ANALYSIS OF HIV/AIDS INFORMATION AWARENESS AND EFFECTIVENESS AMONG SECONDARY SCHOOL STUDENTS IN OGBOMOSO NORTH LOCAL GOVERNMENT

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Human immunodeficiency virus (HIV) is a retrovirus that infects cells of the immune system, destroy or impair their function and it is the etiology of the epidemic disease - Acquired Immune Deficiency Syndrome (AIDS) (WHO, 2013). Since its discovery among New York and California homosexuals in 1981 and as subsequently discovered in Nigeria by 1986 (NIMR, 2003), HIV infection and AIDS's epidemic has attracted a global importance and there is a need to strategize and re-chart efforts to focus adolescents, on whose most new infections occur. Some section of the world's population have little or no control over their sexual lives and childbearing, others engage in behavior that puts them and their partners at risk, while yet others simply do not have access to the right kind of information and services (Ibrahim, Bilkisu, Danjuma, Lateef, Abdulkarim and Wasiu, 2015). The magnitude of HIV epidemic and current evidence of relative lack of sexual health interventions targeting young people in sub-Saharan Africa calls for wider awareness and strategic approach-based advocacy.

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) 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). 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).

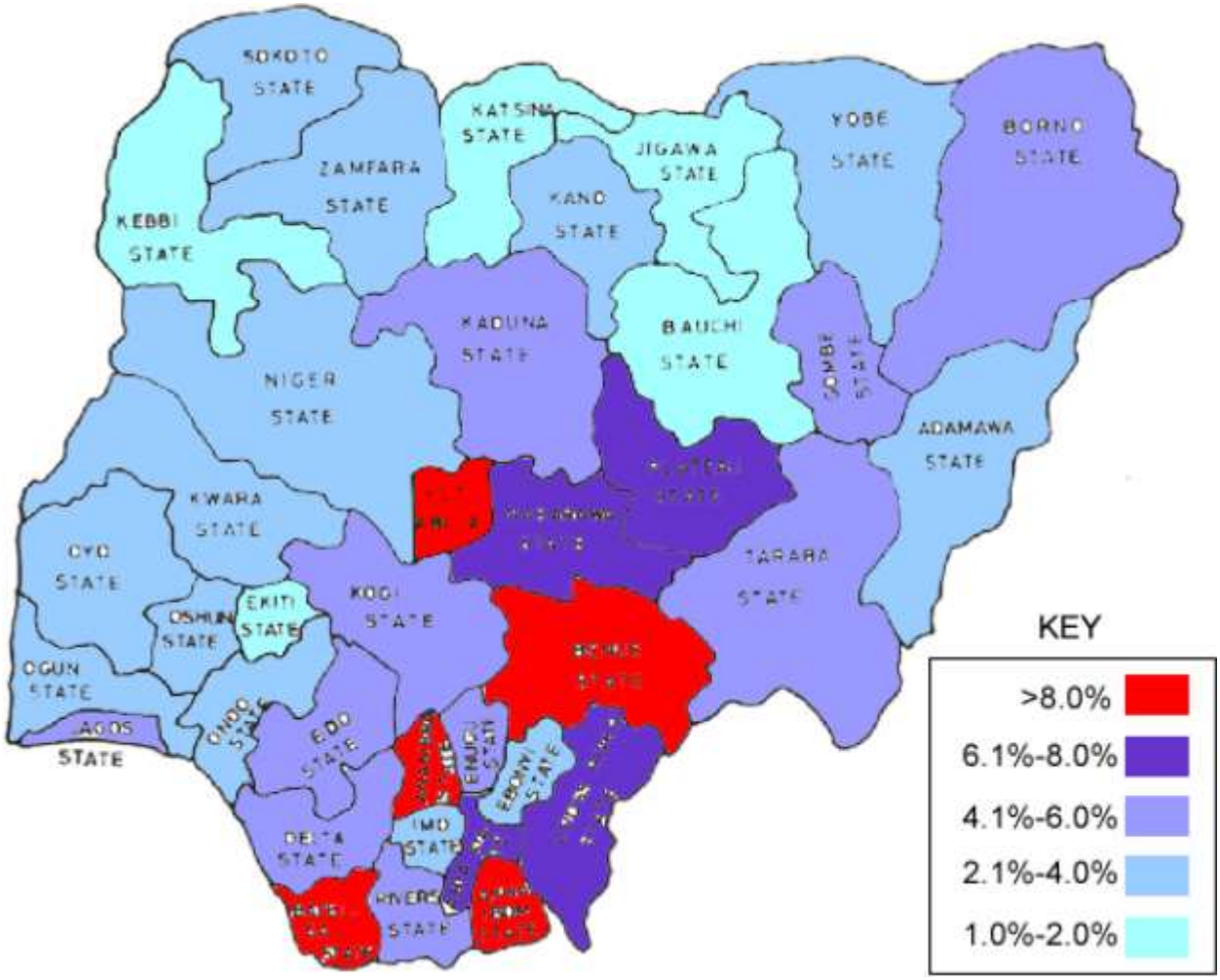

Figure 1.1: HIV/AIDs prevalence by States in Nigeria, 2012. Source: Nigeria National Agency for the Control of AIDS (2012).

Like many African countries, HIV/AIDS is a serious concern in Nigeria. Of all people living with HIV globally, 9% of them live in Nigeria (UNAIDS, 2014a). 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). 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).

The fastest growing risk factor for ill health in young people between the ages of 10-24 in the past 23 years has been unsafe/unprotected sex (Patton, Sawyer, Santelli, Ross, Afifi, and Allen, 2016). Despite all evidence pointing to early sexual experience among the adolescents, the church has been vocal in rejecting introduction of sexual reproductive health education in primary and secondary schools. If HIV/AIDS war is to be won among this high risk group, stakeholders need to put more emphasis on HIV testing, status awareness, zero transmission, treatment to HIV infected individuals, behavioral change for the HIV negative, protected or safe sex (use of male & female condoms) and destigmatization strategies as identified in the 90-90-90 strategy. The 90-90-90 strategy by the Jointed United Nations programme on HIV/AIDS (UNAIDS) has identified HIV status awareness as the most important step in ensuring zero transmission of HIV and towards achieving a HIV free world by 2020(UNAIDS, 2016). Furthermore, HIV stigma, which is still prevalent in the society, has been identified as a major hindrance to HIV testing among the youth. Consequently, majority of the youth do not know their HIV status thus cannot take measures to prevent themselves and their partners or go for the free Active Antiretroviral Therapy (AART) for those who are HIV positive. This, coupled by myths believed by youth, social, cultural practices that put them at risk, ignorance, “don’t care” attitude, the HIV positive one continue transmitting the virus and the negative ones to get in infected. This complicates the fight against HIV among this high risk group. Therefore, it is not surprising that this group has the highest rate of new annual infections.

Many factors increase the vulnerability of young people to HIV but lack of knowledge has been identified as one of the leading factors. While many channels exist through which information can be provided to young people, interventions through the education sector have been implemented throughout the world to reach a large number of young people easily. Results of studies indicate that the school based HIV/AIDS education programmes can result in significant changes in knowledge and attitudes that affect sexual behavior of young people, leading to significant increases in the use of condom and reductions in sexual health problems, such as unwanted pregnancy, sexually transmitted infection, and abortion (Haribondhu and Elizabeth, 2013).

1.2 Statement of the Problem

The study seeks to analyze HIV/AIDS information awareness and effectiveness among Secondary School Students in Ogbomoso North Local Government. The research also attempts to answer the following questions:

1. Does HIV/AIDS information awareness lead into unrisky sexual behavior?
2. Does HIV/AIDS information awareness reduce vulnerability and increase tolerant attitudes towards PLWHIV?
3. Can national prevention programmes lead to less prevalence of PLWHIV?

1.3 Purpose of the Study

The general objective of this study is to analyze the effectiveness of HIV/AIDS information awareness among on the secondary school students' and its impact on their attitudes and behavior. More specifically, this study describes their level of knowledge, attitudes and behavior. It also examines the factors that drive intolerance towards PLHIV and explores students most trusted sources of HIV/AIDS knowledge. Finally, it also aimed at providing

information that will be useful for policy, decision makers and all working in the domain of HIV/AIDS and education

1.4 Research Questions

1. What is the secondary school students' knowledge, attitudes and behavior, related to HIV/AIDS in Ogbomoso North Local Government Area?
2. What kind of similarities and differences exist in the knowledge, attitudes and behavior among secondary school students in Ogbomoso North Local Government Area?
3. What factors influence stigma and discrimination towards People Living with HIV/AIDS (PLWHIV)?
4. What are the most important and trusted sources of HIV/AIDS knowledge to secondary school students in Ogbomoso North Local Government Area?

1.5 Research Hypothesis

In connection with the aim and assumption of this investigation, the following hypothesis will be investigated

H01: There is no relation of HIV/AIDS and students' knowledge, attitudes and behavior.

H02: There are no similarities and differences in the knowledge, attitudes and behavior among secondary school students.

H03: There are no factors influencing stigma and discrimination towards PLWHIV.

H04: There are no important and trusted sources of HIV/AIDS knowledge to secondary school students.

1.6 Scope and Delimitation of the Study

The research will cover HIV/AIDS information awareness and effectiveness some in selected secondary schools from Ogbomoso North Local Government Area comprising of:

i. Aare-Ago Community High School Ogbomoso.

ii. Anglican Grammar School Ogbomoso.

iii. Ori-Oke Community High School

iv. Ogbomoso Grammar School

v. Soun High School

1.7 Significance of the Study

This study will be embarked upon with the view that it would provide information about the HIV/AIDS information awareness and its effectiveness among secondary school students in Ogbomoso North Local Government. The more educated the young people are, the more likely they are to protect themselves and the less likely they are to engage in risky sexual behavior that exposes them to the dangers of HIV/AIDS. The benefits of education come from actual knowledge that students gain about HIV, from training in negotiation and life skills and from their increased ability to think critically and analytically before acting.

1.8 Operational Definition of Terms

AIDS: AIDS (Acquired Immune Deficiency Syndrome) is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus.

Awareness: knowledge that something exists, or understanding of a situation or subject at the present time based on information or experience.

Effectiveness: the degree to which something is successful in producing a desired result; success.

Epidemic: an outbreak of a disease that spreads quickly and affects many people at the same time.

HIV: HIV (Human Immunodeficiency Virus) is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases.

Infection: An infection occurs when a microorganism enters a person's body and causes harm.

Information: facts provided or learned about something or someone.

Risk: future uncertainty about deviation from expected earnings or expected outcome.

Secondary School: an institution that provides secondary education and also usually includes the building where this takes place. Some secondary schools provide both lower secondary education (12 to 15 years of age) and upper secondary education (16 to 18 years of age).

Stigmatization: the action of describing or regarding someone or something as worthy of disgrace or great disapproval.

Students: a person enrolled in a school or other educational institution who attends classes in a course to attain the appropriate level of mastery of a subject under the guidance of an instructor and who devotes time outside class to do whatever activities the instructor assigns that are necessary either for class preparation or to submit evidence of progress towards that mastery.

Virus: infectious agent of small size and simple composition that can multiply only in living cells of animals, plants, or bacteria.

CHAPTER TWO

REVIEW OF RELATED LITERATURES

2.1 Introduction

This chapter considers the different concepts used in this study and the theories that guide the study. It also examines the different questions about HIV/AIDS education and discourses surrounding this subject.

2.2 Conceptual framework

2.2.1 Abstinence-Only Versus Comprehensive Sex Education

The debate about abstinence-only and comprehensive sex education has come up quite often in recent years in secular and religious spaces. Many opinion holders and political leaders have taken their stance based either on their doctrines, or evidence-based research. This sub section shows the different arguments by proponents of each of these schools of thought and some of the major drivers of their judgments.

Sex education, has been broadly defined as the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy (AVERT, 2009). In pedagogic terms it is further describes as curricula grouped in two broad categories; comprehensive sex education (or abstinence plus) and abstinence-only until marriage (or abstinence-only education). The former generally emphasizes the benefits of abstinence but also teaches about contraception and disease-prevention methods, including condom and contraceptive use. Whereas, abstinence-only programs generally teach abstinence from all sexual activity as the only appropriate option for unmarried people (Collins, Priya & Summers, 2012).

Abstinence only programs often do not provide detailed information on contraception for the prevention of sexually transmitted diseases and unplanned pregnancies. Proponents of the abstinence-based approach argue that sex education should focus on teaching young people that abstaining from sex until marriage is the best means of ensuring that they avoid HIV infection, Sexually Transmitted Infections (STI) and unintended pregnancy (Collins *et al.*, 2012). As well as seeing abstinence from sex as the best option for maintaining sexual health, many supporters of abstinence-based approach to sex education also believe that it is morally wrong for people to have sex before they are married (AVERT 2009). Most of these advocators are groups based in the United States of America who argue that sex before marriage is inappropriate and immoral and that abstinence is the only method that is 100% effective in preventing STIs and unwanted pregnancies. Further, many abstinence-only advocates are deeply concerned that information about sex, contraception and HIV can encourage early sexual activity among young people. (Collins *et al*., 2012).

Not much literature has been published on the empirical evidences on the impact of abstinences-only sex education programmes. Denny & Michael (2016) posit that rather than research showing that abstinence programmes are ineffective, there are simply few studies that have examined the impact of such education on sexual behaviour of students. In their study, they examined the results of an 18 month follow-up evaluation of an abstinence education curriculum with students from 15 school districts. Their results at short and long term indicated that students of the intervention school had more knowledge and greater intent to remain abstinent than students of the comparison school. This study was followed by Underhill, Paul & Don (2017) who assessed the effects of abstinence-only programmes for HIV prevention among participants in High income countries. They reviewed articles from 30 electronic data bases and their results

revealed that these programmes did not have any significant effect on participants' behaviour. They concluded that such programmes do not seem to affect the risk of HIV infection in high income countries as measured by self-reported and behavioural outcomes.

Kaaya, Mukoma, Flisher, & Klepp (2002) reviewed articles of sexual behaviour of students age 12-24 in SSA. They concluded that there was an early onset of sexual activity for both male and female students. Therefore, abstinence or faithfulness alone in interventions did not properly consider the huge number of already sexually active youths. They also identified the absence of information on other sexual practices other than penetrative virginal sex as an important knowledge gap. They recommend that countries should therefore do a proper behavioural risk assessment which will determine the objectives of school-based sexual health interventions. For example, Nigeria Red Cross Society's (NRCS) goal of HIV/AIDS youth peer education programme is in creating awareness of HIV infection risks among youth and safer sexual behaviour (NRCS, 2003).

Other studies from African countries have equally proven that comprehensive sex education has greater positive impact on students. Fawole, Asuzu, Oduntan & Beiger (1999) studied the effectiveness of a School-based HIV education programme for secondary school students in Nigeria. Their sample comprised of students who according to the researchers, were more at risk as a result of ignorance, poverty and high prevalence of disease. They studied the knowledge attitudes and sexual behaviour of 223 students who received a comprehensive health education programme compared to 217 students of a control group. At post-test, intervention students demonstrated higher knowledge about HIV transmission and prevention. Their attitudes also revealed more tolerance towards PLWHIV. After the intervention, the number of reported sexual partners decreased for the intervention group while it increased for the control group.

Reported condom use also increased for the intervention group. They concluded that students could benefit from specific education programmes that transmit important information necessary to prevent risky behavior and improve knowledge on HIV/AIDS and attitudes towards PLHIV.

2.2.2 HIV/AIDS and Sex Education

Programme and curriculum planners have also been faced with problems of terminology within the sex education context. So far, no clear consensus exists regarding a universally acceptable term to describe the educational activities, methodologies and process that constitute school-based 'sex education (UNESCO, 2007). In some settings, the use of terms such as 'sex' or 'sexuality' has been seen as too explicit and making parents, teachers and policy makers uneasy. They add that, programmes use terms such as 'family life education', 'life-skills education' or 'population education' which may provide an opportunity to overlook discussions on sex totally. It is for which reason; UNESCO's Global Advisory Group on Sex, Relationships and HIV Education has suggested the term sex, relationships and HIV education is used to describe educational activities in this area (UNESCO 2007). This study will therefore focus on the HIV/AIDS education aspect of this definition since it is based strictly on HIV/AIDS issues.

HIV/AIDS education refers to the broad range of interventions given to a people or to an individual about the characteristics of HIV/AIDS and STIs. It can be through media advocacy, in schools, in communities, in social gatherings and to individuals all in an attempt to create awareness, impact knowledge that can help the target population to make informed choices. UNESCO (2007) gives it a broad definition by positing that, "HIV education can be conceptualized as a continuum from risk reduction to risk elimination and vulnerability reduction…At one end of the continuum is 'abstinence only' which seek to eliminate risk through promotion of sexual abstinence until marriage. At the other end of the continuum are

approaches that seek to reduce vulnerability through broader changes at the whole school or community level. Between these two ends of the continuum lie the majority of approaches best described as 'risk reduction', which focus on reducing risk to HIV prevention and other STIs. Throughout the continuum, sex, relationships and HIV education can range from didactic learning, through to participatory approaches (exploration of values and attitudes) and acquisition of skills through skills-based approaches".

Formal HIV/AIDS education incorporates the above definition as part of a regular school curriculum. According to Tiendrebeogo, Meijer & Engleberg (2013), it is usually delivered in three models. In the first case, HIV/AIDS is delivered as a topic integrated with another subject such as science. Secondly, it is delivered as a topic integrated with health, environment, population and family life education. This is mostly a cross disciplinary approach where HIV/AIDS is introduced in a variety of subjects including mathematics, science, home economics, health education and language learning. The third approach considers HIV/AIDS education as a specialized subject. This study will be concerned with the second model of HIV/AIDS education which is used for HIV/AIDS instructions in schools in Nigeria.

2.2.3 Attitudes and Behavior

Attitudes have traditionally been shared into affective, behavioral and cognitive (ABC) components. Learning and teaching of HIV/AIDS issues could also be delivered using this classical ABC model. In every learning situation, instructions target one, two or all of these aspects. The affective objectives emphasize the feelings and emotions that learners have towards the subject. It deals with motivation and willingness to participate in a subject and often targets the growth of attitudes. It addresses the importance that learners attribute to a subject and how this is ultimately translated into their way or life.

In their study, Meyer, John, Frank, Kirsty & Lynanne (2008) state that there is strong empirical connection between students' academic outcomes and self-reported motivation beliefs and values. This emphasizes the need of incorporating understandings of student motivation into research to enhance educational outcomes in the behavioral domain.

However, they contend that motivation is influenced by other variables like student's sex, age, class, family background, subject area, career goals and teacher's attitude and beliefs. The affective domain is usually implicit in the learning process and as such it is sometimes difficult to measure students affect in a given situation. From a broader perspective other research has proven that both unpleasant and pleasant mood can influence ones evaluation and that positive affect will always have positive outcomes. Exceedingly strong feelings may have such a powerful influence on ones thoughts and inclinations that they overcome whatever ideals one holds regarding the necessity of fair and objective assessment (Berkowitz 2010). In the same vein, Gagne (2008) asserts that while many attitudes are naturally acquired outside school, schools are often expected to establish socially approved attitudes towards issues like knowledge and learning and self-efficacy. He adds that if school instructions are able to instill basic positive attitudes in students, it will definitely modify their attitudes in a particular direction. However, the choices that students will have to make towards person, events or things may be stronger in one student than in another. In the context of HIV/AIDS education, students' motivation towards the subject might have an impact on their attitudes toward PLWHIV and condom use.

Behavioral outcomes usually target specific behavior change in learners. In the behavioral domain, learning is context specific, behaviour-centred and more process oriented because behavior change does not occur at the end of the lesson. According to Fishbein (2000) the definition of any given behavior includes at least four elements; the action, the target, the

context and the time period during which the behavior is observed or expected. He furthers that changes in one of these elements also changes the behavior being observed. He elaborates on these elements with typical examples in sex education. He argues that effective health interventions should focus on specific rather than at multiple behaviors, because each behavior is unique, and the substantive factors influencing one behaviour are often very different to those influencing behavior (Fishbein 2000). In the context of HIV/AIDS education, behavior change is usually the target outcome. Therefore interventions could be very specific and given a time frame during which change may or may not occur, and of course there should be monitoring and evaluation to see if learning has had any impact on desired outcome.

Bandura's social learning theory holds that people learn more from one another through observation, imitation and modeling. According to Bandura (1977), people observe others behaviors, attitudes and outcomes of those behaviors. Modeling effects produce learning mainly through their informative function. If people observe positive desired outcomes in the observed behavior, they are more likely to model, imitate, and adopt the behavior themselves. This theory is used in this study to explain how students of the school with no HIV/AIDS education get information about HIV/AIDS and how it impacts their behavior. In this case it assumes that in the application of social learning theory through peer education extra-curricular programmes, media-television and radio, and other unsystematic means, the students are encouraged to observe and imitate the behavior of their peer educators and others, see positive behavior modeled and practiced, increase their own capability and confidence and implement new skills with support from the environment.

Studies done in Mongolia on Bandura's social learning theory prove that peer education programmes did improve self-efficacy perceptions. In their study Cartagena, Veugelers, Kipp,

Magigav & Laing (2006) demonstrated the effectiveness of peer education programmes for adolescents. They compared two schools one running a peer education programme and the other school with no such intervention. The sample consisted of 720 and 647 students from eight schools with peer education programmes and eight schools without, respectively. The results revealed that students of schools with peer education intervention were more knowledgeable than students of the no-intervention schools. Cartagena *et al* (2006) concluded that peer education programmes particularly those that were managed by small teams appear to be effective and should be implemented broadly. Similarly the NRCS (2003) HIV/AIDS peer education programme had a positive impact on behaviour change to reduce the spread of HIV/AIDS in Nigeria.

2.2.4 Schools as a Medium to Impart HIV/AIDS Education

The HIV epidemic can be very devastating to every sector of an economy. Kelly (2010) says that it can handicap the education sector by affecting the demand (fewer children to be educated and fewer can afford to be educated) and supply (quality) of education, the resources it needs, its potential clientele, its process, content, school organization, sector-wide planning and management and even donor support for the system. He adds that it is only education that can mitigate these potential impacts (Kelly 2010). Coombe (2004) posits that education and HIV/AIDS thrive on each other and education inherently offers hope that individuals and communities may rise above their circumstances.

Education gives the individual the broad range of choices one can make among which is the abstinence only means of protection. Indeed the 'education vaccine' is the only social cure, at least for the foreseeable future. Since this disease is behavior driven, the spread of education also changes the family and the community in which such behavioral change become socially

acceptable (Vandermoortele & Enrique, 2000.) The education sector provides students with facts about the realities of their sexuality, the world around them and of course empowers them to make informed choices. It is only through proper understanding of the facts about HIV/AIDS that stigmatization and discrimination can be minimized. Schools ensure that students get scientifically accurate facts that will be coherent and systematic in all schools across the nations. Nevertheless, UNICEF (2007) observes that merely furnishing students with facts about sex and HIV is not even enough to reduce vulnerability or alter risky behavior. Knowledge must be supplemented with life skills so they can better decide among life's opportunities and to act upon these decisions. According to AVERT (2007), young people are likely to be affected by HIV/AIDS than any other age group but then they are also more likely to change their behavior as a result of education than any other group.

UNICEF contends that the education sector has a central role in the multisectoral response to HIV and AIDS and it is now apparent that it has a key role in reducing stigma, promoting prevention, and providing access to care and treatment. It also observes that there is reduced vulnerability to HIV among people with secondary or higher education. While schooling increases earning power, self-confidence and social status it also allows people to take greater control over their sexual choices. Therefore, countries should invest in schools as HIV prevalence is likely to decrease as education increases (UNICEF 2007). Indeed education is not only important in preventing HIV infection, but preventing HIV is also crucial for education as it affects the demand and supply and quality of education, limiting the ability for countries to meet the EFA and MDG goals, (WHO, 2007).

Nevertheless, if the relationship between HIV/AIDS and education must be made meaningful, much effort is required to make the desired impact on the education system and on

development goals as a whole. For this to happen, Coombe (2004), supposes that something must change from the old systems to the new systems of education. She implies that programme planners must take all these new fields into consideration so that interventions can have a proper focus. The Global Initiative on Education and HIV/AIDS (EDUCAIDS) emphasizes that education in this new context has to seek out learners from HIV/AIDS affected households and acknowledge learners experiences and obstacles. The contents of learning materials should be culturally appropriate, gender-sensitive, age-specific and accurate information on HIV/AIDS. From broader perspective, inclusion should be emphasized with participation and dialogue that address HIV/AIDS-related stigma and discrimination from classmates, teachers, parents and communities (EDUCAIDS 2008). Education policies, procedures and regulations should by and large be reformulated to take into account HIV/AIDS (Kelly 2004).

2.3 Overview of HIV/AIDS Education in Secondary Schools in Nigeria

There are two types of HIV/AIDS interventions implemented in schools in Cameroon, the formal comprehensive sex education carried out by trained teachers and the informal education implemented through health clubs, peer educators and mobile health personnel. The formal education is still in its pilot phase, although it has been fully integrated into the primary and secondary schools curricula. Following a joint inter-ministerial decree passed by the Ministry Education, in January 2007, HIV/AIDS education was formally introduced into the curricula of both primary and secondary schools. The formal HIV/AIDS education is a comprehensive programme elaborated for schools in Nigeria. It is focused on the teaching of family life education, population education material and HIV/AIDS within school programmes. Following the outline prepared by the Ministry, learning outcomes are focused on social and family life education, reproductive health and basic knowledge on HIV/AIDS. Emphasis is on

vulnerability, risk personalization, care and support of people living with HIV/AIDS and the fight against stigmatization and discrimination (Mutonyi, 2007). It consists of thirty eight themes which include the family, reproductive health, boy-girl relationship, family planning, sexually transmitted diseases, HIV/AIDS and environmental education among others. Seventeen institutions have been selected nationwide to pilot this programme. With the help of UNESCO Nigeria, some teachers have been trained on the new comprehensive HIV/AIDS curriculum (UNAIDS 2008).

2.4 Literature Appraisal

Adesoji (2012) performed an analysis of HIV/AIDS Information Awareness and Effectiveness among Artisans in Ogbomoso, Oyo State, Nigeria. He concluded that Artisans in Ogbomoso generally have a high level of literacy rate as 93% percent of them had them had one form of education or the other. They (artisans) were Involved in different kinds of vocations among which were; tailoring (16%), hairdressing (16%), bricklaying (7%), painting (8%), welding (9%), carpentry (7%), electrical works (8%), and mechanical works (8%) catering services (2%) among others. Information on HIV/AIDS was not strange to majority of the artisans as results obtained indicated that 74% of the respondents do frequently hear of HIV/AIDS campaign but only 51% are aware of their HIV status. The study investigated the reasons adduced to reluctance in knowing HIV status and result obtained showed that 54% of the respondents are reluctant of knowing their HIV status for fear of stigmatization, 16% preferred not to know, 13.3% feared death, 10.3% had the fear of testing positive while 6.3% were indecisive. Result obtained on artisan's information awareness on HIV/AIDS' mode of transmission revealed that 80.6% of the respondents were aware of "infected mother to child" as a mode of transmission, "sharing of unsterilised object" carried 91.4%, mosquito bite stood at

49%, "sexual intercourse with infected person" was at 93%, while 96% believed in the transmission of HIV/AIDS through "blood transfusion". Moreover, results obtained on HIV/AIDS' mode of prevention indicated that 68.7% respondents agreed to "the use of condom" as preventive measure, 86% agreed to total abstinence from pre/extra marital affairs, while 57.3 % believed that victims of HIV/AIDS be isolated from others in the community.

Haribondhu and Elizabeth (2013) studied Implementing HIV/AIDS Education: Impact of Teachers' Training on HIV/AIDS Education in Bangladesh. The findings of the study demonstrated that the implementation of the HIV/AIDS education programme in school settings was enhanced through training of teachers. This finding is reinforced by the fact that a higher percentage of teachers who received training reported active participation on the part of the students. Globally, there are a few examples that HIV/AIDS information has been provided to the young people through the formal education system. The findings give new thought in implementing HIV/AIDS education programmes in a low-epidemic country, like Bangladesh where HIV/AIDS is believed to be highly sensitive in terms of the sociocultural and religious contexts. However, even in the district where training was provided, less than half of the teachers used interactive methods, suggesting that more work is needed in this regard. Addressing a few key issues, such as making materials available and helping teachers to teach within the available time, may improve the implementation of the HIV/AIDS curriculum in future. Moreover, the results of the study indicate that teachers' training programme needs to be improved, considering the practical barriers to implementing the HIV/AIDS curriculum successfully.

Pratibha, Fatima, Pankaj, JP and Zeashan (2013) investigated the Knowledge about HIV/AIDS among Secondary School Students. It was observed that the knowledge of the school students was quite satisfactory for most of the variables like modes of transmission of the

disease. However, knowledge of students about high-risk groups and curability (39%) of HIV/AIDS was not satisfactory. Therefore, the school authorities and the others concerned should come forward to design awareness campaigns for the benefit of the students so as to help them develop proper understanding of HIV/AIDS, its spread, and prevention. The sources of information should also be strengthened by all the agencies and organizations of the region to spread knowledge and awareness about HIV/AIDS.

Shikha (2014) investigated HIV/AIDS Awareness Level in Secondary Schools. He concluded that HIV/AIDS is still a disease of concern. After so many years, education sector is not fully equipped with the resources (human & non-human) and to some people, it is still a stigma. Basic information on HIV/AIDS is given in schools but need to put more efforts in secondary schools. Library was identified as a place of information besides classroom. Topic does not need to be stand-alone but can be taught in conjunction with other subjects. Teachers need to be positive while delivering lecture on HIV related issues.

Rana and Farah (2015) investigated the knowledge and awareness of HIV/AIDS infection among female students the study reveals that there is lack of vital information regarding certain important aspects of among the female students. We conclude that HIV/AIDS awareness campaigns must be conducted frequently among college students especially among females and these must pay particular attention to specific issues on the knowledge, modes of transmission and management of HIV/AIDS. Furthermore, HIV/AIDS prevention drives must move beyond curriculum into encouraging and enhancing voluntary counseling and testing services among student population. This will not only help in fostering enhancement of their existing knowledge about the disease but will also help to reduce the stigma associated with the disease as well as the negative attitudes that is prevalent in the society for HIV infected patients.

Ibrahim *et al.,* (2015) investigated HIV/AIDS awareness among secondary schools' adolescents in south-western Nigeria: A correlate to strengthen advocacy and strategic sexuality education programs. The concluded that Secondary school students in Atisbo local government area of Oyo State are quite aware and possess relatively good knowledge of HIV/AIDS, reasonable sexual practices and positive attitude towards sexuality, HIV/AIDS and people living with HIV/AIDS. Social settings, parental sexuality communication as a result of educational attainment play significant roles in the attitude of their children. Efforts should be intensified to provide more comprehensive information on sexuality and HIV/AIDS through the mass media. This possibly will improve students' attitude toward abstinence, safer sex and behavior toward people already infected with HIV/AIDS.

Awoyemi and Olusegun (2016) reviewed HIV epidemiology in Nigeria. They found out that 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.

Mburu and Irene (2017) conducted a pilot study on HIV/AIDS Status Awareness among the Youth is Critical to Prevention. They found out that HIV status awareness among the youth at universities in Kenya is associated strongly with taking measures to protect themselves and others. However, a good number of the youth at universities (44% males and 35% female respondents) were not aware of their HIV status, therefore not on ART and continue transmitting the virus to their partner(s) for HIV positive ones. Since current HIV prevention strategies among the youth such as abstinence are not working and youths are becoming sexually active by their 15th birth day, new innovative strategies are required. Future HIV prevention strategies among the youth should focus on HIV status awareness, being faithful to one partner, proper consistent use of condoms and destigmatization with special focus on destigmatization, HIV testing for awareness, attitude and behavioral change.

Titilope *et al.*, (2017) investigated HIV comprehensive knowledge and prevalence among young adolescents in Nigeria. They found out that the gap in comprehensive HIV knowledge, early sexual debut, and the recent increase in HIV infections among young adolescents necessitates the need for increased attention towards this age group. Preventive measures through increased comprehensive functional HIV knowledge need to be emphasized by all players in the fight against HIV infections among young adolescents. In addition, focus should not only be towards older adolescents and young people aged 15–24 but efforts should be pooled towards designing age appropriate, preventive, educational and cultural programs and interventions to reach the growing number of young adolescents in Africa with relevant sexual health information and interventions.

2.5 Summary of Review of Related Literature

Sequel to the results obtained in various studies, it is recommended that government and other NGO's should technically strategize on the HIV/AIDS campaign initiative and a government policy on HIV/AIDS be initiated and implemented to enforce the awareness of citizen's HIV status so that immediate medical attention could be rendered to those that test positive. The sensitization programme should carry with it major past successes for those who tested positive so has to encourage those who live in fear of testing positive and those indecisive to go for the test. Also it is necessary for government to mandate the state and local action committee on AIDS to intensify their effort by organizing weekly seminars/workshops in market and rural places where professionals can address artisans in their mother tongue. Public libraries can as well help to repackage information on HIV/AIDS in the mother tongue of artisans

Finally, there is also the need for government to establish free HIV/AIDS awareness and information sensitization centre where artisans can have an immediate access to HIV/AIDS information, its mode of transmission and preventive measures in Ogbomoso town. The implementation of all these will equip artisans with the needed information to ensure a significant change to the present challenges.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

The main intention of this study is to analyze the effectiveness of HIV/AIDS information awareness among on the secondary school students' in Ogbomoso North Local Government. This chapter is presented under the following subheadings:

i. Research Design

ii. Research Methodology

iii. Population and Population Size

iv. Sample and Sampling Procedure

v. Instrument for Data Collection

vi. Validity of the Instruments

vii. Reliability of the Instrument

viii. Administration of Instruments

ix. Procedure for data collection

x. Method of Data Analysis

3.1 Research Design

The descriptive survey design will be employed for the study. According to Mugenda & Mugenda (2003), descriptive survey helps to obtain information that describes existing phenomena by asking individuals about their perceptions, attitude behavior or values. Descriptive research gives researchers the opportunity to use both quantitative and qualitative data in order to find data and characteristics about the population or phenomenon that is being studied. Furthermore the descriptive survey method is very useful to educational planners in that it unveils the causes of certain educational phenomena to give educational planners better

understanding of the educational process. This type of research design is considered suitable for this study which sought to analyze HIV/AIDS information awareness and effectiveness among Secondary School Students in Ogbomoso North Local Government.

3.2 Research Methodology

The study will employ descriptive survey method by incorporating both quantitative and qualitative approaches with more emphasis on quantitative as the leading method through close ended questions. Quantitative approach will be emphasized because investigating the effectiveness of HIV/AIDS information awareness of students of secondary school students could better be understood by collecting large quantitative data, in a formal, structured and rigid manner.

3.3 Population and Population Size

The population of the study will comprise mainly of secondary schppl students. The research will be carried out in five (5) randomly selected schools in Ogbomoso North Local Government Area. The selected secondary schools are: Aare-Ago Community High School Ogbomoso, Anglican Grammar School Ogbomoso, Ori-Oke Community High School Ogbomoso, Ogbomoso Grammar School and Soun High School Ogbomoso.

3.4 Sample and Sampling Procedure

This study will utilize a random sampling frame. The five schools will form appropriate basis for comparison as the age group required for this study will easily be identified. The sampling process will ensure representativeness, which refers to the selection of individuals from a sample of a population such that the individuals selected are typically of the population under study enabling you to draw conclusions from the sample about the population as a whole (Creswell 2005). The main guiding criterion for choice will be the age of the students and this

will lead to the next level of sampling. The class of the students will strictly follow the age. The classes have different age ranges but then each level. For this reason, cluster sampling of classes will be done for each level that was considered, with the classroom as the unit of sampling.

3.5 Instrument for Data Collection

A questionnaire will be used to collect data. Gall *et al* (2007) contend that the questionnaire is advantageous because they are cost effective and time saving but they cannot probe deeply into respondents' beliefs, attitudes and inner experience. Bearing these in mind, questions will be adapted from the international questionnaire for HIV/AIDS studies in schools and from studies done in Africa, Asia and Canada.

3.6 Validity of the Instruments

Validity of the data will be enhanced through the processes of piloting and by cross-checking of information between different sources and participants. According to Blaxter, Hughes & Tight (2000), validity has to do with whether your methods, approaches and techniques actually relate to, or measure, the issues you have been exploring. The items on the questionnaire would have been used in other contexts for similar studies; however, the instrument will be verified for content validity, through some expert inputs. The questionnaire will be pilot tested with a group of students in another school that has similar characteristics like the five schools under study.

3.7 Reliability of the Instrument

Cronbach alpha will be used to determine the reliability of the attitude measurement by Rukangu (2000).

$$\alpha = \left[\frac{n}{n-1}\right]\left[1 - \frac{\Sigma s^2}{\partial^2}\right]$$

Where, α= Reliability coefficient

n= Number of items in the tool

∂^2= Variance in the obtained test scores

Σs^2= Sum of variances of the single items

3.8 Administration of Instruments

Since the research will involve human beings the researcher will ensure that ethical requirements are upheld in the study. The researcher will inform and explain to the respondents the purpose of the study in which they will be asked to participate and the benefits expected from the study. The researcher will request the respondents to answer the questionnaires on their own free will. The respondents will be asked not to write their names or that of the school on the questionnaires.

3.9 Procedure for Data Collection

Once the proposal is ready and a research permit granted, the researcher will personally go to the five (5) selected schools in the Local Government Area and administer questionnaire to sixty (60) students from each school. As five (5) schools will be examined, it will make it a total of sixty (300) respondents in all. Moreover the respondents will be given free hand to express their views after which the questionnaires will be collected from the respondents.

3.10 Method of Data Analysis

All analysis will be conducted with SPSS (Statistical Package for Social Science) software