Available on: https://jsshrs.ep-journals.org/ E-ISSN: 3051-3561, P-ISSN: 3051-3553

Journal of Social Science and Human Research Studies

Volume : 02 Issue : 09 September-2026

Personality Traits and HIV/AIDS Vulnerability: HIV/AIDS Knowledge as Mediator Among Post-Graduate Agriculture Students in Federal University of Agriculture, Abeokuta

Shobayo, K. O. W.
United Methodist University Monrovia, Liberia.

Ladebo, O. J.
Federal University of Agriculture Abeokuta Ogun State, Nigeria

Atilade, B. S.
Federal University of Agriculture Abeokuta Ogun State, Nigeria

Published Date: September 30, 2026 **Article DOI: 10.65150/EP-jsshrs/V2E9/2026-18**

ABSTRACT : Students of agriculture in tertiary institutions are immense potential and valuable human capital to agricultural development projects all around the world, especially on the African Continent. Therefore, it is imperative that their sexual health be given adequate attention as negligence can result in immediate or long-term agricultural and economic devolution. Given that HIV/AIDS is a major health challenge in Sub-Saharan Africa; this study examined the relationship existing between the personality trait and HIV/AIDS vulnerability of agriculture students in the Federal University of Agriculture, Abeokuta (FUNAAB). A simple random sampling technique was adopted in selecting 233 post-graduate students from the three (3) agricultural colleges in the University. Using a structured questionnaire, data were obtained based on the study objectives. Data were analyzed using Descriptive statistics (percentage, mean, frequency counts and standard deviation), Pearson Moment Correlation coefficient (PPMC) and Hierarchical regression (HCR) technique. Results showed that the mean age of respondents was 29 years, 50.8% of the respondents were male while 82.8% were single and 62.2% resided off-campus. However, 51.7% and 52.1% of the respondents indicated high levels of optimism and self-esteem respectively while 65.8% showed low depressive personality. Results also showed that 83.6% of the respondents displayed high level of knowledge about HIV/AIDS, 65.2% showed low risky sexual behavior while 52.5% displayed low moral norms. HCR revealed that of the personal characteristics of respondents, only religion was related to HIV/AIDS knowledge ($b = 0.43$, $p<0.05$). Also, optimism was related to risky sexual behavior ($b = -0.03$, $p<0.05$), and HIV/AIDS knowledge was related to moral norm ($b = 0.62$, $p<0.05$). In conclusion, the knowledge of HIV/AIDS by respondents was found not to be a mediator of the relationship between their personality traits and vulnerability to HIV/AIDS. Thus, this study recommended that FUNAAB authority endeavor to work with campus religious bodies to enlighten agriculture students on HIV/AIDS bearing in mind that focal university environment has a predominance of young and single individuals who would like to explore their sexuality.

KEYWORDS: HIV/AIDS, Mediator, Personality Traits and Knowledge

INTRODUCTION

HIV/AIDS is a major health challenge that is common to most developing countries particularly in Sub-Saharan Africa which harbors 10% of the world's population and is yet home to the vast majority of the people living with HIV/AIDS (AVERT, 2017). As indicated by the United Nations Program on HIV/AIDS (2016), 1.8 million people became newly infected with the virus in this region. Food and Agriculture Organization (FAO) estimated that since 1985 over 7million agricultural workers have lost their lives to AIDS-related diseases in 27 severely affected African countries, Nigeria included (FAO, 2001).

Nigeria is the most populated country in Africa and has the second-largest HIV epidemic in the world, after South Africa (National Agency for the Control of AIDS, 2017). In addition, the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2017) reported that the country also has the highest new infection rate in sub-Saharan Africa. Between 1986 when HIV was first reported in Nigeria to December 2011, a total od 3,495,363 people now live with HIV/AIDS and an estimated 1,449,166 require antiretoviral (NACA, 2012). A total of 388,864 new infections occurred in 2011 and records show 217,148 AIDS related death (Federal Ministry of Health, 2010).

The menace does not only affect the health of individuals, it impacts households, communities and the development and economic growth of nations; with the hardest hit countries also suffering from other infectious diseases and food insecurity (Global HIV/AIDS Overview, 2018).

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HIV/AIDS has reduced life expectancy, increased poverty among vulnerable communities and families, skewed the population size, weakened institutional structure, undermined national system (UNAIDS, 2008), and crippled the agricultural sector.

The poor living condition of people especially those in Africa is also a predisposing factor to the spread of HIV/AIDS. The relationship between the poor living conditions of people in Africa and HIV transmission is not a simplistic one (Collins and Rau, 2001). It is believed that poverty has played a significant role in promoting the sexual transmission of HIV in Sub-Saharan Africa (Human Sciences Research Council, 2001). Generally, the disease HIV is inculcated in social and economic inequity (Pellowski, *et al.*, 2013), as it affects those of inferior socioeconomic status and impoverished neighborhoods at a disproportionately high rate. This could be ascribed to the fact that their living condition makes them prone to malnourishment, poor health, and poor medical care. Theorists have described HIV/AIDS as a disease of poverty because it primarily affects the poor, and worsens the toll of poverty (Mufune, 2015).

Low knowledge of HIV/AIDS, inadequate education and communication, cultural attitude, moral norms and belief in addition to poor living condition of the people are considered as major predisposing factors to contracting HIV/AIDS. Other factors include HIV/AIDS myth, gender-based violence, limited interventions from government and NGOs targeting agricultural workers, lack of incentives or facilities to test for HIV, lack of access to condom amongst others. Each factor, alone or in combination with other factors, may create or exacerbate an individual's risky sexual behavior and consequently result in vulnerability to HIV (UNAIDS, 2008). FAO (2001) further reported the likelihood of 16 million more death of agriculture workers to HIV in the next two decades.

Gray and Saracino (1989) reported that college students having knowledge of a possibility of contracting STDs as a result of risky sexual behaviours such as alcohol consumption and having multiple sexual partners did not portray a desired behavioural change, especially among the sexually active ones. Another study also reported that individuals who were aware of safe sex behavioural practices had a higher tendency of engaging in unprotected sexual intercourse (Seal and Agostineli, 1994). These studies show that preventive sexual behaviours are not mainly a factor of having knowledge about safe sex and STDs transmission but may be dependent on the unique personality trait of the individual. To support this assumption, studies have revealed that having knowledge of safe sex and STDs transmission do not influence an individual's behaviour when considering sexual intercourse. This could be hinged on the fact that the decision to engage in unsafe sex often comes without reasonably considering the risk attached (Keselman *et al.,* 2004).

Lack of knowledge and inadequate negotiation skills regarding HIV/AIDS and its related risk behaviors have been reported to have a negative influence on man's perception of risk and vulnerability to the disease (MacLachlan *et al.,* 2002; Hicks *et al.,* 2006; and Swenson *et al.,* 2010). In Nigeria, the most common mode of transmission of HIV is through sexual intercourse (Akpabio *et al.,* 2009). Unprotected heterosexual sexual activities have been reported to have accounted for 80% of the new HIV infection in Nigeria (NACA, 2017); two-third of the new HIV infections in West and Central Africa occurred in Nigeria (UNAIDS, 2017). It is expected that with adequate information provided to people on HIV/AIDS, the rate of contracting the disease or even being vulnerable to it will reduce. Existing literature demonstrates that some individuals, be it HIV negative or positive, continue to engage in risky sexual behaviors (Wingood *et al.,* 2004).

Another major consideration is the personality traits of individuals as it may influence their risky sexual behaviors and hence their vulnerability to HIV/AIDS. Personality was described by Carver and Scheier (2000) as a dynamic organization inside a person or psychophysical systems that create a person's characteristic pattern of behavior, thought and feelings. It can also be seen as a stable, organized collection of psychological traits and mechanisms in human that influences his/her interactions with and modifications to the psychological, social and physical environment surrounding them (Larsen and Buss, 2018).

Personality trait is a sum total of an individual's distinctive behavioral and mental characteristics. It is a distinctive characteristic of a person's thoughts, feelings, and actions that differentiate an individual from other persons (Umar, 2013). A personality trait is determined by the recurrent sequence of behaviour exhibited by an individual possessing such trait. Personality traits have the tendency to affect a person's desire to seek or avoid information (Napoli, 2001; Gallagher *et al.*, 2003). Napoli (2001) suggested that personality traits influence an individual's information-seeking intentions. A couple of psychological parameters also decide that human behavior is linked with personality, so personality traits are directly concerned with information-seeking behavior (Halder *et al.,* 2010).

Statement of the Problem

Students of agriculture in tertiary institutions constitute an important human resource for agricultural development, particularly in Africa where the sector depends on educated, healthy and innovative young people. However, HIV/AIDS remains a major public health and educational concern, with serious implications for students' wellbeing, academic productivity and future contribution to agricultural development. Despite sustained awareness campaigns by government and non-governmental organisations in Nigeria, young people, including university students, remain vulnerable to HIV infection due to risky sexual behaviours, peer pressure, inadequate risk perception, denial of personal vulnerability and inconsistent use of preventive information.

Although students may be aware of HIV/AIDS, awareness does not always translate into protective behaviour. Risky practices such as multiple sexual partnerships, casual sex, unprotected sex and alcohol or substance use before sexual activity continue to increase vulnerability among youths. Previous studies also suggest that psychological and personality-related factors may influence how individuals perceive risk, seek health information and adopt preventive behaviours. In this regard, optimism, self-esteem and depressive tendency may affect students' HIV information-seeking behaviour and, consequently, their vulnerability to HIV/AIDS.

Existing HIV/AIDS studies among students have largely focused on awareness, knowledge and sexual behaviour, with limited empirical attention to how personality dimensions influence HIV information seeking especially among postgraduate agriculture students. This creates a research gap, given that this group represents a critical pool of future agricultural professionals. Therefore, this study investigates the relationship among optimism, and self-esteem, depressive tendency among postgraduate students of agriculture. The study hypothesised that there are no significant relationships between the personal characteristics of the respondents and their knowledge about HIV/AIDS. Also, there are no significant relationships between the personality traits of respondents and their knowledge about HIV/AIDS.

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THEORETICAL FRAMEWORK

Theory of Reasoned Action (TRA)

The theory of reasoned action has been used in a number of researches on risky sexual behavior and sexual behavior generally. It was developed by Martin Fishbein and Icek Ajzen in 1967 and is directed towards explaining the relationship between attitudes and behaviours within human action. It predicts how an individual is likely to act as a result of their pre-existing attitudes and behavioural intentions. A person's decision to carry out a particular behaviour is a factor of the outcome the person anticipates as a result of performing the behaviour (Rogers *et al.*, 2002). The idea embedded in this theory is concerned with an individual's basic motivation to engage in an action. The theory states that an individual's intention to perform certain behaviour precedes the actual behaviour (Ajzen and Madden, 1986). This intention is referred to as behavioural intention and is as a result of a belief that performing the behaviour will lead to a specific outcome. Behavioural intention is vital to this theory due to the fact that these intentions are determined by attitudes to behaviours and subjective norms (Colman, 2015). The theory of reasoned action suggests that stronger intentions lead to increased effort to carry out the behaviour, which also increases the likelihood for the behaviour to be performed.

There are three conditions that can affect the relationship between behavioural intention and behaviour according to theorist of the Theory of reasoned action. These conditions are;

1. The measure of intention must correspond with respect to their levels of specificity (Ajzen, 1992). This implies that in predicting a specific behaviour, the behavioural intention must be equally specific.
2. There must exist stability of intentions between time of measurement and performance of the behaviour (Ajzen, 1992). This means that the intention must remain the same between the time it is given and the time the behaviour is performed.
3. The degree to which carrying out the intention is under the volitional control of the individual (Ajzen, 1992). The individual at all times has the control of whether or not to carry out the behaviour.

These three conditions affecting the relationship between behavioural intention and behaviour are concerned with the switch from verbal response to actual behaviour (Ajzen, 1992).

The theory of reasoned action has often been used as a framework and a predictive tool of applied research on sexual behaviour, especially in the prevention of STDs such as HIV. Albarracin, Johnson, Fishbein, and Muellerleile in 2001, use the theory of reasoned action and theory of planned behaviour to study how well the theories predict condom use (Alberracin et al., 2001). The study reported the theories to be highly successful predictors of condom use. With reference to their discussion, "there is a higher possibility that people will use condom if they have prior to the time of use, formed the corresponding intentions. This intention to use condoms seems to sprout from attitudes, subjective norms, and perceived behavioural control".

In 2011, Doswell, Braxter, Cha, and Kim in their research on sexual behaviour in African American teenage girls, used the theory of reasoned action as a framework for understanding this behaviour. This theory has the capacity to explain these behaviours in that teens' behavioural intentions to engage in early sexual behaviour are influenced by their pre-existing attitudes and subjective norms of their peer. As a framework, this theory suggests that adolescents will take part in early sexual behaviour because of their own attitudes towards the behaviour and subjective norms of their peers. Here, intention is seen as the willful decision to carry out early sexual behaviour (Doswell et al, 2011). Results from the students showed that the theory was supportive in predicting early sexual behaviour among African American teenage girls.

Against all the merits of the theory of reasoned action, one major problem it is faced with is the ignorance of the connections between individuals, both the interpersonal and the social relations in which they act, and the broader social structures which govern social practice (Terry, Gallois and McCamish, 1993). The theory may recognize the importance of social norms, but strategies are limited to a consideration of individual perceptions of these social phenomena. Also, this theory does not put into consideration the social process of change and the social nature of the change itself; a model in which people collectively appropriate and construct new meanings and practice (Terry, Gallois and McCamish, 1993).

Also, the habituation of past behaviour happens to decrease the impact that intention has on behaviour as the habit increases. Overtime, the carrying out of the behaviour becomes less of a rational, initiative behaviour and more of a response that is learned. Added to that, intention tends to have a direct impact on behaviour only in a short term (Bagozzi, 1981).

METHODOLOGY

The study area was the Federal University of Agriculture, Abeokuta (FUNAAB) which is located next to the Ogun-Oshun River Basin Development Authority along the Abeokuta-Ibadan Road in Ogun State and is 15km away from the Abeokuta city center. The University was established on the 1st of January, 1988 by the Federal Government through the demerger of four universities of technology. This led to the creation of the first two universities of agriculture; one in Makurdi and the FUNAAB in Abeokuta.

Using Yamane's (1967:889) sampling procedure.

$$n = \frac{N}{1+N\,(e)2}$$

Where n = selected sample size
N= total population
e = margin of error (0.05)

The sample selected gives a total of 233 respondents (Table 1)

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Table 1: Sampling Frame and Sample Size of the Study

College(s)	Total number of postgraduate students in each department		Number of respondents selected
COLAMRUD	**AEFM**	**109**	**112**
	AERD	71	
	AGAD	24	
	CGNS	64	
COLANIM	**ABG**	**28**	**53**
	ANN	40	
	ANP	16	
	APH	36	
	PRM	8	
COPLANT	**CPT**	**38**	**68**
	HRT	12	
	PBST	41	
	PPCP	23	
	SSLM	49	
Total		**559**	**233**

Data collection procedure.

Primary data was used for this study, information were obtained from dependent, independent and mediator variable.

A. Independent variables

Personal characteristics of the respondents

- **i.** Age: the actual age of the respondents at the time of administration of the questionnaire.
- **ii.** Sex: an arbitrary score of 1 and 2 was assigned to the indicator male and female respectively and this was measured nominally.
- **iii.** Religion: this was measured nominally with arbitrary scores of 1, 2 and 3 assigned to the indicators Christian, Muslim and Traditional religion respectively.
- **iv.** Marital status: this variable was measured at a nominal level as Single (1), and Married (2).

Personality traits of respondents

Personality traits of respondents were described using the dimensions of optimism, self-esteem, and depressive tendency and these were measured using items adapted from Scheier *et al.* (1994) life orientation test, Rosenberg (1989) self-esteem scale, and Lovibond *et al.* (1995) depression, anxiety and stress scales. Responses were anchored on a 5-point Likert scale ranging from strongly agree (5) to strongly disagree (1).

Mediator variable (Knowledge about HIV/AIDS)

The respondent's knowledge about HIV/AIDS was assessed and determined using items adapted from DiClemente *et al.* (1993) HIV knowledge scale for adolescents. Responses were elicited using a 2-point rating scale of Yes = 1 and No =2.

Dependent variable (HIV vulnerability)

Moral norms were measured using a 10-item scale adapted from Moore and Halford's (1999) Barriers to safer sex scale.

Risky sexual behaviours' responses were anchored on a 2-point rating scale of Yes = 1 and No = 2. Eight items were adapted from Ponser's*et al.* (1996) sexual risk and self-protective subscale.

RESULTS AND DISCUSSION

Respondents' Source of Information on HIV/AIDS

Table 4 showed respondents' sources of information on HIV/AIDS. Results showed that the most prevalent means of information on HIV/AIDS were television (58.4%), radio (30.7%) and print media (30.7%). This implies that most of the respondents got information about HIV/AIDs through communication technologies and this may be because respondents were educated.

A study by Bankole and Abioye (2017) further ascertained that the most accessible sources of HIV/AIDS information amongst university students in Nigeria were television, radio and the internet. Also, Asante and Oti-Boadi (2013) suggested that majority of students in Ghana, Nigeria and other Sub-Saharan African countries received HIV/AIDS information from both print and electronic media with a few receiving from parents. Research has shown that data obtained through communication technology can be used for public health monitoring, identifying HIV related behavior and for communicating with people at risk for HIV/AIDS or living with the disease (Young *et al.*, 2014 and Finlayson, *et al.*, 2012). Basically, incorporating communication technologies as a means of disseminating information on HIV/AIDS is expected to reduce the widespread lack of information regarding the disease, bearing in mind that a key tool in fighting the spread of HIV/AIDS is information which in turn leads to knowledge.

Table 4: Respondents' Source of Information on HIV/AIDS (n = 233)

S/N	Source	Frequency	Percentage
1	Radio	72	30.7
2	Television	136	58.4
3	Friends	63	26.9

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4	Parent	49	21.0
5	Print Media	72	30.7

Respondents Level of Optimism, Self-esteem and Depressive Tendency

Table 5 revealed the levels of optimism, self-esteem and depressive tendency among respondents. Results showed that 48.3% and 47.9% of the respondents had lower levels of optimism and self-esteem respectively. On the other hand, 31.5% of the respondents showed higher levels of depressive tendency. The implication is that most of the respondents possess stable personality traits and this is expected to influence their vulnerability to the disease positively. Trobst *et al.*, 2002 reported that most behaviors that expose an individual to the risk of contracting HIV/AIDS are related to emotional distress, poor self-control, and hostile and antagonistic attitude and behavior. These attributes or characteristics mentioned can be related to depressive personality trait which is described as one that presents an individual as feeling dejected, gloomy, and worthless often times; overly self-critical, derogatory, and judgmental of others (Hammond, 2017). This as such have presented most respondents in the study area to be stable on all three levels of personality trait as seen in the table below.

Table 5: Levels of Respondents Personality Trait (n = 233)

Variables	Classification by Mean	Frequency	Percentage	Mean	SD
Optimism					
Low	5 ≤ 22	113	48.3	22.2	2.75
High	23 ≥ 25	120	51.7		
Self-esteem					
Low	8 ≤ 21	112	47.9	21.5	2.74
High	22 ≥ 25	121	52.1		
Depressive trait					
Low	7 ≤ 14	160	68.5	13.6	4.70
High	15 ≥ 31	73	31.5		

Respondents Knowledge of HIV/AIDS

Table 6 indicated that 83.6% of respondents possessed high knowledge about HIV/AIDS. This implies that most of respondents were knowledgeable as regards the causes, prevention and spread of HIV/AIDS. This could be attributed to the fact that the University is a place that provides an avenue where knowledge on STDs spread and their prevention could be exchanged and discussed. Kelly (2006) pointed out that education and educational institutions have positively contributed to the mitigation of the impact of HIV/AIDS prevalence. Educational institutions tend to encourage a freedom of thought which provides more educated people with desired actions in protecting their health (Blanc, A. K. 2000). The World Bank (2002) opined that education through information and knowledge that has the propensity to affect behavioral change in the long run has been able to protect people against HIV/AIDS. This submission can be considered as a justification to the level of impact education and educational institutions has had in the fight against HIV/AIDS.

Table 6: Knowledge of Respondents about HIV/AIDS (n=233)

HIV/AIDS Knowledge	Classification by Mean	Frequency	Percentage	Mean
Low	3 ≤ 7	38	16.4	6.6
High	8 ≥ 10	195	83.6	
Total		233	100.00	

Descriptive Statistics and Inter-correlation Matrix among Study Variables

The descriptive statistics and inter-correlation among study variables are shown in Table 8. The bivariate correlations ranged from a low of -0.27 to 0.40. The significant correlations were in the expected directions. For example, a positive and significant relationship exists between religion and HIV/AIDS knowledge ($r = 0.14$, $p < 0.05$). Age is positively related to marital status ($r = 0.33$, $p < 0.05$) implying that older respondents are married. Furthermore, a negative but significant relationship exists between risky sexual behaviors and optimism ($r = -0.17$, $p < 0.05$), which implies that a highly optimistic individual will likely not engage in risky sexual behaviors.

Table 8: Descriptive Statistics and Inter-correlations among Study Variables (n = 233)

Variable	1	2	3	4	5	6	7	8	9	**Sexual Behaviour**
1. Age										
2. Sex	-0.02									
3. Religion	-0.13	-0.22**								
4. Marital status	0.33**	-0.00	0.06							

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5. Ethnicity	-0.08	0.11	-0.04	-0.03						
6. Optimism	-0.03	-0.04	-0.06	-0.12	0.05					
7. Self-esteem	-0.01	-0.08	-0.26**	-0.11	-0.19**	0.40**				
8. Depression	0.07	-0.13*	0.21**	0.03	-0.09	-0.22**	-0.21			
9. Knowledge of HIV	0.01	0.03	0.14*	-0.07	-0.06	-0.02	0.07	-0.02		
10. Risky Sexual behaviors	-0.06	-0.27**	0.14*	0.05	0.05	-0.17**	-0.09	0.14*	-0.08	
11. Moral norms	0.062	0.086	0.107	-0.127*	0.079	-0.052	-0.101	0.099	0.28**	-0.14*

Test of Hypotheses

Hypotheses 1 and 2

Two hypotheses were tested simultaneously in this section. First to be tested was Hypotheses 1, which examined the relationships between personal characteristics of respondents and knowledge about HIV/AIDS in step I of the model. Second hypothesis examined if there were relationships between personality traits of respondents and knowledge about HIV/AIDS.

In step I of table 9, the personal characteristics of respondents were entered in the equation as controls. Result showed that religion was positively related to knowledge of HIV/AIDS ($b = 0.43$, $p < 0.01$). This shows that religion would likely predispose an individual to seek for information relating to HIV/AIDS (Jonsen and Stryker, 1993). However, age, sex, marital status and ethnicity were unrelated to knowledge of HIV/AIDS. This implies that age, marital status, sex and ethnicity of the respondents are independent of knowledge about HIV/AIDS. Thus, hypothesis 1 was partially supported.

In step II, optimism, self-esteem, and depressive tendency were entered in the model. However, knowledge of HIV/AIDS was independent of the three traits. Therefore, hypothesis 2 was supported. The knowledge of HIV/AIDS was independent of respondents' traits of self-esteem, optimism, and depressive tendency. Studies investigating the relationship between knowledge and personality traits have revealed that a relatively weak relationship exist between the two domains, except for openness to experience (a constituent of the Big Five traits) which is consistently positively related to a variety of domains including seeking information on health (Ackerman *et al.*, 2001).

Table 9: Hierarchical Regression of Knowledge of HIV/AIDS on Predictors (n = 233)

Variables	**HIV/AIDS Knowledge**			
	b_1	**SES**	**b_2**	**SES**
Step I: Biographics				
(Constant)	5.88**	0.66	5.37**	1.12
1. Age	0.01	0.02	0.02	0.02
2. Sex	0.17	0.15	0.18	0.15
3. Religion	0.43**	0.18	0.53**	0.18
4. Marital status	-0.30**	0.20	-0.30	0.20
5. Ethnicity	-0.16	0.17	-0.10	0.17
	ΔR^2	(0.04)		
Step II: Predictors				
6. Optimism			-0.03	0.03
7. Self-esteem			0.05	0.03
8. Depressive tendency			-0.01	0.02
ΔR^2	(0.01)			
Final Model				
R	0.20			
R^2	0.04			
Adj R^2	0.01			
F	1.14			
SES	1.10			
DF	9/228			

Note: * $p < 0.05$, ** $p < 0.01$

CONCLUSION

This study concluded that respondents had high knowledge about HIV/AIDs and a moderate level of vulnerability to the disease. The respondents also showed high levels of optimism and self-esteem and a low level of depressive tendency. This presented the respondents as having stable personality traits. The study further concluded that the religion of respondents was related to their knowledge of HIV/AIDs and this could be one of the reasons

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why a high level of knowledge of the disease was reported. In addition, respondents who showed high levels of optimism were less likely to engage in any form of risky sexual behavior. It was as well concluded in this study that the respondents' knowledge of HIV/AIDs did not mediate the relationships between studied personality traits and their vulnerability to the disease.

RECOMMENDATIONS

Universities should design programs that will enlighten agriculture students on dangers of risky sexual behavior bearing in mind that university environment has a predominance of young and single individuals who would like to explore their sexuality. Universities should create platforms via print and social media that could be used to disseminate relevant information about HIV/AIDS. In effort to create awareness about HIV/AIDS and other STDs, universities should work with religious bodies on campus as it is shown in this study that religion has a positive influence on knowledge of HIV/AIDS.

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Corresponding Author: Shobayo, K. O. W.