

Risky Sexual Behaviours and Practices associated with HIV/AIDS infections amongst Youths in Yenagoa LGA, Bayelsa State, Nigeria

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Abstract: Background: HIV/AIDS is still one of the serious clinical and public health problems in Bayelsa State, Nigeria. HIV/AIDS is associated with sex and sexuality which is an area of norms and taboos in Nigeria. The study aimed to determine the risky sexual behaviours and practices associated with HIV/AIDS infections amongst youths in Yenagoa Local Government Area, Bayelsa State. **Materials and methods:** The study adopted a descriptive cross-sectional survey design to determine risky sexual behaviours and practices associated with HIV/AIDS infections amongst youths. The survey was designed with the use of questionnaire which was administered to sample size of 2,330 participants. The collected data was entered into computer Software called Statistical Package for Social Sciences (SPSS) Version 22.0 and analyzed using descriptive statistical analysis.

Results: The results were displayed in frequency tables and charts. The relation between variables were determined with chi-square statistical test and the findings showed that 45% of the participants reported they have a good knowledge of HIV/AIDS infections amongst people and only 142(6.1%) were strongly agreed that lifestyle behaviours and practice predisposes to risky sexual behaviour amongst youths. For preventive measures, majority 890(38.1%) strongly agreed in using condom at first sex will help in preventing HIV infection, 870(37%) agreed that avoiding the use of unsterilized sharp object will reduce infection rate, 890(38.2%) strongly agreed that regular use of condom during sex, 898(38.5%) strongly agreed in avoiding multiple sex partners will reduce the infection. In testing for association, Pearson Chi-Square test revealed that 19921.837 , $df=108$ at $P-v < 0.05$ has significant difference in knowledge/beliefs among youths, 7678.658 , $df=44$ at $P-v < 0.05$ showed difference in lifestyle behaviours and 4152.312 , $df=32$ at $P-v = 0.12$ has no significant difference in preventive measures. **In conclusion**, the finding showed increase in knowledge and they had good understanding on the influence of lifestyle behavior towards HIV/AIDS infections amongst youths. They also, noted that there were preventive measures for risky sexual behaviours among youths. Therefore, they should organize periodic seminars and workshop to educate the youths on the danger associated with certain sexual behavioural practice that is injurious to their health.

Key Words: HIV/AIDS, Risky, sexual behaviours and Practices.

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I. Introduction

HIV/AIDS disease has continued to be a critical public health issue in Nigeria, Africa, Sub-Saharan Africa and other developed countries. It is estimated that HIV/AIDS is the leading cause of death in these countries and the fourth most common cause of death worldwide [1]. In 2013, million people were living with HIV worldwide. Sub-Saharan Africa is home to only 12% of the global population, yet accounts for 71% of the global burden of HIV infection, then countries in southern and eastern Africa such as South Africa (25%), Nigeria (13%), Mozambique (6%), Uganda (6%), Tanzania (6%), Zambia (4%), Zimbabwe (6%), Kenya (6%), Malawi (4%) and Ethiopia (3%), account for almost 80% of all people living with HIV (Joint United Nations Programme on HIV/AIDS [2]. According to UNAIDS, (2013), Swaziland has the highest rate of HIV/AIDS infection worldwide, with a total of 27.2% of the population living with HIV/AIDS followed by Botswana 21.9%, Lesotho has the third largest prevalence rates of HIV/AIDS with 25% of the population living with HIV/AIDS [3].

Young people are at the centre of the global HIV/AIDS pandemic. They also are the world's greatest hope in the struggle against this fatal disease. Today's youth have inherited a lethal legacy that is killing them, an estimated 11.8 million young people aged 15 to 24 are living with HIV/AIDS. Each day, nearly 6,000 young people between the ages of 15 and 24 become infected with HIV. Yet only a fraction of them know they are

infected. Currently, over 30% of all new HIV infections globally are estimated to occur among youth ages 15 to 25 years. Young people (10 to 24 years) and adolescents (10 to 19 years), especially young women and young key populations, continue to be disproportionately affected by HIV [2,3].

For young people, the risk of HIV/AIDS may be hard to understand especially as HIV has a long incubation period. The implication is that a person's risky behaviour does not have immediate obvious consequences. According to Adedimeji [4], youths often cannot appreciate the adverse consequences of their actions because they lack the judgment that comes with experience [4]. Apart from the fact that they fail to appreciate the risks for HIV/AIDS, some even believe that they are not vulnerable to the disease. This has resulted in high levels of risky sexual behaviour mostly among youths.

Again, the distribution of HIV among patients is remarkably high (8.1%) due to low level of health promotion and education. In Nigeria, studies have confirmed associations between risky behaviours and young people. These risky behaviours include early sexual activities, sex with multiple partners, low and inconsistent use of condoms, use of alcohol, involvement in anal sexual intercourse and mouth to genital contact [5]. It is of grave concern that many of these young people do not perceive their high-risk status in spite of indulging in these unsafe sexual practices.

In Nigeria, the youth population account for 32 % of Nigerian's 140 million people and nearly half (48.6%) of adolescents aged 15-19 years are sexually active [6]. It is estimated that about 1 in 5 sexually active females and 1 in 12 of sexually active males had already engaged in sexual intercourse at the age of 15 years in Nigeria [7]. This study therefore has been designed to investigate risky sexual behaviours and practices associated with HIV/AIDS infections amongst youths in Yenagoa, Bayelsa State of Nigeria.

II. Materials and Methods

The study design used in this study was a descriptive cross sectional design to elicit information from respondents on issues relating to HIV/AIDS risky sexual behaviours and practices associated with youths in Yenagoa Local Government Area, Bayelsa State, Nigeria.

The population of study consists of youths from the fifty (50) communities out of sixty-three (63) communities in Yenagoa Local Government Area, Bayelsa State and youths include males and females of 18–30 years who reside in all the sixty-three communities

Therefore, the sample size of this study was estimated to be 2,350 among the people. The sampling method used in this study was the stratified random sampling technique. The youth were first stratified according to their communities and villages, which represented by 1,2,3,4.....respectively. This sample size was estimated by random selection of fifty (50) youths of ages 18-30 years from forty-seven (47) sampled communities out of the sixty-three communities in Yenagoa Local Government Area.

The second stage involved grouping the people in their various house according to the place of residence using proportional sampling to get the exact numbers of people to be selected from each place of houses and village residence. Therefore, 48 samples were assigned to each village/community.

Systematic sampling was used to select the house in each village/community for the people. Balloting was used; numbers 1-4 was written on separate pieces of papers and folded, and a piece was picked at random. The number picked was the first village/community that was sampled, while the next village/communities were picked at intervals of 4. That is, beginning from the first village/community picked, the subsequent ones picked were in four. Simple random sampling was used to select people in each village/community, giving an equal chance of being selected.

A Likert scale of strongly agree (5), agree (4), undecided (3), disagree (2) and strongly disagree (1) was used to elicit responses by participants.

The personal interview method and questionnaire administration method was used for the collection of data.

In data analysis, the questionnaires were collected and collated and computed using Statistical Package for Social Sciences (SPSS) Version 22.0 for analysis. Descriptive analysis using frequencies, percentages and bar chart was used to analyze the data and presented in tabular form while the hypotheses formulated was tested using chi-square test. All analysis was tested at 5% significant level with p-value less 0.05 ($p < 0.05$) considered statistically significant.

III. Results

Table 1 shows that 1,185(50.9%) of the respondents were male while 1,145(49.1%) were females. It was also revealed that majority 1,339(57.5%) of the respondents were within the age of 18-21, 906(38.9%) were within the age of 22-25, 63(2.7%) were within the age of 26-29 and 22(0.9%) are within the age of 30 and above.

Again, 2248(96.5%) of the respondents were Christian, 78(3.3%) were Muslim, and 4(0.2%) belong to other religion. For occupational status of respondents; 92(3.9%) were civil/public servants, 492(21.1%) were

artisans, 396(17.0%) were traders, 1140(48.9%) are students and 210(9.0%) belong to other occupations. Out of 2,330 respondents; 92(3.9%) of them had FSLC, 1894(81.3%) had NECO/WASC, 265(11.4%) obtained First Degree and 79(3.4%) had higher degree. For the employment status; 980(42.1%) were employed while 1350(57.9%) were unemployed. This revealed that majority of the respondents are students and unemployed.

Table1: Demographic Characteristics of Respondents

Socio-Demographic characteristics		Frequency (n = 2,330)	Percentage (%)
Sex	Male	1,185	50.9
	Female	1,145	45.1
Age	18-21	1,339	57.5
	22-25	906	38.9
	26-29	63	2.7
	30 & above	22	0.9
	Religion	Christian	1339
Occupation	Muslim	78	3.3
	Others	4	0.2
	Civil/public servant	92	3.9
Educational qualification	Artisan	492	21.1
	Trader	396	17.0
	Student	1,140	48.9
	Others	210	9.0
	Employment status	FSLC	92
Occupation	NECO/WASC	1894	81.3
	First Degree	265	11.4
	Higher degree	79	3.4
	Employed	980	42.1
Employment status	Unemployed	1,350	57.9

Source: Author's Field Work, 2018

Table 2 presented the level of knowledge and beliefs of HIV/AIDS infections amongst youths in Yenagoa Local Government Area, Bayelsa State 1,753(75.2%) agreed that they knew that HIV is infectious disease, 316(13.5%) said no while 261(11.2%) said they don't know. HIV damages the immune system; 1,761(75.6%) agreed while 311(13.3%) said no and 258(11.1%) were they don't know. HIV can enter through broken skin, 1,750(75.1%) said yes and 318(13.6%) said no and 262(11.2%) reported they don't know about that. Majority 1769(75.9%) reported they were aware that HIV is transmitted from one person to another, 432(18.5%) said they were not and 256(11%) said they don't know. HIV can enter through breast milk, majority 1,037(44.5%) said no while 730(31.3%) said they supported the idea. HIV is transmitted through sharing of sharp objects, 1769(75.9%) supported it while the least 256(11%) was against it. HIV is transmitted through blood transfusion, 1,760(75.5%) said yes, 310(13.3%) said no and 260(11.2%) said they don't know. HIV is transmitted from mother to unborn child, 1755(74.4%) said yes, 321(13.8%) said no and 276(11.8%) said they don't know. HIV is transmitted through sex with multiple partners, 1743(74.8%) said yes, 323(13.9%) said no and 264(11.3%) said they don't know. HIV is transmitted through kissing, 459(19.7%) said yes, 1,208(51.5%) said no and 664(28.5%) said they don't know. HIV is transmitted through mosquito bites, 468(20.1%) said yes, 1,200(51.5%) said no and 662(28.4%) said they don't know. HIV is transmitted through sharing toilets, 418(17.9%) said yes, 1,261(54.1%) said no and 651(27.9%) said they don't know. HIV is transmitted through hand shake, 1,753(75.2%) said yes, 316(13.6%) said no and 261(11.2%) said they don't know. HIV is transmitted through having unprotected sex, 565(24.2%) said yes, 1,142(49%) said no and 603(25%) said they don't know. STDs can facilitate HIV infection, 441(18.9%) said yes, 1,242(53.3%) said no and 647(27.8%) said they don't know. The body develops antibodies in the first three months following HIV infections, 1,611(69.1%) said yes, 375(16.1%) said no and 283(12.1%) said they don't know. HIV has no cure, 297(12.7%) said yes, 827(35.5%) said no and 431(18.5%) said they don't know. There's a vaccine against HIV/AIDS, 1750(75.1%) said yes, 319(13.7%) said no and 261(11.2%) said they don't know. HIV can be treated, 1748(75%) said yes, 319(13.7%) said no and 263(11.3%) said they don't know. HIV is virus that can remain in the body for years before it causes AIDS, 456(19.7%) said yes, 1208(51.8%) said no and 666(28.6%) said they don't know. HIV is a spiritual disease, 459(19.7%) said yes, 1207(51.8%) said no and 664(28.5%) said they don't know. HIV patients look healthy, 456(19.6%) said yes, 1208(51.8%) said no and 666(28.6%) said they don't know. HIV is an African disease, 459(19.7%) said yes, 1208(51.8%) said no and 664(28.5%) said they don't know. Youths are more vulnerable, 1109(47.6%) said yes, 1207(51.8%) said no and 666(28.6%) said they don't know. Persons without sexual intercourse are not at risk of HIV infections, 456(19.6%) said yes, 1207(51.8%) said no and 666(28.6%) said they don't know. Birth control pills is a protection against HIV infections, 459(19.7%) said yes, 1207(51.8%) said no and 664(28.5%) said they don't know. Peer pressure can influence HIV infection, 456(19.6%) said yes, 1208(51.8%) said no and 666(28.6%) said they don't know.

Table 2: Knowledge and beliefs of HIV/AIDS infections amongst people (youths)

Variables	Yes	No	Don't know	Total
Know that HIV is infectious disease	1,753(75.2%)	316(13.5%)	261(11.2%)	2,330
HIV damages the immune system	1,761(75.6%)	311(13.3%)	258(11.1%)	2,330
HIV can enter through broken skin	1,750(75.1%)	318(13.6%)	262(11.2%)	2,330
HIV is transmitted from one person to another	1769(75.9%)	432(18.5%)	256(11%)	2,330
HIV can enter through breast milk	730(31.3%)	1,037(44.5%)	563(24.2%)	2,330
HIV is transmitted through sharing of sharp objects	1769(75.9%)	305(13.1%)	256(11%)	2,330
HIV is transmitted through blood transfusion	1,760(75.5%)	310(13.3%)	260(11.2%)	2,330
HIV is transmitted from mother to unborn child	1755(74.4%)	321(13.8%)	276(11.8%)	2,330
HIV is transmitted through Sex with multiple partners	1743(74.8%)	323(13.9%)	264(11.3%)	2,330
HIV is transmitted through kissing	459(19.7%)	1,208(51.5%)	664(28.5%)	2,330
HIV is transmitted through mosquito bites	468(20.1%)	1,200(51.5%)	662(28.4%)	2,330
HIV is transmitted through sharing toilets	418(17.9%)	1,261(54.1%)	651(27.9%)	2,330
HIV is transmitted through hand shake	1,753(75.2%)	316(13.6%)	261(11.2%)	2,330
HIV is transmitted through having unprotected sex	565(24.2%)	1,142(49%)	603(25%)	2,330
STDs can facilitate HIV infection	441(18.9%)	1,242(53.3%)	647(27.8%)	2,330
The body develop antibodies in the first three months following HIV infections	1,611(69.1%)	375(16.1%)	283(12.1%)	2,330
HIV has no cure	297(12.7%)	827(35.5%)	431(18.5%)	2,330
There's a vaccine against HIV/AIDS	1750(75.1%)	319(13.7%)	261(11.2%)	2,330
HIV can be treated	1748(75%)	319(13.7%)	263(11.3%)	2,330
HIV is virus that can remain in the body for years before it causes AIDS	456(19.7%)	1208(51.8%)	666(28.6%)	2,330
HIV is a spiritual disease	459(19.7%)	1207(51.8%)	664(28.5%)	2,330
HIV patients look healthy	456(19.6%)	1208(51.8%)	666(28.6%)	2,330
HIV is an African disease	459(19.7%)	1208(51.8%)	664(28.5%)	2,330
Youths are more vulnerable	1109(47.6%)	1207(51.8%)	666(28.6%)	2,330
Persons without sexual intercourse are not at risk of HIV infections	456(19.6%)	1207(51.8%)	666(28.6%)	2,330
Birth control pills is a protection against HIV infections	459(19.7%)	1207(51.8%)	664(28.5%)	2,330
Peer pressure can influence HIV infection	456(19.6%)	1208(51.8%)	666(28.6%)	2,330
Total	1,038(45.3%)	772(34.1%)	460(19.7%)	2,330

Figure 1 presented the overall knowledge of HIV/AIDS infections amongst people where 45% had good knowledge of HIV infection and 55% had poor knowledge of HIV infection.

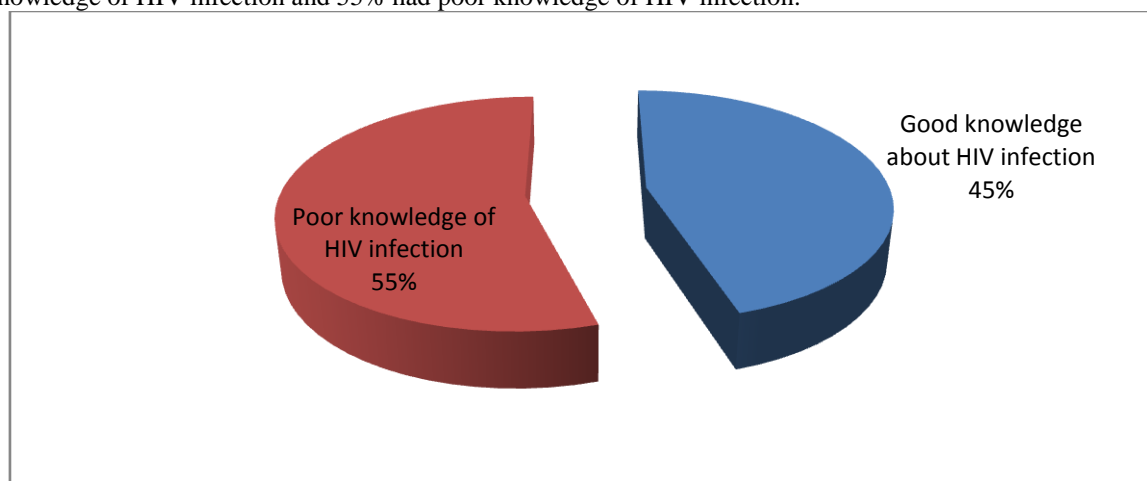


Figure 1: Overall knowledge and beliefs of HIV/AIDS infections amongst people (youths)

H₀₁: There is no significant difference between knowledge/beliefs of HIV/AIDS and practices that predispose one to risky sexual behaviour among youths.

The result of the analysis using Chi-Square test revealed that Pearson Chi-Square calculated 19921.837 is greater than Chi-Square tabulated 124.342 and the p-value 0.000 is less than 0.05. Therefore, the null hypothesis was rejected and the alternative hypothesis accepted which states that there is significant knowledge of HIV/AIDS risky and sexual behaviours practices among youths in Yenagoa Local Government Area, Bayelsa State.

Table 3: Relationship between knowledge/beliefs of risky sexual behaviours and practices among youths

Chi-Square Tests			
Statistical tools	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19921.837 ^a	108	.000
Likelihood Ratio	21499.896	108	.000
Linear-by-Linear Association	4873.612	1	.000
N of Valid Cases	63555		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 167.73.

The result in table 4 showed the lifestyle behaviours and practices that predispose to risky sexual behaviour amongst youths in Yenagoa Local Government Area; majority 890(38.2%) disagreed in use of condom at first sex, 863(37%) strongly disagreed in it, 261(11.2%) were undecided, 179(8%) agreed and 137(6%) strongly agreed in use of condom at first sex. Avoiding the use of unsterilized sharp object, majority 891(38.2%) disagreed, 870(37.3%) strongly disagreed, 258(11.1%) were undecided, 176(7.6%) agreed and 135(5.8%) strongly agreed. Regular use of condom during sex, majority 890(38.2%) disagreed, 860(36.9%) strongly disagreed, 262(11.2%) were undecided, 180(7.7%) agreed and 138(5.9%) strongly agreed. Avoiding multiple sex partners, majority 898(38.5%) disagreed, 671(37.4%) strongly disagreed, 256(11%) were undecided, 176(7.6%) agreed and 129(5.5%) strongly agreed. Avoiding the use of contaminated needles, majority 705(30.3%) disagreed, 660(28.3%) strongly disagreed, 373(16%) were undecided, 227(9.7%) agreed and 365(15.7%) strongly agreed. Faithful to one uninfected sexual partner, majority 898(38.5%) disagreed, 871(37.4%) strongly disagreed, 256(11%) were undecided, 176(7.6%) agreed and 129(5.5%) strongly agreed. Abstinence from sex can reduce the infection of HIV, majority 896(38.5%) disagreed, 864(37.1%) strongly disagreed, 260(11.2%) were undecided, 175(7.5%) agreed and 135(5.8%) strongly agreed. Receiving screened blood, majority 886(38%) disagreed, 847(36.45) strongly disagreed, 276(11.8%) were undecided, 177(7.6%) agreed and 144(6.2%) strongly agreed. Receiving screened blood, majority 886(38%) disagreed, 857(36.8%) strongly disagreed, 264(11.3%) were undecided, 181(7.8%) agreed and 142(6.1%) strongly agreed.

Table 4: Lifestyle behaviours and practices that predispose to risky sexual behaviour amongst youths in Yenagoa Local Government Area, Bayelsa State

Variables	Respondents' Responses					Total
	SA	A	U	D	SD	
Use of condom at first sex	137(6%)	179(8%)	261(11.2%)	890(38.2%)	863(37%)	2330
Avoiding the use of unsterilized sharp object	135(5.8%)	176(7.6%)	258(11.1%)	891(38.2%)	870(37.3%)	2330
Regular use of condom during sex	138(5.9%)	180(7.7%)	262(11.2%)	890(38.2%)	860(36.9%)	2330
Avoiding multiple sex partners	129(5.5%)	176(7.6%)	256(11%)	898(38.5%)	671(37.4%)	2330
Avoiding the use of contaminated needles	365(15.7%)	227(9.7%)	373(16%)	705(30.3%)	660(28.3%)	2330
Faithful to one uninfected sexual partner	129(5.5%)	176(7.6%)	256(11%)	898(38.5%)	871(37.4%)	2330
Abstinence from sex	135(5.8%)	175(7.5%)	260(11.2%)	896(38.5%)	864(37.1%)	2330
Receiving screened blood	144(6.2%)	177(7.6%)	276(11.8%)	886(38%)	847(36.45)	2330
Ready to go for HIV testing	142(6.1%)	181(7.8%)	264(11.3%)	886(38%)	857(36.8%)	2330
Total average	162(6.9%)	183(7.9%)	274(11.8%)	871(37.4%)	840(36.1%)	2330

Source: Author's Field Work, (2018)

Figure 2 presented the overall average in assessment of lifestyle behaviours and practices that predisposes to risky sexual behaviour amongst Youths; highest percentage (37.4%) disagreed to this idea of influence of lifestyle and risky behavior of HIV/AIDS infection, followed by 36.1% that strongly disagreed, 11.8% were undecided, 7.9% agreed and 6.9% strongly agreed.

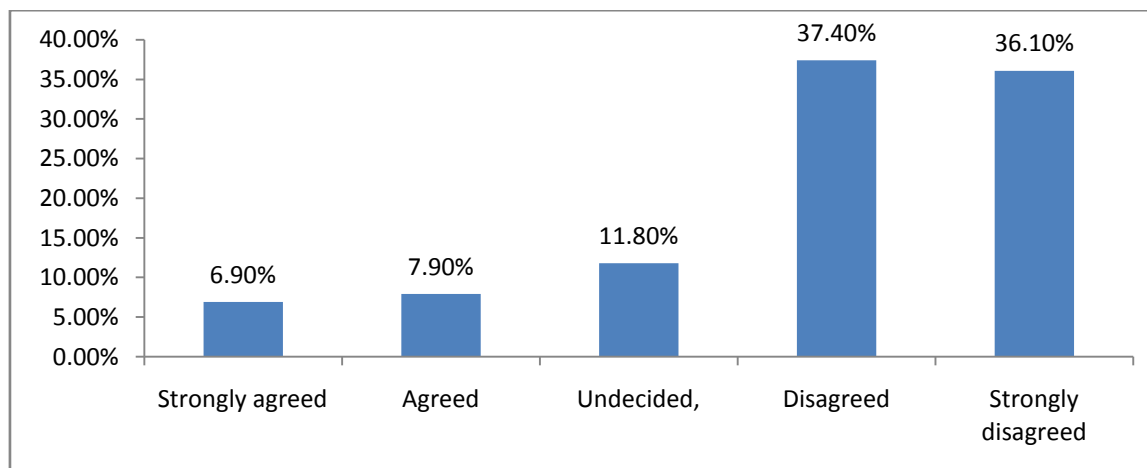


Figure 2: Overall average lifestyle behaviours and practices that predisposes to risky sexual behaviour amongst Youths

H₀₂: There is no significant difference between lifestyle behaviours and practices that predispose one to risky sexual behaviour among youths.

The result of the analysis using Chi-Square test revealed that Pearson Chi-Square calculated 7678.658 is greater than Chi-Square tabulated 124.342. Therefore, the null hypothesis was rejected and the alternative hypothesis accepted which states that there are significant lifestyle behaviours and practices that predispose one to risky sexual behaviour among youths in Yenagoa Local Government Area, Bayelsa State.

Table 5: Relationship between lifestyle behaviours and practices that predispose one to risky sexual behaviour among youths

Statistical tools	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7678.658 ^a	44	.000
Likelihood Ratio	8020.927	44	.000
Linear-by-Linear Association	554.250	1	.000
N of Valid Cases	27960		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 238.33.

The preventive measures for risky sexual behaviours in youths in Yenagoa Local Government Area, Bayelsa State is shown in Table 6. The results showed that majority 890(38.1%) strongly agreed in using condom at first sex will help in preventing HIV infection, 863(37%) agreed, 261(11.2%) were undecided, 179(8%) disagreed and 137(6%) strongly disagreed. Believe that avoiding the use of unsterilized sharp object will reduce infection rate; majority 870(37%) agreed, 291(38.1%) strongly agreed, 258(11.1%) were undecided, 135 (5.8%) disagreed and 176 (7.6%) strongly disagreed. Believe that regular use of condom during sex; majority 890(38.2%) strongly agreed, 860(37%) agreed, 262(11.2%) were undecided, 138(5.9%) disagreed and 180(7.7%) strongly disagreed. Believe that avoiding multiple sex partners will reduce the infection; majority 898(38.5%) strongly agreed, 871(38%) agreed, 256(11%) were undecided, 129(5.5%) disagreed and 176(7.6%) strongly disagreed. Believe that avoiding the use of contaminated needles will reduce the infection; majority 705(30.3%) strongly agreed, 660(28%) agreed, 373(16%) were undecided, 365(15.7%) disagreed and 227(9.7%) strongly disagreed. Faithful to one uninfected sexual partner; majority 898(38.8%) strongly agreed, 871(34%) agreed, 256(11%) were undecided, 129 (5.5%) disagreed and 176(7.6%) strongly disagreed. Believe that abstinence from sex will reduce the infection; majority 896(38.5%) strongly agreed, 864(37%) agreed, 260 (11%) were undecided, 135 (5.8%) disagreed and 175(7.5%) strongly disagreed. Avoiding receiving screened blood will reduce the infection; majority 886(38%) strongly agreed, 847(36%) agreed, 276(11.8%) were undecided, 144(5.2%) disagreed and 177(7.6%) strongly disagreed. Ready to go for HIV testing; majority 886(38%) strongly agreed, 857(37%) agreed, 264(11.3%) were undecided, 142(6.2%) disagreed and 181(7.8%) strongly disagreed. In summary; the preventive measures for risky sexual behaviours among Youths had a highest percentage 37.4% among those who strongly agreed compared to agree ones with 36%, undecided with 11.8%, disagreed with 6.9% and strongly disagreed with 7.9%.

Table 6: Preventive Measures for Risky Sexual Behaviours in Youths in Yenagoa Local Government Area, Bayelsa State

Variables	Respondents' Responses					Total
	SA	A	U	D	SD	
Believe using condom at first sex do help in preventing HIV infection	890(38.1%)	863(37%)	261(11.2%)	137(5.9%)	179(7.7%)	2330
Believe that avoiding the use of unsterilized sharp object will reduce infection rate	291(38.1%)	870(37%)	258(11.1%)	135 (5.8%)	176 (7.6%)	2330
Believe that regular use of condom during sex	890(38.2%)	860(37%)	262(11.2%)	138(5.9%)	180(7.7%)	2330
Believe that avoiding multiple sex partners will reduce the infection	898(38.5%)	871(38%)	256(11%)	129(5.5%)	176(7.6%)	2330
Believe that avoiding the use of contaminated needles will reduce the infection	705(30.3%)	660(28%)	373(16%)	365(15.7%)	227(9.7%)	2330
Faithful to one uninfected sexual partner	898(38.8%)	871(34%)	256(11%)	129 (5.5%)	176(7.6%)	2330
Believe that abstinence from sex will reduce the infection	896(38.5%)	864(37%)	260 (11%)	135 (5.8%)	175(7.5%)	2330
Avoiding receiving screened blood will reduce the infection	886(38%)	847(36%)	276(11.8%)	144(5.2%)	177(7.6%)	2330
Ready to go for HIV testing	886(38%)	857(37%)	264(11.3%)	142(6.2%)	181(7.8%)	2330
Total average	871(37.4%)	840(36%)	274(11.8%)	162(6.9%)	183(7.9%)	2330

Source: Author's Field Work, (2018)

H₀₃: There is no significant difference between preventive measures for HIV and risky sexual behaviours practice amongst youths in Yenagoa Local Government Area, Bayelsa State.

The result of the analysis using Chi-Square test revealed that Pearson Chi-Square calculated 4152.312 are greater than Chi-Square tabulated 43.77. Therefore, the null hypothesis was rejected and the alternative hypothesis accepted which states that there are preventive measures for risky sexual behaviours amongst youths in Yenagoa Local Government Area, Bayelsa State.

Table 7: Relationship between preventive measures for HIV and risky sexual behaviours practice amongst youths

Statistical tools	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4152.312 ^a	32	.012
Likelihood Ratio	3070.112	32	.003
Linear-by-Linear Association	651.436	1	.001
N of Valid Cases	20970		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 248.13.

IV. Discussion

The study titled “the risky sexual behaviours and practices associated with HIV/AIDS infections amongst youths in Yenagoa Local Government Area, Bayelsa State showed a moderate of knowledge of HIV/AIDS infections amongst people, greater percentage (37%) of the respondents disagreed that influence of lifestyle behaviours and practice predisposes to risky sexual behaviour amongst youths and there is a significant difference between preventive measures for HIV and risky sexual behaviours practice.

The result showed that the distribution of males were higher compared to their females counterpart and it could be so because of low response of female when it comes in terms of HIV infection assessment. The findings on demographic characteristics of age of respondents' showed that highest (57.5%) of the respondents were within the age of 18-23 years and it stands as active age for lifestyle behavior change.

For the increase in knowledge of HIV/AIDS amongst people could be attributed to the high number of health education to the people of the studied area about HIV infection. Following the work done by Egbezor and

Echendu [8] toward the investigation of the impact of health education on HIV/AIDS and sexual behaviour of female students in Nigeria schools, the findings showed that female students in urban schools seem to be more conscious of HIV/AIDS infection and appear to modify their sexual behaviour towards avoiding HIV infection compared to more males.

The findings of this study was in line with the study carried out by Khan et al [9] on investigating the awareness level regarding HIV/AIDS among college students in Khyber PakhtunKhwā using cross sectional method in two colleges of Peshawan. The result of their study showed that both public and private college students were aware that HIV/AIDS but slight difference increase in knowledge among private college students compared to public college students.

According to Omeonu & Kollie [10] that studied on knowledge and attitude at Babcock University, they focused on students to ascertain the risk behaviours of HIV/AIDS. The findings indicated that the students have good knowledge and attitude towards risk behaviours that encourage the spread of HIV/AIDS.

Concerning the areas of knowledge of youths towards HIV infections, specifically, respondents basically acknowledges that HIV damages the immune system, HIV is transmitted from one person to another, HIV is transmitted through sharing of sharp objects and HIV is transmitted through blood transfusion, HIV is transmitted from mother to unborn child, HIV is transmitted through sex with multiple partners, HIV is transmitted through having unprotected sex and HIV has no cure. All the mentioned areas were in agreement with the findings of Makwe & Adenyuma [11] that conducted a survey on the knowledge of students of University of Abuja on the means of transmission of STIs and AIDS, and preventive measures. The study concluded that the students' awareness about STI and HIV/AIDS was considered relatively on the high side with STIs (87.4%); HIV/AIDS (91%); Types of STIs (gonorrhoea, 89.3%); (syphilis, 81.2%).

It also collaborated with the findings of Asante [12] who investigated HIV/AIDS knowledge and preventive measures among 324 undergraduate university students in Ghana. The results of the finding showed that highest percentage (94%) were aware of various ways of prevention, about 82.7% have received information about HIV/AIDS from the media. Over 90% of the students reported having knowledge of where to test HIV.

In determination of lifestyle behaviours and practices, majority of 1303(55.9%) of respondents agreed that lifestyle behaviours and practices predispose to risky sexual behaviour amongst youths in the studied area. Specifically, unfaithfulness to one sexual partner, irregular use of condom during sex, receiving unscreened blood, having multiple sexual partners and use of unsterilized sharp objects were noted as lifestyle behaviours and practices that predisposes youths to risky sexual behaviour. Respondents also acknowledged that having oral sex, using unsterilized clippers/barbing instruments and involvement in homosexuality were lifestyle behaviours and practices that predisposes youths to risky sexual behaviour. And the above lifestyle were collaborated with the study done by Caldeira et al [13] who investigated HIV testing in recent unmarried college students in USA for prevalence. The findings of their indicated that poor use of condom at first sex, avoiding the use of unsterilized sharp object, regular use of condom during sex, avoiding multiple sex partners, faithfulness to one uninfected sexual partner, abstinence from sex and receiving screened blood. According to UNAIDS [14], young people (10 to 24 years) and adolescents (10 to 19 years), especially young women and young key populations, continue to be disproportionately affected by HIV.

The hypotheses were tested using Chi-square test and the result confirmed that there is significant association between knowledge, lifestyle and preventive measures and HIV/AIDS risky sexual behaviours and practices among youths in Yenagoa.

V. Conclusion

From the findings of this study, it was observed that there is increase in knowledge and good understanding on the influence of lifestyle behavior towards HIV/AIDS infections amongst youths. Also, the findings further concluded that an aggregate majority of respondents noted that there were preventive measures for risky sexual behaviours among youths but they do not necessarily translate into actual practice of these preventive measures.

Recommendations

Based on the findings, the following recommendations were made:

1. Government and organizations should organize periodic seminars and workshop to educate the youths on the danger associated with certain sexual behavioural attitude and habits that is injurious to their health.
2. The media should on regular basis sensitize the youths on the danger that is associated with certain callous sexual behavior that would make them vulnerable to contacting HIV/AIDS.
3. HIV testing and treatment programmes and policies should be conducted at regular or periodic intervals so as to check the spread of the virus amongst the youths.

4. Laws that restrict research into HIV/AIDS should be abolished so as to enable researchers conduct studies that will present a reliable databank on HIV/AIDS prevalence.
5. Schools as a matter of priority should include sex education in their curriculum particularly in the area of HIV/AIDS so as to provide education on HIV/AIDS. This will increase positively their knowledge, beliefs, lifestyle behaviours and practices and preventive measures.

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Conflict of interest

All authors of this article report no conflicts of interest throughout the work.

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