

**INSTITUTIONAL AND GENDER DIFFERENCES IN THE
KNOWLEDGE AND ATTITUDE OF OYO STATE TERTIARY
INSTITUTION STUDENTS TOWARDS HIV/AIDS**

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ABSTRACT

A study on attitude towards HIV/AIDS and people living with AIDS (PLWA) seem to be necessary in view of the current stigma attached to both the disease and the PLWAS. Therefore, this study was carried out among tertiary institutions students in Oyo state in order to assess their Knowledge of, and attitude towards HIV/AIDS. Data was collected with the use of a structural questionnaire. Purposive sampling technique was used to select three institutions from the three senatorial districts in the state, 750 completed questionnaire forms were returned to the researchers. Data were analysed using t-test and analysis of variance, (ANOVA). Two of the hypotheses (1x2) were accepted while hypotheses 3 and 4 were rejected. Also, gender did not differentiate the attitude of the respondents as had aversion towards HIV/AIDS as well as people living with AIDS. It was recommended that the governments (Federal, States and Local governments) should incorporate in their education policy, counselling services, sex education and HIV/AIDS education for tertiary institution students so as to improve on the attitude of educated young people towards HIV/AIDS patients. It was also recommended that teachers, school authorities, curriculum planners, religions organizations, health professionals, health educators, AIDS campaigners, governments (Federal, States and Local governments), Non-Governmental Organizations (NGO's) and the society at large should be involved in the enlightenment programme to appropriately assist even the educated, people such as tertiary institution students to imbibe accommodating attitudes towards AIDS and those people living with HIV/AIDS in Nigeria. Tertiary institution students to imbibe to accommodating attitudes towards AIDS and those people living with HIV/AIDS in Nigeria.

Background to the study

Acquired Immune Deficiency Syndrome (AIDS) is a disease caused by a deadly virus known as Human Immunodeficiency Virus (HIV). It has been reported in all continent of the world, and over 80% of the world's 159 countries (Fakeye, 1989). AIDS is a condition in which damage is done to the body's immune system rendering its victims defenseless. It is therefore of primary importance to establish information and education programmes to actively disseminate knowledge about the prevention of HIV/AIDS infection (Nigerian Tribune, Thursday, November 28, 2002). AIDS by the nature of its transmission has a lot to do with human sexual habits and behaviour. Strategies to prevent its spread, therefore, have to be geared towards discouraging these habits that seems to promote its spread. The strategies to prevent the spread of AIDS heavily depends on information and knowledge especially in terms of what the population concerned already knows about AIDS and their attitude toward it (Awoniyi, 1999)

There is still no known cure for AIDS yet. What is available is care and prevention (Raji, 1991). The only fool-proof plan for avoiding AIDS according to the Federal Ministry of Health (FMOH) is total abstinence from unprotected oral, anal and vagina sex. "Safe sex" is

advocated for the arrest of the spread of AIDS (The Post Express, Friday, October 19, 2001).

Sekajugo (2002) noted that between ages 15-45 years is the age group when people are most active, productive and their services mostly required. Whenever AIDS strikes, it usually strikes people at their prime of life. Adejumo (2002) asserted that some youths have damaged their future at the prime time of their lives and these damages are irremediable. Oguntola (2002) noted that at the moment Nigeria has an HIV seroprevalance of 5.8 % and the third largest number of HIV case in the world. Though, the prevalence is small compared to countries like Botswana with a higher prevalence rate of 35.8 % but a very low population whereas Nigerian's larger population size makes the number of people living with HIV enormous (p.22). The situation calls for quick and sustained intervention for reducing new infections and consequently, the disease burden, which can best be achieved through comprehensive multi-discipline collaboration efforts (Sunday Tribune, May 26, 2002). Ever since AIDS appearance in the world scene some decades ago, its has attracted a lot of publicity (UNAIDS,2003). Although, a substantial number of people have heard about AIDS, however, the little they know about the disease is dangerously

confusing and this has led to most people developing a non-challant and negative attitude to AIDS and its patients. The low and poor knowledge of the people about AIDS is manifested in their sexual behavior as people especially the youths (students) still indulge in unprotected and unsafe sex (UNAIDS, 2003). Some people even doubt the existence of AIDS especially among African youths and adults where it is generally assumed that AIDS is the disease of the white man (AIDS Action, September 5, 1991). The extremely poor knowledge of AIDS has resulted in persons with AIDS being refused entry into schools, churches, apartments and even employment. In fact, many AIDS infected employees have been fired from work while some have been refused care by health professionals who are supposed to lend a helping hand (UNAIDS, 2000). Thus, current attitudes towards AIDS and AIDS patients have been, by and large negative.

Attitudes refer to one's feeling thoughts and pre-disposition to behave in some particular manner towards some aspect of one's environment (Mukherjee, 1978). Also, attitude is an organized and consistent manner of thinking, feeling and reacting with regards to people, groups, social issues or more generally, any events in one's environment. An attitude is formed when these components are so

interrelated that specific feelings and reactions tendencies become consistently associated with a particular way of thinking about certain persons or events (Bolaji, 1997). However, knowledge of, and attitude towards HIV/AIDS tend to vary by gender, as found in studies such as those of Dnwamanam (1992), Ladipo and Otolorin (1993), Osadolor (1996) and Abodunrin, (2002). Thus, the present researchers would like to know whether the results ones. Besides, the present researchers have chosen tertiary institutions in order to know whether educational level and type of institutions would make any difference.

Statement of the Problem

In view of the public health problem presented by HIV/AIDS, especially since there is no known cure for the disease an investigation into the knowledge of, and attitude towards the disease is desirable. The awareness that an epidemic of this nature is spreading at alarming rate most especially in a sexually active population calls for concern.

Globally, half of all the infection has occurred among people under 25years of age (WHO, 1995). In Nigeria, over 80% of the estimated 2.3 million HIV infections is transmitted through heterosexual intercourse. Over 50% of these young adults between the ages of

15-25 years. Joint United Nations Programme on HIV/AIDS (UNAIDS, 1999), opined that AIDS threatens the educational system and it undermines the social capital of the country. It is eroding the supply of teachers and thus increasing class sizes which is likely to reduce the quality of education. Furthermore, AIDS kills people during the most productive period of their lives which spells disaster for developing countries (such as Nigeria). That is, human resources wastage through untimely death because the students are potential manpower needed for national development. The magnitude of the problem can better be appreciated when one consider the fact that there is no formal social security in Nigeria. Hence, people expect to be supported in their old age by their adult sons and daughters. However, with the advent of AIDS, elderly people will be left without support and many may be bordered with care of orphaned children.

Undergraduate students in Oyo State tertiary institution fall within the age range of 15-25 years and above and they also, like adolescents, are at high risk of contracting HIV because of the permissive nature of our higher institution environment, multiple short-term sexual relationship, non-use of condom, less supervision from adult groups of the society in term of morality. Besides, it would

be interesting to find out tertiary institution students knowledge level, and their attitude towards the disease. In other words, meld their educational level and gender differences in findings from those of previous researchers that have already been identified in the literature.

Research Hypotheses

The following null hypotheses were formulated to serve as guide for the conduct of the study:

1. There is no significant difference in the knowledge of HIV/AIDS among tertiary institution students in Oyo State on the basis of gender.
2. There is no significant difference in the attitude of male and female tertiary institution students in Oyo State toward HIV/AIDS.
3. There is no significant difference in the knowledge of HIV/AIDS among tertiary institution students in Oyo State on the basis of type of institution.
4. There is no significant difference in the attitude of tertiary institution students in Oyo State towards HIV/AIDS on the basis of type of institution.

Purpose of the Study

This research work focused on the knowledge of and attitude of tertiary institution students in Oyo state towards HIV/AIDS. The aim was specifically to investigate the students (youths) level of knowledge and attitude towards HIV/AIDS and their perception of people living with HIV/AIDS and bring into clear focus the alarming rate at which HIV/AIDS is transmitted.

Significance of the Study

The data from this study is likely to be of benefit and provide a wealth of information to teachers, counsellors, AIDS campaigners, health Educators, health professionals, curriculum Planners, policy makers, school authorities, religions organizations, Non-Governmental Organisations (NGO's) and the society at large as regards knowledge and attitudes of tertiary Institution Student of Oyo State towards HIV/AIDS. Besides, teachers and counsellors will be adequately informed about knowledge and attitude of tertiary institution students in Oyo State towards HIV/AIDS, so that they will be able to appropriately guide the students.

The findings of this study will help to fortify the counsellor with the psychological and emotional needs of people living with HIV/AIDS as

well as counsellor's roles in empathic understanding and emotional supports to them (AIDS action, 1998)

Ever since HIV/AIDS first appearance in the world scene some decades ago, AIDS has attracted a lot of publicity, Also, a substantial number of people have heard about AIDS, however, the little they know about the disease is dangerously confusing which has led to most people developing a non-challant and negative attitude to HIV/AIDS and HIV/AIDS patients. The low and poor knowledge of the people about AIDS is manifested in their sexual behaviour as people especially the youths (students) still indulge in unprotected and in unsafe sex. Some people even doubt the existence of AIDS especially among Africa youths and adults where it is generally assumed hat AIDS is the disease of the white man (AIDS action, September, 5 1991, p.12).

According to UNAIDS (2002), the extreme poor knowledge of AIDS has resulted in persons with AIDS being refused entry into schools, churches, apartments and even employment. Infact, many AIDS infected employees have been fired from work while some have been refused care by helping hand. Supporting the above, Traiber, Show and Malcolm (1990), stated that the most reactions of fear and

refusal to treat AIDS patients have come from health professionals, family of AIDS victims are not spared as well.

In general, the stigma and social isolation meted out to the AIDS patients ever surpassed that of lepers and the mentally ill.

Many Nigerians claimed to express doubt as regards the reality of AIDS. Supporting this, Solape (1991) claimed that there is a large group of doubting thomases among Nigerians as regards AIDS. Behaviour has led to an exponential rise in the spread of HIV/AIDS infection which has reached epidemic proportions among youths. One major way to this devastating scourge at bay is for people of all walks of life to change their attitudes and modify their sexual behaviour, since behaviour is a reflection of attitude (Morgan *et al*, 1979). Understanding the attitude of tertiary institution students towards HIV/AIDS may contribute to knowledge which HIV/AIDS campaigners can use to encourage youths or young adults to adopt scientifically recommended ways of containing HIV/AIDS for healthy and HIV/AIDS free country.

HIV/AIDS Scourge as a Social, Economic and Medical Problem

AIDS is primarily a sexually transmitted disease. This is the most dangerous problem that the society faces and it is still facing, because the HIV carrier cannot be differentiated from any other normal person. There is the possibility that the victims goes about infecting people around and inflicting fatal injuries on others unceremoniously. The rate at which AIDS spread in the country is certainly a cause for concern. Oguntuase (2002), reported that HIV/AIDS has one ministry which is to kill, steal and destroy. It start off by killing HIV-victims sense of worth, self stigmatization, HIV/AIDS kill its victims finances, that is by going about looking for cure, and the day that his/her employer knows that such individual is HIV positive, he or she is likely to be off the job.

The cost of medical treatment of the AIDS disease is another economic problem. In many developing countries due to economic set back, blood supplies are not safe, because laboratory tests for HIV infection are not fully carried out due to cost. In view of man's inhumanity to man, what reason have to believe that the scourge of HIV/AIDS will ever come to an end. Kelvin Bales in Awake (2002) State that HIV/AIDS is an obscenity. It is not

just stealing someone's labour, it is the theft of an entire life. (p. 5).

Research Design

This study employs the descriptive survey method which has the advantage of a wider scope, since a great deal of information can be obtained from a large population. (Oniye 1997) This research design was therefore deemed applicable since, it will assist in finding out the current knowledge level and attitude of tertiary institution students in Oyo State towards HIV/AIDS.

Sample and Sampling Procedure

The target population comprises of all tertiary institution students in Oyo State. Oyo State has 33 Local Government Areas and 3 Senatorial districts with each senatorial districts comprising 9 to 13 Local Government Areas, (Oyo state at maturity, 2000) Three tertiary institutions were selected, one from each of the senatorial Districts. Systematic random sampling technique was used to select 750 respondents from three the selected tertiary institutions on the basis of 250 students each per institution.

Instrumentation and Data Analysis

Since the objective of this study was to examine knowledge and attitude of tertiary institution students towards HIV/AIDS, the researcher generated items for the instrument from two main sources namely:

- (1) A critical review of the literature in the subject matter (HIV/AIDS).
- (2) Through the adoption of the instrument by Umoh, Okesina and Adeoye (2000) tagged "Attitude of secondary schools students in Ilorin Towards AIDS".

The instrument was contact validated, and a test-retest reliability using pearson-product moment correction statistics yielded a co-efficient of 0.68. The t-test and analysis of variance (ANOVA) were the main statistics employed to determine the differences.

RESULTS

This report is based on the data on knowledge and attitude of tertiary institution The results are presented in Tales 1-4 according to hypotheses.

Hypothesis 1: There is no significant difference in the knowledge of HIV/AIDS among tertiary institution students in Oyo State on the basis of gender

Table 1: Means, Standard Deviations and t-values of Respondents' knowledge of HIV/AIDS on the basis of Gender

Gender	N	X	SD	Df	Calculated t-value	Critical t-value
Male	290	29.80	2.56	748	0.91	1.96
Female	460	29.85	2.41			

Not significant $p > 0.05$

Table 1 presents the mean scores of male and female respondents in respect of their knowledge of HIV/AIDS. The calculated t-value of 0.91 is less than the critical t-value of 1.96 at 0.5 level of

significance. This implies that there is no significant difference in the knowledge of HIV/AIDS between male and female tertiary institution students in Oyo State. Hence, hypothesis one was accepted.

Hypothesis 2: There is no Significant difference in the attitude of male and female tertiary institution students in Oyo State towards HIV/AIDS.

Table 2: Means, Standard Deviations and t-values of Respondents' Attitude

Towards HIV/AIDS according to Gender

Gender	N	X	SD	Df	Calculated t-value	Critical t-value
Male	290	22.82	2.37	748	0.77	1.96
Female	400	22.96	2.53			

Not significant $p > 0.05$

Table 2 shows the calculated t-value of 0.77 and a critical t-value of 1.96 at 0.05 level of significance. The calculated t-value is less than the critical t-value and hence, it was concluded that there

is no statistically significant difference in the attitude of male and female tertiary institution students in Oyo state towards HIV/AIDS. Hypothesis two was therefore accepted.

Hypothesis 3: There is no significant difference in the knowledge of tertiary institution students in Oyo State towards HIV/AIDS on the basis of type of institution.

Table 3: Analysis of variance (ANOVA) on the Respondents' knowledge of HIV/AIDS on the basis of type of Institution

Source	Df	Sum of Squares	Mean Square	Calculated F-value	Critical F-value
Between	2	325.7707	162.8853		
Within	747	4261.1960	5.7044	28.55*	3.00
Total	749	4586.9667			

* Significant, $p < 0.05$

Table 3 revealed that the calculated f-value of 28.55 is greater than the critical f-value of 3.00 at 0.05 level of significance. Based, on this result, it was concluded that there is a significant different in the knowledge of tertiary institution student in Oyo State towards HIV/AIDS on the basis of type of institution. Hypothesis three was

therefore rejected; $F(2,747) = 28.55, p < 0.05$

In order to determine the magnitude and direction of this difference a Duncan Multiple Range Test (DMRT) was conducted. The result is presented in table 4.

Table 4: Duncan Multiple Range Test (DMRT) on the respondents' knowledge of HIV/AIDS on the basis of type of institution.

Type of institution	N	Mean (x)	Duncan Grouping
University of Ibadan	250	29.87	B
College of Education, Oyo	250	30.55	C
LAUTECH, Ogbomoso	250	28.94	A

Note: Different Duncan letters indicate significant difference irrespective of each type of tertiary institution.

A further analysis with the Duncan Multiple Range Test showed the mean scores of each type of institution as shown in Table 4. The mean score for University of Ibadan is 29.87, while college of Education, Oyo and LAUTECH, Ogbomoso have 30.55 and 28.94 respectively. The differences in the Duncan's letter confirmed further

that a significant Duncan difference exist in the knowledge of HIV/AIDS of tertiary institution students in Oyo State on the basis of type of institution.

The results is an addition that the tertiary institution students in Oyo State has little knowledge of HIV/AIDS irrespective of type of institution.

Hypothesis 4: There is no significant difference in the attitude of tertiary institution students in Oyo State towards HIV/AIDS on the basis of type of institution.

Table 5: Analysis of variance (ANOVA) on the Respondents' attitude to HIV/AIDS on the basis of type of institution

Source	Df	Sum of Squares	Mean Square	Calculated f-value	Critical f-value
Between	2	43.4000	21.7000		
Within	747	4533.2520	6.0686	3.57*	3.00
Total	749	4576.6520			

* *Significant, p < 0.05*

Table 5 shows that the critical f-value of 3.00 is less than the f-value of 3.57 at 0.05 level of significance. Based on this result, it was concluded that there is a significant difference in the attitude of tertiary institution students in Oyo State towards HIV/AIDS on the basis of type of institution.

Hypothesis four was rejected; $f(2,747) = 3.57, p < 0.05$.

A further analysis with the Duncan Multiple Range Test (DMRT) revealed the magnitude and direction of this difference of each type of institution as shown in Table 6.

Table 6: Duncan Multiple Range Test (DMRT) on the respondents' attitude towards HIV/AIDS on the basis of type of institution.

Type of institution	N	Mean (x)	Duncan Grouping
University of Ibadan	250	26.96	A
College of Education, Oyo	250	23.16	B
LAUTECH, Ogbomoso	250	22.58	A

Note: Difference Duncan letters indicates significant among type of tertiary institution.

The Duncan Multiple Range Test (DMRT) showed the differences in the mean scores of each tertiary institution as shown in Table 6. The means score for University of Ibadan reads 22.96, while College of Education, Oyo and LAUTECH, Ogbomoso have 23.16 and 22.58 respectively. The difference in the

letters of the Duncan tests further buttressed the fact that a significant difference really exists in the attitude of tertiary institution students in Oyo State towards HIV/AIDS. The results is an indication that the respondents had aversion towards HIV/AIDS as well as people living with AIDS. This means, they needed to

improve on their attitude towards HIV/AIDS especially on people living with AIDS.

Discussion

Hypothesis one was tested using t-test statistics on whether there was a significant difference in the knowledge of HIV/AIDS between male and female tertiary institution students. The findings revealed that there is no significant difference in the knowledge of respondents on the basis of gender. The result of this study also showed that male and female tertiary institution students in Oyo State were the same in their knowledge of HIV/AIDS.

The mean score for male is 29.68 while that of female is 29.85. This finding is contrary to those of previous researchers (Owuamanam, 1992, Ladipo and Otolorin, 1993) who found that female students were significantly different and more knowledge in HIV/AIDS compared to their male counterparts. Also, it is contrary to that of Abogunrin (2002) who noted that female students has a greater knowledge of HIV/AIDS than male students. The reason that could be advanced for this is that males, irrespective of their age and status do demand for sex from female frequently, even without serious partnership affiliation and this has increased the knowledge of females regarding sexually

transmitted disease including HIV/AIDS (Osadolor, 1996).

Hypothesis two stated that there is no significant difference in the attitude of male and female tertiary institution students in Oyo State towards HIV/AIDS. The finding is contrary to that of Obisesan (1996), that males were more likely to be positive than females in their attitude towards HIV/AIDS. Young People First (1994) further asserted that males talk about their sexual exploit more rapidly than females. But this finding has struck a balance. The reason might probably be explained by rapid social development as a result of explosion in the computer world that creates no vacuum for gender differences in all realm of human endeavor. Perhaps, the females talk much freely about AIDS because they are probably easier targets to the AIDS pandemics.

Hypothesis three revealed that there is significant difference in the knowledge of tertiary institution students on the basis of type of institution. The finding is in supports of Araoye and Fakeye (1998) that the difference in age and level of education in relation to the type of institution of respondents. In the study of Araoye and Fakeye (1998) and the present study (i.e. youths and young adults aged 15-26 years in a tertiary institution compared to secondary schools adolescents aged 13-19

years). The difference in the findings could be linked to the scope of the two studies and the environment of the place where each institution was sited.

The result of hypothesis four also shown that there is significant difference in the attitude of respondents towards HIV/AIDS. The finding was in line with Salami (2000) who founded that type of institution does have influence on the attitude of students towards HIV/AIDS. The reason advanced for this is that interaction among students in relation with their types of institution was different in nature and only positive interaction with each and one another can influence the attitude of each students in their various institution.

Implications of the Findings for Guidance and Counseling Practices.

Inherent in this study on knowledge and attitudes of tertiary institution students towards HIV/AIDS are important implications for professionally trained counselors to disseminate appropriate information on AIDS.

There is also a need to have a trained specialists in HIV/AIDS attached to schools. For example, the University of Ibadan has introduced Master's Degree in Education with specialization in

HIV/AIDS which is run by Department of Guidance and Counselling on the institution (Saturday Tribune, July 14, 2002). Also Ladoke Akintola University of Teaching Hospital, trained twenty-two (22) medical personnel and health workers on HIV/AIDS as counsellors in pre-test and social support skills for the management of people living with HIV/AIDS (Nigerian Tribune, Wednesday, 3 December, 2003).

Recommendations

Based on the findings of this study, the following recommendations were made: Guidance Counsellor in schools should organize infurriate programmes on AIDS to involve teachers, parents and students even the society at large on quarterly basis. This will go a long way in preventing and controlling the spread of this deadly disease.

During any HIV/AIDS enlightenment campaigns programme, campaigners should speak on the dangers of using unsterilized piercing instruments.

Full-fledged control programmes in many public private institutions such as ministries and banks should be established in combating HIV/AIDS.

All higher institution of learning should include HIV/AIDS

education into their general studies curriculum.

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