, it has recently been modelled that the high-risk groups which constitute about 1% of the general population in Nigeria and involving men that have sex with men (MSM), female sex workers (FSWs) and injecting drug users (IDUs) will significantly contribute to new HIV infections in the coming years (Nigeria National Agency for the Control of AIDS, 2012). These groups and their partners will contribute to 40% of new infections while people practicing low-risk sex (heterosexual) in the general population will contribute to 42% of the infection years showed that high number MSM practice risky sexual behaviour that is driven by alcohol and multiple male partners (Adeyemi *et al*., 2012).

Injecting Drug Users

While data from the 2010 IBBS survey revealed that injecting drug users (IDUs) were to a lesser extent affected by the HIV/ AIDS epidemic in the six states surveyed, 4.2% of this population was HIV positive with FCT having the greatest prevalence rate which was 9.3%. Of particular concern is that IDUs in FCT reported injecting drugs more than once a day and less than 40% consistently used sterilized needles. The report also noted that female IDUs had about seven times higher HIV prevalence than their male counterparts. Low condom use and with 20% reported sex with FSWs were also noted among the IDUs (Federal Ministry of Health, 2010a,b). 6.4. Gender and age distribution of HIV infections.

Findings from the assessment of national HIV/AIDS response conducted in 2013 based on the secondary analysis of NARHS 2007 and 2012 indicated a feminization of the HIV/AIDS epidemic. The prevalence of infection is higher for females than male across all age groups except for the 35–39 years and the 40–44 years age groups. In addition, prevalence is highest among FSW followed by MSM. Prevalence is also disproportionately higher among female IDUs than their male counterparts. Several factors contributing to the gender gap and age distribution of HIV infections comprised of poverty, child marriage, gender-based violence, masculinity and femininity norms, disabilities, harmful traditional rites as well as human rights, legal and political factors (Nigeria National Agency for the Control of AIDS, 2015). Epidemiological data in Nigeria on HIV/AIDS as in other African countries stem mostly from the HIV/AIDS surveillance system. However, with the restoration of democracy in Nigeria together with the concerted efforts of the Federal Government since 1999 and its spirited declaration of action against HIV/AIDS, many international organizations and non-governmental organizations sprang up in the country, contributing substantially to data on HIV/AIDS in the country. This provides additional recent information on prevalence and behavioural data on HIV/AIDS. The HIV prevalence in Nigeria now appears to have assumed a downward trend following a relative stability from 2005 and 2010, yet a sustained and more effective intervention is still needed to avert increased incidence by the most-at-risk subpopulations in the country.

Most cases of HIV infection in Nigeria occur via heterosexual means with epidemics more pronounced among the females (Nigeria National Agency for the Control of AIDS, 2012, 2010b).

Although women do have rights in Nigeria the patriarchal society dictates that their rights are weaker than that of men. For instance, if a woman has a girl first, she is more likely to have more children, have short periods between pregnancies, and be subjected to polygamy and less likely to use contraceptives. Each of these factors increases a woman's vulnerability to HIV (World Bank Policy Research Working Papers, 2014). Thus, the Nigerian HIV prevention plan should address these gender factors that increase female vulnerability to HIV, promote integration of services and evidence-based HIV programmes. Such programmes and services should be gender sensitive and responsive, with gender related barriers reduced to a minimum.

Recent data also show a growing rate of HIV infection among MSM, FSWs and IDUs (Federal Ministry of Health, 2008, 2010a,b). Risky sexual behaviours among these subgroups of people such as unprotected anal intercourse, low condom use as a result of alcohol consumption and other factors have been noted. For instance, HIV prevalence among FSWs has remained consistently high and the proportion of new diagnosed HIV cases among this subgroup is high. The behaviours indicators also reveal the existence of unsafe sexual practices most especially with their boyfriends (Federal Ministry of Health, 2010a,b). There is thus an overriding need for effective, systematic and highly tailored public health interventions in the country. It is also important to maintain and strengthen special surveillance activities on these subgroups of the population in order to obtain a clearer picture of their changes in trends over the next few years.

Young people recorded the most prevalence of HIV/AIDs in the country. Thus, educational, structural and cultural factors that can influence good sexual and behavioural practices among this group of people need to be fostered. Unfortunately, research on sexual networking among this group of people is sparse with few earlier surveys carried out between 1990 and 1995 in Ekiti (Orubuloye *et al.,* 1991), Lagos (Oloko and Omoboye, 1993) and Calabar (Ogbuagu and Charles, 1993). A more recent research tailored towards the different subgroups of the Nigerian population including the most vulnerable to HIV/AIDS infection should be undertaken so as to be able to study and understand how the disease spreads within the social network and what core values, behaviours or norms are being shared and/or practiced with the network. Efforts should be also taken to prevent mother–child infection through proper medical provisions and care of the pregnant women.

Nigeria is an enormous country with a very high number of people living with HIV despite a relatively low HIV prevalence. The HIV epidemic in Nigeria is concentrated mainly among heterosexuals, yet the trend is now shifting towards most-at-risk in the populations. Enhanced and more strengthened surveillance system targeting the whole population and with special attention to the subgroup most-at-risk need to be implemented. More prevention campaigns should be planned and carried out while the monitoring system of HIV/AIDS in Nigeria requires improvement in terms of data complement and integration in order to allow for better assessment of the epidemic. Efforts should also be made towards effective sexually transmitted infection programming, proper integration of HIV/AIDS and sexual and reproductive health services and fostering of gender equality at the population level. Finally, encouraging HIV testing among the Nigerian population to ensure everyone knows their HIV status together with efficient linkage to care for newly diagnosed HIV cases is key to mitigate new infections and provide HIV treatment to all.

Theoretical Framework

A number of theorists have contributed tremendously to the unfolding of growth processes that affect individuals particularly with respect to behavior development and few of them are discussed.

The Social Learning Theory

This theory was propounded by Albert Bandura in 1977.He was born on 4th December, 1925 in the small town of Mundare in Northern Alberta Canada. The theory is based on the major premise that behaviourist learned and can be unlearn. Behaviour is in general, a function of one's personality and the environment. Man is born with some innate potentials which the environment conditions. Similarly, one can influence his or her environment using the personality qualities. Consequently, as one interacts in the environment, the adolescents consciously or unconsciously observes and imitates and displays behaviour of models. Hence, Bandura posits that there is interrelationship between man's personality, the behaviour and environmental factors.

According to Bandura indeed, the entire three elements: the person, the behaviour and the environmental situation are highly interrelated variables each being capable of influencing the other, this can be illustrated using the diagram.

The social learning theory emphasizes the importance of observing and imitating the behaviour, attitudes and emotional reaction of others. Thus, it focuses on learning by observation and imitation. Imitation and modelling of influential persons or models also depend on reinforcement. This reinforcement can either be direct or vicarious indirect reinforcement, the person imitating the model receives reinforcement directly. When a child, for instance is praised for exhibiting behaviour, he received direct reinforcement. In vicarious reinforcement, the person imitating the model does not get reinforced directly. It is rather the model that is reinforced. When one watches a model being reinforced, he is also reinforced

indirectly. This is vicarious reinforcement. The motivation to identify with a particular model stem from the fact that this model possesses a quality which the individual would like to possess. Identification with a model involves the individual taking on observed behaviours, values, beliefs and attitudes of the person with whom he is identifying.

Relating it to the present study, adolescents can model their behaviour after their peers who have positive attitudes and behaviour towards education; in order to enhance their academic performance.

This theory applied to the adolescent, could be an explanation for the seeming relationship that may exist among peer pressure, time management and academic performance. The implication is that for any adolescent who is influenced by positive peer pressure, who utilizes his/her time judiciously there is a tendency for the person to do better in his/her academics than the adolescent who do otherwise. This theory is therefore relevant to this study in the sense that, it will help students, to acquire the capacity of solving their own problem. It will also help student to learn the characteristics behaviour that make up their personality through observation and imitation.

Social Control Theory of Hirschi

Social control theory was propounded by Hirschi (1960). Social control theory refers to the societal and political mechanisms or process, regulates individuals and group behaviours, leading to conformity and compliance to the rules of a given society, state or social group (Hirchi, 2002). According to the theorist, he believes that exploiting the processes of socialization and social learning builds self-control and reduces the inclination to indulge in any bad behaviour. The theory stipulated that ties or bonds which leads adolescents in conformity to family, school and other aspects of societal beliefs serve to diminish adolescents' propensity for deviant behaviour. The theorist believes that anti-social behaviour occurs only when such bonds are weakened or are not established. Thus, if moral codes are internalized and individuals are tied to and have a stake in their wider community, they will voluntarily limit their propensity to commit deviant acts. In socialization, this formation of bonds between the individual and the society comprises of four elements which are attachment, commitment, involvement and beliefs. Attachment refers to the effective ties which the adolescents form with significant others like parents, teachers among others who tend to present among others optimal conformity to socially accepted behaviour. Commitment refers to the aspiration or goals which an individual set for self.

Adolescents with well-defined goals tend to minimize propensity for delinquent behaviour because they consider that they have much to lose as opposed to their counterparts who engage in drinking, smoking, dating and involving in criminal act. Beliefs are the extent to which an individual accepts the moral values of the society. And the extent to which an individual accepts these moral values determine the individual's propensity for delinquent behaviours. One of the key elements for social control is developing the individual's bond to conventional society through involvement in conventional activities (that is homework and family activities). The theory says that trends in increased crime rates are related to a greater dispersion of daily activities with peers, away from parental supervision and providing the opportunity for delinquency. Study findings were largely consistent with these theoretical perspectives. Fair time was found to protect adolescents from problem behaviours whereas peer time places adolescents at risk for these same behaviours. In addition, there was less delinquency when the adolescent spent more time on homework.

In line with this study, adolescents that conform to the rules established by the significant others like, parents, teachers, peers and the likes which makes them to be acceptable in the society will reduce his propensity to deviant behaviour which eventually enhances his or her academic performance. However, an adolescent could experience rejection from his or her peers and also compelled by them to conform against his or her wish. This type of treatment could make him or her to lose his or her identity as a unique person. This may also affect the adolescent time management and performance in school. This theory relates to the present study in terms that adolescent family time is a protective factor against problem behaviours whereas time spent with peers is a risk factor for problem behaviours.

Pickle Jar Theory

The Pickle Jar theory was propounded by Wright (2002) [35]. He used the analogy of an empty jar to think about how adolescents make use of available fix amount of time on a daily basis. Pickle jar' theory believes in scale of preference. This implies making plans for all activities and arranging them accordingly in order to satisfy the most pressing ones. If we plan our schedule, we can get important work done while still leaving time for the small things that make life fun. The theorist is of the view that if adolescents should plan and make judicious use of their time schedule, they can get important works done while still leaving time for extra-curricular activities. According to the theorist, this approach will make adolescents better learn how to manage their time and use it appropriately in beneficial activities.

It is of paramount importance to note that this approach prepares one to engage in a specific task at a scheduled time while still having more time for the activities to enjoy. Pickle Jar theory empathized that no time management should be without balance. He is of

the view that time management balances all activities one engages himself with. He is of the view that adolescents should ensure that time should first be allotted to their most important needs before the less important ones. The theory stresses that if adolescents should make time, for everything, and everything simply sits well where it supposed to be, there will be balance in time management.

The theory is therefore used to offer explanation on how in-school adolescents manage their time starting from the more important things such as attending classes, studying and doing class assignment, while the less important things like, watching home movies, playing football, attending parties and the likes should be minimized. Furthermore, time management is like keeping diary that schedules the persons' time in terms of keeping track of daily plans and activities.

In line with the present study, any time fully managed leads to productivity. For in school adolescents any time well managed would do better in academic performance. On the other hand, when adolescents fail to plan and manage their time well, it could lead to unproductivity and poor performance in school. For instance, a student who spends much of his/her time in relationship with peers and watching of home movies will be less able to participate in classroom learning opportunities which also influence the students' performance in school.

According to the data by the National Agency for the Control of AIDS (NACA), 1.7 percent of female adults aged 15-49 have HIV, while 0.8 percent of male adults aged 15-49 have the virus. Further review revealed that, despite the prevalence of HIV among women, the percentage of people who are knowledgeable about prevention measures is higher among men than among women. 74.1 percent of men aged 15-49 years are aware of HIV prevention compared to 70.7 percent of women aged 15-49 year.

METHOD

This study adopted descriptive cross-sectional research design to examine knowledge, practice and factors responsible for HIV/AIDS risk behaviours among students in four selected secondary schools (Government Secondary School Kubwa, Government Secondary School Bwari, Anglican Comprehensive secondary school, and Duste- Alhaji Secondary School) in Bwari Area Council of FCT-Abuja. A multi-stage sampling technique was used to sample four hundred and twenty secondary school students from the four selected secondary schools for the study. A cluster sampling method was used to select four schools in Bwari Area Council of FCT-Abuja. Simple random sampling method was used to select 120 respondents from each school, that is, thirty students were randomly selected from each of the senior secondary school classes (SSS1, SSS2 and SSS3) in the Area Council. A self-designed questionnaire known as HIV/AIDS risk behaviours questionnaires (HABRQ) was used for data collection. This questionnaire comprised of information on knowledge about HIV/AIDS risk behaviours, factors contributing to HIV/AIDS risk behaviours and effect of HIV/AIDS risk behaviours on the school attendance of secondary school students. Validity of the instrument was determined by test re-test of instrument and a reliability coefficient of 0.81 was obtained. Permission for this study was sought from the heads of each school and head teacher of each class in the schools. The nature, purpose and process of this study were also explained to the students for their consent to participate in the study. Descriptive statistics of frequency count and percentages were used to answer research questions and Student unpaired T-test statistics were used to test the null, Ho, and the alternate, Ha, hypotheses. The population of this study will consist some of the Secondary school students in Bwari Area Council of FCT, Abuja. And will involve some selected Schools, among the 4 secondary schools and 420 students in this area council in the Federal Capitals Territory. The respondents were students, in the selected schools within Bwari Area Council of FCT-Abuja. (Purposeful sampling).The purposeful sampling technique is adopted to select the respondents to be issued questionnaires, the questionnaires will be constructed in a proper way so as to elicit co-operation and understanding from respondents for the purpose of obtaining unbiased and accurate answers. Six (4) schools from Bwari Area Councils in FCT, Abuja and the students which are made up of four hundred and twenty (420). The selection was done through stratified random sampling techniques. This is a situation whereby different categories of respondents were expected to answer questions based on random sampling, for the fact that bias is eliminated and every member of the group is given opportunity for selection. Detail of the sample distribution is presented on.

Table 1: Sample Size

S/No	Name of Schools	Population of students
1	**GSS KUBWA**	**105**
2	**BWARI GSS**	**105**
3	**ANGLICAN COM. SEC. SCH. KUBWA**	**105**
4	**GSS D/ALHAJI**	**105**
	TOTAL	**420**

DATA ANALYSIS AND DISCUSSION

Response Rate

A total number of one hundred and twenty (120) questionnaires to the schools. One hundred and eight (112) questionnaires were filled and returned while a total of twelve (12) were improperly filled or complete resulting to a total of one hundred (100) questionnaires for the data analysis. Thus, the one hundred questionnaire (100) which represents 83.3% response rate achieved for this study was therefore very good for providing necessary information sufficient for good analysis and drawing meaningful conclusion of the study.

Table 4.1: Response Rate

DETAILS	FREQUENCY	PERCENTAGE
Distribution of Questionnaires	120	100%
Questionnaires filled and returned	112	93.3%
Questionnaires available for Research Analysis	100	83.3%

Demographic Data

This study sought to establish the demographic data of the respondents. The demographic data got from the respondents include: Gender, Age, Classes of the respondents held by the respondent.

SECTION A: Bio Data

Table 4.2: Gender of Respondents

SEX	FREQUENCY	PERCENTAGE
MALE	36	36%
FEMALE	64	64%
TOTAL	100	100%

Source: Field Survey, 2022.

From the table, it is observed that the Female outmatched the male's respondents due to high rate of infection among the females. The male's respondents represent 36% while the female's respondent represent 64% of the total respondents.

Table 4.3: Age Bracket of Respondents

AGE	FREQUENCY	PERCENTAGE
9-14	16	16%
15-17	23	23%
18-20	48	48%
21 and above	13	13%
TOTAL	100	100%

Source: Field Survey, 2022

The table above shows that out of the 100 responses, 16% of the respondents were between 9-14 years of age, 23% were between 15-17 years of age, 48% were between 18-20 years of age while 13% were above 21 years of age.

Table 4.4: Schools of Respondents

AGE	FREQUENCY	PERCENTAGE
GSS KUBWA	32	32%
GSS DUSTE-ALHAJI	23	23%
GSS BWARI	28	28%
ANGLICAN COM. COLLEGE, KUBWA.	17	17%
TOTAL	100	100%

Source: Field Survey, 2022

The table above shows that out of the 100 responses, 32% of respondents were from Government Secondary School, Kubwa, 23% of the respondents were from Government Secondary School Duste-Alhaji, 28% of the respondents were from Government Secondary School Bwari while 17% of the respondents were from Anglican Comprehensive School Kubwa.

Table 4.5: Classes of Respondents

Class	Frequency	Percentage
SS ONE	20	20%
SS TWO	34	34%
SS THREE	46	46%
TOTAL	100	100%

Source: Fields Survey, 2022

The table above shows that out of 100 responses, 20% of respondents were from Senior Secondary (SS1), 34% of the respondents were from Senior Secondary (SS2), 44% of the respondents were from Senior Secondary (SSS3).

Table 4.6: Religion of Respondents

Religion	Frequency	Percentage
Christianity	64	64%
Islam	36	36%
TOTAL	100	100%

Source: Field Survey, 2022

The table above shows that out of 100 responses, 64% of respondents were from Christian background, 34% were from Muslim background.

4.6. SECTION B: Research Question I

Table 4.7: Question 1: HIV/AIDS Risk Behaviour among Secondary School Students Contributed To the Spread of Virus

	Frequency	Percentage
Strongly Disagree	6	6%
Disagree	18	18%
Undecided	7	7%
Agree	31	31%
Strongly Agree	36	36%
TOTAL	100	100%

Table 4.7. Shows the views of respondents on the HIV/AIDS risk behaviour among secondary school students contribute to the spread of the virus. 6% of the respondents Strongly Disagree, 18% Disagree, 7% were undecided, 31% Agree while 36% Strongly Agree that Secondary School Students Risk Behaviour contribute to the spread of HIV/AIDS.

Table 4.8: Question 2: Are These HIV/AIDS Risk Behaviours among Secondary School Students capable of endangering A Future Generation

	Frequency	Percentage
Strongly Disagree	27	27%
Disagree	35	35%
Undecided	13	13%
Agree	18	18%
Strongly Agree	7	7%
TOTAL	100	100%

Table 4.8 Shows the views of respondents on the HIV/AIDS risk behaviour among secondary school students contribute to the spread of the virus. 6% of the respondents Strongly Disagree, 18% Disagree, 7% were undecided, 31% Agree while 36% Strongly Agree that Secondary School Students Risk Behaviour contribute to the spread of HIV/AIDS.

Table 4.9: Question 3: HIV/AIDS Risk Behaviours among Secondary School Students Has increase The Rate of School Dropout

	Frequency	Percentage
Strongly Disagree	11	11%
Disagree	36	36%
Undecided	10	10%
Agree	37	37%
Strongly Agree	6	6%
TOTAL	100	100%

Table 4.9 Shows the views of respondents on the HIV/AIDS risk behaviour among secondary school students has increase the rate of school dropout. 11% of the respondents Strongly Disagree, 36% Disagree, 10% were undecided, 37% Agree while 6% Strongly Agree that Secondary School Students Risk Behaviour has increase the rate of school dropout.

Table 4.10: Question 4: Alcoholic Consumption Can Put the Students at Risk of HIV/AIDS Infection

	Frequency	Percentage
Strongly Disagree	16	16%
Disagree	16	16%
Undecided	11	11%
Agree	44	44%
Strongly Agree	13	13%
TOTAL	100	100%

Table 4.10 Shows the views of respondents on the HIV/AIDS risk behaviour among secondary school students such as Alcoholic consumption can lead to infecting the virus. 16% of the respondents Strongly Disagree, 16% Disagree, 11% were undecided, 44% Agree while 13% Strongly Agree that Secondary School Students Alcoholic intake can put them at risk of infecting the virus.

4.7. SECTION C: Research Question II

Table 4.11: Question 5: HIV/AIDS Risk Behaviours among Secondary School Students Is Culpable of Endangering a Future Generation

	Frequency	Percentage
Strongly Disagree	13	13%
Disagree	14	14%
Undecided	8	8%
Agree	53	53%
Strongly Agree	12	12%
TOTAL	100	100%

Table 4.11 Shows the views of respondents on the HIV/AIDS risk behaviour among secondary school students is culpable of endangering a future generation. 13% of the respondents Strongly Disagree, 14% Disagree, 8% were undecided, 53% Agree while 36% Strongly Agree that Secondary School Students Risk Behaviour is culpable of endangering future generation the spread of HIV/AIDS.

Table 4.12: Question 6: Unprotected Sexual Activities among Secondary School Students Expose Them to HIV/AIDS Risk

	Frequency	Percentage
Strongly Disagree	3	3%
Disagree	18	18%
Undecided	13	13%
Agree	38	38%
Strongly Agree	28	28%
TOTAL	100	100%

Table 4.12 Shows the views of respondents on Unprotected sexual activities among secondary school students exposes them to HIV/AIDS risk, 3% Strongly Disagree, 18% Disagree, 13% were undecided, 53% Agree while 36% Strongly Agree that unprotected sexual activities among secondary school students expose them to HIV/AIDS risk.

Table 4.13: Question 7: Effect of Broken Homes Can Expose Students to HIV/AIDS Risk Behaviour

	Frequency	Percentage
Strongly Disagree	9	9%
Disagree	12	12%
Undecided	10	10%
Agree	48	48%
Strongly Agree	21	21%
TOTAL	100	100%

Table 4.13 Shows the views of respondents on the effect of broken home can expose students to HIV/AIDS risk behaviour. 9% Strongly Disagree, 12% Disagree, 10% were undecided, 48% Agree while 21% Strongly Agree that effect of broken homes can expose students to HIV/AIDS risk behaviour.

4.8. SECTION D: Research Question III

Table 4.14: Question 8: What Are the Practicable and Workable Challenges Facing the Sensitisation of the HIV/AIDS Risk Behaviour among Secondary School Student in Bwari Area Council of FCT-Abuja, Nigeria

	Frequency	Percentage
Strongly Disagree	20	20%
Disagree	47	47%
Undecided	13	13%
Agree	15	15%
Strongly Agree	5	5%
TOTAL	100	100%

Table 4.14 shows the views of respondents on the practicable and workable challenges facing the sensitisation of the HIV/AIDS risk behaviour among secondary school student in Bwari Area Council of FCT-Abuja, Nigeria. 20% Strongly 47%Disagree, 13% were undecided, 15% Agree while 5% Strongly Agree. They argued that teachers and the society are doing enough in sensitization of students on this Epidemic but they seem not to listen.

Table 4.15: Question 9: Can Peer Pressure Among Students Leads To HIV/AIDS Risk Behaviour In Bwari Area Council Of FCT-Abuja, Nigeria

	Frequency	Percentage
Strongly Disagree	5	5%
Disagree	16	16%
Undecided	6	6%
Agree	54	54%
Strongly Agree	19	19%
TOTAL	100	100%

Table 4.15 shows the views of respondents that Peer pressure among students can lead to HIV/AIDS risk behaviour in Bwari Area Council of FCT-Abuja, Nigeria. 5% Strongly 16% Disagree, 6% were undecided, 54% Agree while 19% Strongly Agree that peer pressure among students can lead to HIV/AIDS risk behaviour in Bwari Area Council of FCT-Abuja.

Table 4.16: Question 10: Can Illicit Injection Of Drug Use Expose Students To HIV/AIDS Risk Behaviour In Bwari Area Council Of FCT-Abuja?

	Frequency	Percentage
Strongly Disagree	5	5%
Disagree	23	23%
Undecided	12	12%
Agree	29	29%
Strongly Agree	31	31%
TOTAL	100	100%

Table 4.16 shows the views of respondents on illicit injection of drugs use expose students to HIV/AIDS risk behaviour in Bwari Area Council of FCT-Abuja. 5% Strongly disagree 23% Disagree, 12% were undecided, 29% Agree while 31% Strongly Agree that peer pressure among students can lead to

HIV/AIDS risk behaviour in Bwari Area Council of FCT-Abuja.

Table 4.17: Question 11: Can Access to Social Media Expose Illicit Students to HIV/AIDS Risk Behaviour In Bwari Area Council Of FCT-Abuja?

	Frequency	Percentage
Strongly Disagree	5	5%
Disagree	23	23%
Undecided	9	9%
Agree	35	35%
Strongly Agree	28	28%
TOTAL	100	100%

Table 4.17 shows the views of respondents believed that access to social media exposes students to HIV/AIDS risk behaviour in Bwari Area Council of FCT-Abuja. 5% Strongly disagree 23% Disagree, 9% were undecided, 35% Agree while 28% Strongly Agree that access to social media expose students to HIV/AIDS risk behaviour in Bwari Area Council of FCT-Abuja.

4.9. SECTION E: Research Question IV

HYPOTHESIS

Ho: No significant difference exists between Practicable and Workable Solutions Towards combating HIV/AIDS Epidemic in Bwari Area Council of FCT-Abuja

Ha: Significant difference exists between Practicable and Workable Solutions Towards combating HIV/AIDS Epidemic in Bwari Area Council of FCT-Abuja

Table 4.17: Question 12: Are There Practicable and Workable Solutions Towards Fighting This Epidemic in Bwari Area Council of FCT-Abuja?

	Frequency	Percentage
Strongly Disagree	41	41%
Disagree	21	21%
Undecided	8	8%
Agree	21	21%
Strongly Agree	9	9%
TOTAL	100	100%

	MEAN OF TOTAL AGREED 31	MEAN OF TOTAL DISAGREED 15
VARIANCE	481	113
STANDARD ERROR	2.73	
T-VALUE	Tabulated 1.96	Calculated 0.93
CONCLUSION	The tabulated value is greater than the calculated value which means that No significant difference exists between Practicable and Workable Solutions Towards combating HIV/AIDS Epidemic in Bwari Area Council of FCT-Abuja. We have no enough evidence to reject the null hypothesis hence it is retained. Tcal < T Tab NOT SIGNIFICANT P>0.05	

Table 4.17 Shows a divided views of respondents on the practicable and workable solutions towards fighting this epidemic in Bwari Area Council of FCT-Abuja. 41% Strongly Disagree. 21% Disagree, 8% were undecided, 21% Agree while 9% Strongly Agree. They argued that since complete treatment for HIV/AIDS is yet to be found, practicable and workable solution towards fighting the virus is yet to be achieved.

HYPOTHESIS

Ho; Reduction of sexual partners and Abstinence have no significant impact at fighting HIV/AIDS in Bwari Area Council of FCT-Abuja

Ha; Reduction of sexual partners and Abstinence have significant impact at fighting HIV/AIDS in Bwari Area Council of FCT-Abuja

Table 4.18: Question 13: Can reduction of sexual partners and Abstinence help in fighting HIV/AIDS in Bwari Area Council of FCT-Abuja?

	Frequency	Percentage
Strongly Disagree	2	2%
Disagree	8	8%
Undecided	9	9%
Agree	61	61%
Strongly Agree	20	20%
TOTAL	100	100%

ANALYSIS

	MEAN TOTAL OF RESPONDENTS THAT AGREED 40.5	MEAN TOTALOF RESPONDENTS THAT DISAGREED 5
VARIANCE	20	2.5
STANDARD ERROR	3.35	
T- VALUE	CALCULATED	TABULATED
CONCLUSION	The tabulated value is less than the calculated value which means that Reduction of sexual partners and Abstinence has significant impact at fighting HIV/AIDS in Bwari Area Council of FCT-Abuja Teal > T Tab : HIGHLY SIGNIFICANT P<0.05	

Table 4.18 Shows the views of respondents believed that reduction of sexual partners and Abstinence can help in fighting HIV/AIDS in Bwari Area Council of FCT-Abuja. 2% Strongly disagree 8% Disagree, 9% were undecided, 61% Agree while 20% Strongly Agree that reduction of sexual partners and Abstinence help in fighting HIV/AIDS in Bwari Area Council.

Table 4.19: Question 14: Are there Voluntary Testing Centre (VTC) in secondary schools in Bwari Area Council of FCT-Abuja?

	Frequency	Percentage
Strongly Disagree	40	40%
Disagree	43	43%
Undecided	7	7%
Agree	3	3%
Strongly Agree	7	7%
TOTAL	100	100%

Table 4.19 Shows the views of respondents agree that there Voluntary Testing Centre (VTC) in secondary schools in Bwari Area Council. 40% Strongly disagree 43% Disagree, 7% were undecided, 3% Agree while 7% Strongly Agree that Are There Voluntary Testing Centre (VTC) in secondary schools in Bwari Area Council.

Table 4.20: Question 15: Are Students Aware Of Post-Exposure Prophylaxis (PEP) In Bwari Area Council Of FCT-Abuja?

	Frequency	Percentage
Strongly Disagree	30	30%
Disagree	43	43%
Undecided	7	7%
Agree	13	13%
Strongly Agree	7	7%
TOTAL	100	100%

Table 4.20 shows the views of respondents on the knowledge of post-exposure prophylaxis (PEP) in Bwari Area Council of FCT-Abuja, 30% Strongly disagree 43% Disagree, 7% were undecided, 13% Agree while 7% Strongly Agree on the knowledge of post-exposure prophylaxis (PEP).

In this Study, the research questions were underscored with the abbreviated acronyms.

NOTE:

SA = Strongly Agree
A = Agree
UN = Undecided
SD = Strongly Disagree
D = Disagree

Item	SA	A	D	SD	UD
1.	38%	31%	18%	6%	7%
2.	12%	53%	14%	13%	8%
3.	6%	37%	36%	11%	10%
4.	13%	44%	16%	16%	11%

Percent of the respondents strongly disagree that HIV/AIDS risk behaviour among secondary school students contributed to the spread of virus in Bwari Area Council (Q1), 18 percent disagree, 31 percent agree and 7% are undecided.

13 percent of the respondents strongly disagree that these HIV/AIDS risk behaviours among secondary school students culpable of endangering a future generation in Bwari Area Council (Q2), 14 percent disagree, 53 percent agree, 12 percent strongly agree and 8 percent are undecided.

11 percent of the responded strongly disagree that HIV/AIDS risk behaviours among secondary school students has increase the rate of school dropout in Bwari Area Council (Q3), 36 percent disagree, 37 percent agree, 6 percent strongly agree and 10 percent are undecided.

16 percent of the respondents strongly disagree that Alcoholic consumption can put the students at risk of HIV/AIDS infection in Bwari Area Council (Q4), 16 percent disagree, 44 percent agree, 13 percent strongly agree and 11 percent are undecided.

Item	SA	A	D	SD	UD
1.	7%	18%	35%	27%	13%
2.	28%	38%	18%	3%	13%
3.	9%	12%	48%	21%	10%

27 percent of the respondents strongly disagree that HIV/AIDS risk behaviours among secondary school students is culpable of endangering a future generation in Bwari Area Council (Q5), 35 percent disagree, 19 percent agree, 7 percent strongly agree and 13 percent are undecided.3 percent of the respondents strongly disagree that unprotected sexual activities among secondary school students expose them to HIV/AIDS risk in Bwari Area Council (Q7), 48 percent disagree, 38 percent agree, 28 percent agree and 13 percent are undecided.

21 percent of the respondents strongly disagree that effect of broken homes can expose students to HIV/AIDS risk behaviour in Bwari Area Council (Q7), 48 percent disagree, 12 percent agree, 9 percent strongly agree and 10 percent are undecided.

SUMMARY, CONCLUSION AND RECOMMENDATION

Summary of Findings

This study has focused on the critical evaluation of HIV/AIDS risk behaviour among secondary school students in Bwari Area Council of FCT-Abuja. This research was carried basically with the aim and objective of discovering and coming up with the best mitigating strategy on how to fight this epidemic that is rendering Children fatherless, women widows, cut off the aspirations of our promising adolescent in Bwari Area Council of FCT-Abuja.

Health risk behaviour was defined as any activity undertaken by individuals with a frequency or intensity that increases risk of disease or injury (Steptoe and Wardle, 2010). Much of the morbidity or mortality is linked with individual behavioural patterns, polluted environment or poverty (Jamal et al., 2013). Smoking, illicit sex and drugs abuse, physical inactivity, poor diet, alcohol misuse behaviours and tobacco use are health risk behaviours (HRBs) identified and indicted as the leading causes of death regardless of one's age (Bell et al., 2008). Centre for disease control and prevention, (2010) statistics also showed that half of the premature death from developed countries is caused by preventable behavioural factors such as tobacco use, alcohol abuse, physical inactivity, and unhealthy dietary habits, risky sexual practices, no adherence to; effective medication regimens and screening programmes. Health risk behaviours also have negative impact on the health and influence cognitive performance, emotions, and the overall quality of life in an individual in a magnitude that has become one of the priorities of the most

important national and international health organization (Gray, 2009).

The Study assess the HIV/AIDS risk behaviour among secondary school students, It examines and exploited measures that can be taken by teachers and parents to be used as a tool for Management of students on how to assess, understand and advice the students properly on how to fight social behaviours that can put their future at risk, for a better nation and success in their academic endeavours.

Both qualitative and quantitative methods data collection were used. One hundred and twenty (120) respondents were sampled through the administration of questionnaires. The result of the study gathered revealed that significant majority 64% are females, 16% falls between the ages of 9 and 14 years, 23% falls between the ages of 15 and 17 years, 48% falls between the ages of 18 and 21 years while 20% are students from (SSS1), 34% are students from (SSS2), and the majority which is 46% are students from (SSS3).

Data gathered that all (100%) are aware of HIV/AIDS. Thirty-six percent of the respondents believed that HIV/AIDS risk behaviour among secondary school students contribute to the spread of virus. Thirty-six percent of the respondents also agree that HIV/AIDS risk behaviours among secondary school students has increase the rate of school dropout. Fifty-three percent of the respondents believed that HIV/AIDS risk behaviours among secondary school students is culpable of endangering a future generation. Forty-eight percent of the respondents are of the view that the effect of broken homes can expose students to HIV/AIDS risk behaviour. Forty-seven percent of the respondents believed that there are no any practicable or workable challenges facing the sensitisation of the HIV/AIDS risk behaviour among secondary school student in Bwari Area Council of FCT-Abuja. Forty-three percent of the respondents agree that there is no Voluntary Testing Centre (VTC) in secondary schools in Bwari Area Council of FCT-Abuja. Forty-three percent of the respondents agree that they not aware of post-exposure prophylaxis (PEP) in Bwari Area Council of FCT-Abuja.

CONCLUSION

Based on the findings of this study it was concluded that students' knowledge about HIV/AIDS risk behaviours has significantly indulgence in Unprotected sex, drugs and alcoholic intake. Student's health risk behaviours contributed to poor school attendance among students in Bwari Area Council. This study also concluded that students peer group influence contributed greatly to student's health risk behaviours among senior secondary schools in Bwari Area Council. The indulgence of students in different forms of new health risk behaviours such as glue sniffing and browsing into pornographic website have been found to be increase among secondary school students in Bwari Area Council.

This research has unravelled some fact which is lack of Voluntary Testing Centres (VTC) in every secondary schools in Bwari Area Council also, in as much as most of the respondents are of the view that the schools has had enough sensitization about HIV/AIDS there is also urgent need to educate the students about Post-exposure prophylaxis (PEP). Which means taking medicine to prevent HIV after a possible exposure. PEP should be used only in emergency situations or situation of rape and other issues.

RECOMMENDATION

World Health Organization (WHO, 2013) reports revealed that the leading causes of global deaths today are largely associated with lifestyle which is an important predictor of future health, productivity and life expectancy. The increased western world lifestyle habits during the 1990s have resulted to a decrease in health. J. Edu. Train.

Based on the conclusion of this study, the following recommendations were made that school authority need to develop student awareness programmes aimed at improving knowledge of students on the dangers of indulgence in HIV/AIDS risk behaviour. School health services need to conduct a screening exercise to identify students that indulges in HIV/AIDS risk behaviours with aim to discourage them from such act thus improve their school attendance. Improvement for health and counselling services at the school level is needed to help identify health risk behaviours among students. Security checks should be mounted to apprehend and punish students and peer groups found indulging in any risk behaviours that could lead them to HIV/AIDS exposure in schools.

This research is recommending that Voluntary Testing Centre (VTC) in all the schools in Bwari Area Council for this will help the students in early testing and if infected, early treatment will keep the viral load in check and prevent further spreading of the disease. Another discovery is the influence of peer pressure; this has been the easiest way which students are been influence negatively by their peers leading to been expose into HIV/AIDS risk behaviour in Bwari Area Council.

Exploring the peer pressure which a recent work has supported and extended this position, showing that friends play an important role in both harmful and positive activities (Gifford-Smith, Dodge, Dishion & McCord, 2004). This implies that although students acquire information regarding behaviour from parents, teachers, and the media, peer play a crucial role in an adolescent's development by shaping their normative and interpretation of information regarding risk

activities (Cassimejee, 2018; Duck 2005; conger & Petersen, 2014).

Counsellors/teachers and parents must know that adolescence is a time of transformation in many areas of an individual's life. In the midst of these rapid physical adult standards, its pertinent to take very seriously the responses of the data collected to be use as tool in neutralising the force exerted by people that are influenced by ideas, values and behaviour in a positive way. In order to address the phenomenon of exploring the HIV/AIDS risk behaviour among secondary school students in Bwari Area Council of FCT-Abuja the following recommendations are paramount.

First and foremost, the study recommends that counsellors/ teachers and parents should provide students with suggestions and feedback about what they should think and how they should behave in social situations.

Findings from the study reveal that to fight this HIV/AIDS risk behaviour involves more encouragement and support than actual pressure or persuasion. In general, adolescents in this age range are particularly vulnerable to peer influence. It's natural for your child to want to fit in with friends and classmate.

That's why positive peer influence can have a lot of impact. Teens are more likely to make positive choices for themselves when they see classmate doing things like: participating in sports and clubs, speaking up against bullying in school, helping others.

The study further recommends that counsellors/teachers and parents should be able to detect whether a student is having an explicit or implicit pressure i.e.:

Explicit Pressure

Happens when a student directly comments on a peer's behaviour or suggests they act in a certain way. For example: "we're all skipping math because Mr. D. is very wicked, ditch classes with us". When counsellors/teachers had established that a student is having an explicit pressure, handling it will not be a problem.

Implicit Pressure

Happens when a student changes their behaviour to better fit in with the friends around them. This unspoken influence often comes from popular trends. It may help explain dressing choice you see as baffling, or the student's desire to doing things they've never expressed interest in before.

This research has recommended some tools that counsellors/teachers and parents can use for fostering HIV/AIDS risk behaviours among students in secondary schools in Bwari Area Council. It has recommended that if student always seems to want to do the opposite of what you suggest, how can you encourage them to at least seek out positive influences when they're out in the world.

Talk To Them

Open communication always has benefit. students usually do value what you have to say and want your approval, even when their actions suggest otherwise. Show your interest in them by asking questions about their values and interests and listening to what they have to say. Avoiding blame or judgement can help an adolescent feel more comfortable coming to you about anything as counsellor/teacher or parent.

Encourage Instead of Forbid

As a counsellor/teacher or parent, you'll probably want to take a hard stance on certain behaviours, such as under performance in academics. When it comes to other choice, such as smoking, taking a negative attitude toward school, or playing at home instead of studying, you might see better results by encouraging positive behaviour instead of banning the ones you don't prefer.

Set A Good Example

Letting a student know how their behaviour can guide others can give them more confidence when it comes to making positive decisions. Yet your words may have little value if they see you doing something entirely different.

The study recommends counsellors/teachers and parents to take Baruah and Buruah (2016) research seriously, which says, peer pressure has a considerable positive impact on young people's education. According to Baruah and Boruah (2016), teenagers' brain shows greater activity when they are observed by their classmates. Seeing one's peers achieve their goals has the potential to make one more persistent and goal-oriented. As Baruah and Boruah (2016) mention, peer pressure can serve as "a powerful source of reinforcement" (p. 241). One of the ways of increasing teenagers' interest in academic improvement is arranging pair and group tasks where they have to interact and collaborate to reach the best outcome.

Counsellors/ teachers and parents to know students who are more likely to give in than others. Children who are low on confidence and those ones who tends to follow rather than lead could be more likely to seek their peers, approval by giving in to a risky and unwanted challenge or suggestion.

Students who are unsure of themselves, new to the group, or inexperienced with peer pressure may also be more likely to give in to peer pressure.

Finally, peer pressure is a ubiquitous experience for all students. It may be overt or covert,

but one's peers can exert an enormous influence on behaviour, especially in teen years. Peer pressure plays a crucial role in the development of young peoples' values, habits, principles and behaviours. Even though peer pressure is largely viewed as a negative phenomenon, it's possible to fight HIV/AIDS risk behaviour among secondary school students in Bwari Area Council if we can nip the problems of peer pressure and other vices within schools and their homes.

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