

## HIV/AIDS Awareness and Adolescent student's Involvement in Sexual Relationships in Secondary Schools in Cross River State: The Rural –Urban Narratives

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#### Abstract

This correlational research is aimed at determining the relationship between HIV/AIDS awareness and adolescents' involvement in sexual relationship. The study was carried out in Cross River State. Three research questions guided the conduct of the research, while three null hypotheses were tested at 0.05 alpha level. All the 6449 SS2 students in all the 18 public secondary schools in Calabar Municipality and Ogoja Local Government Areas constituted the population of the study. The sample used consisted of 200 SS 2 students who were randomly drawn from ten secondary schools. The instrument for data collection was a questionnaire named HIV/AIDS Awareness and Adolescents Involvement in Sexual Relationship Questionnaire (HAAISRQ). One expert each in Health Education, Educational Psychology and Measurement and Evaluation validated the instrument. Reliability coefficient scores 0.84 and 0.86 for HIV/AIDS awareness and involvement in sexual relationship were respectively obtained through the test-retest method. Data collected were analyzed using simple percentage, Pearson product Moment Correlation and t-test. Results obtained from data analyses showed that there is a significant relationship between HIV/AIDS awareness and adolescent student's involvement in sexual relationship in urban and rural secondary schools. It was further found that students in urban secondary schools are more involved in sexual relationships than their rural counterparts; this was attributed to the fact that those in urban centers are more informed because of their exposure to different information channels available to them than their rural counterparts. It was recommended among others that more HIV/AIDS awareness campaigns should be made to the rural secondary schools, while guidance and counseling services should be provided in all secondary schools, while sexuality education should also be introduced in all our secondary schools.

Keywords: HIV/AIDS awareness, sexual behavior, adolescent sexuality, sexual relationships, veneral diseases, etc

#### Introduction

Acquired Immune Deficiency Syndrome (AIDS) is unarguably one of the world's most deadly diseases. Engleberg, (2007) described it as the greatest scourge of modern times. AIDS is a human viral disease which destroys the human immune system thereby rendering the body incapable of defending itself from different infections or diseases. This could be the reason AIDS is described as an ill health which occurs in a situation where one is seriously sick because the immune system has been seriously destroyed by other infections (Nelson, and William, 2007). AIDS is caused by the Human Immune Deficiency Virus (HIV). This virus attacks and destroys the CD4+ T - cells, which is an important part of the human immune system (Unachukwu & Ebenebe, 2003; UNAIDS, 2008).AIDS was first discovered in 1981 in the U.S.A among homosexual men and users of intravenous drugs (Unachukwu, 2003; Dimbuene and Defo, 2011). It has been argued that AIDS appears to have had its origin in Central Africa as early as the 1950s.

The recent isolation from Africa green monkeys infected with the Simian Immune Deficiency Virus (SIDV) which is related to HIV - 1 and HIV - 2, the strains that primarily caused AIDS, has given even more reasons to be afraid of the pandemic syndrome, (Prescott et al, 1999; Abonia, Onayade, Ijadunola, Obiajunwa, Aina and Thairu, 2006; FMOH, 2007; Ajayi, Hellandendu and Odekunle, 2011).

Global public health campaigns offer great potentials to raise awareness and understanding about health issues. The World Health Organization initiated annual World AIDS Day since 1988 and there have been national and regional HIV/AIDS awareness initiatives across the globe (Adeleke, Adekanye, Adefemi, 2011). In Nigeria, media campaign by VISION and its partners is reaching a large portion of the target population, and exposure to these mass media programs can help increase HIV/AIDS awareness (Ongwara, and Odenyo, 2012) especially, among adolescents at secondary schools. Major aspects of reproductive ill-health arise first during adolescence. It is a time when behaviors are adopted, which may have major consequences later on. A study from Ghana by Appiah-Agyekum and Suapim, (2013) raised important concerns about the reluctance of senior high school girls to use condoms as a preventive measure and the need to reorient HIV/AIDS awareness interventions among them.

Similarly, another study by Samkange-Zeeb, Spallek and Zeeb, (2011) reported low levels of awareness and knowledge of STIs among adolescents. Conversely, researchers have reported that 99% of secondary school students in a Kenyan study indicated that they have heard about AIDS (Oljira, Berhane and Worku, 2011) and about a quarter had comprehensive HIV/AIDS knowledge in Ethiopia (Bastein, Kajula and Muhwezi, 2011). In the same vein, sexuality education and communication between parents and their children has been identified (Dimbuene, and Defo, 2011) as a protective factor for sexual and reproductive health among adolescents. Therefore, stakeholders such as parents and teachers should be involved in sexuality education of their wards right from the design of the intervention (Shrestha, Otsuka, Poudel, Yasuoka, Lamischhane and Jimba, 2013). Sexuality education aims to reduce the risks of negative outcome from sexual behavior. Parent-child sexuality communication has been identified as a protective factor for adolescent sexual and reproductive health, including HIV infection (Kassie, Mariam, Tsui, 2008).

Likewise, school-based sexuality education is an effective medium to convey health information and skills about preventing STIs especially, HIV/AIDS and unwanted pregnancies among adolescents (Abiona, Onayade, Ijadunola, Obiajunwa, Aina, Thairu, 2006). As such, the role of family as a source of accurate HIV knowledge transmission routes and prevention strategies is of paramount significance. However, Dimbuene & Defo, (2011) revealed that families have been poorly integrated in the design and implementation of the first generation of HIV interventions and opined that there is an urgent need for policymakers to work together with

families to improve the efficiency of these interventions.

Studies have shown that comprehensive HIV/AIDS knowledge is associated with communication with guardians or parents and peers about sexual topics (Ajayi, Hellandendu and Odekunle, 2011; Ajayi, Hellandendu, Garba, Oyedele, Anyebe, Sani, 2011). However, some African countries considered it a taboo for teachers and parents to talk with children about sexual matters including STDs in schools and at home because of cultural and religious barriers (American International Health Alliance (AIHA), 2008). Political pressure also keeps sexuality education out of classrooms as there is disagreement over what to teach, by whom, and to what extent (American International Health Alliance (AIHA), 2008).

HIV/AIDS is a chronic syndrome because it opens ways for opportunistic infection with widows for all forms and types of virus to enter and deplete the immune systems. Once this is done, it allows an enzyme that enables the integration of the viral loaded DNA into the host cell genome where it can persist and replicate itself rapidly, thereby reducing the body immune system by weakening it and preventing it further from attacking invasive virus coming to attack the system. The human immune deficiency virus weakens the host's immune system and with a weaken immune system the host is then made susceptible to opportunistic infections and other pathogens of Tuberculosis and malaria. So far, no cure or vaccine has been discovered that could aid in the eradication of HIV/AIDS. The therapies that do exist are antiretroviral therapies. The retroviral treatment does not eradicate the virus; it merely inhibits the virus from replicating (Engelberg, 2007).

The prevalence level of AIDS in Nigeria by 1986 when it was first diagnosed in a 13 year old girl was almost zero; but by 2005, 5% of Nigeria population was infected with AIDS (Osotimehin, 2005). Many lives may have been lost; many children may have been made orphans, having lost their parents to the AIDS scourge. As its spread rages on, it is possible that many more people are at the risk of being infected-men and women, old and young. Osetimehin, (2005) however, lamented that adolescents are the most vulnerable to HIV/AIDS infection in Nigeria. This situation according to this author spells doom for the Nigeria nation as her future generation is being compromised. That adolescents are found to be the most vulnerable group to AIDS is understanding. It is at this stage in human development that the individual engages in all sorts of experimentation including sexual relationship, which is one of the easiest modes of transmitting the HIV Virus (Unachukwu, 2003). Unfortunately AIDS is pandemic and has no known cure at present, (Bastein, Kajula and Muhwezi, 2011).

There is a need therefore to find ways of ensuring that its continued spread is checked or prevented. In another development, in a study by Adeleke, Bilkisu, Danjuma and Wasiu, (2015) the authors observed that the magnitude of the HIV epidemic and the prevailing lack of sexual health

interventions targeting young people in sub-Saharan Africa calls for a wider awareness and strategic approach-based advocacy. the authors further observed that though adolescents are pivotal to manpower development and technological advancement in Nigeria, HIV epidemic is on the increase among this vulnerable group due to lack of sexuality education and rightful intervention programs.

The authors used a cross-sectional descriptive study to assess the level of awareness, knowledge and attitude towards HIV/AIDS issues among secondary school students in Atisbo Local Government Area, Nigeria, a stage-wise clustered sampling technique was used to select sample of 343 respondents for the study. A structured questionnaire was used for data collection. The result o data analyzed show that half of the participants (165, 50.9%) live with both parents and a little more than one-third (113, 34.5%) belong to well-educated parents. Most participants (296, 91.9%) were very much aware of HIV/AIDS, while it was discovered that about 79 respondents (24.2%) of them have had sexual experience. A greater portion of them (213, 64.9%) discuss sexual matters with their parents and the majority (205, 63.9%) would care for their HIV/AIDS positive relatives. The study concluded that most of the respondents (76%) had very fair knowledge of HIV/AIDS and this information came principally from their parents, while less than 10% of the respondents got their awareness about HIV/AIDS from the public media outlets.

Oljira, Berhane and Worku, (2011)) sees education as an effective way of achieving success when awareness is created concerning the nature, causes, clinical presentation and mode of transmission of HIV/AIDS infection for this reason. According to Nelson (2007), WHO and UNAIDS had performed international study on the effects of literacy on the HIV rate in the year 1998. The result shows that there exist a strong correlation between high literacy and a lower number of HIV infections. Literacy gives access to a lot of information, which includes the subject of HIV, transmission and protection. In short, higher literacy leads to higher acquisition of HIV awareness (Nelson 2007). However, the reverse has been the case in Sub-Saharan Africa. In this geographical area social, change and development plus the opportunity of high education have somehow encountered behaviors that may inflict a higher risk of contracting HIV. Well paying jobs and education supports risk behavior such as alcohol consumption and the use of prostitutes. For women, education and well paying jobs lead to a higher social mobility and an increase number of sexual partners (Nelson, 2007).

In the year 2000, the Federal Government of Nigeria set up the National Action Committee on HIV/AIDS (NACA) for the sole purpose of creating the needed awareness to curb the spread of the virus.

To this end, Osotimehin (2005) believes that through education and awareness - campaign being mounted by NACA since its inception, the war against HIV/AIDS in Nigeria would be won. Consoling as this may sound, it is not yet clear how aware adolescents (the most vulnerable group to

HIV/AIDS infection) are about issues relating to HIV/AIDS. It is also not certain how their level of awareness relates to their involvement in sexual relationship, one of the easiest means of HIV/AIDS transmission. The question one may ask in the light of the above statements is, how aware adolescents about issues relating to HIV/AIDS are. How does their level of HIV/AIDS awareness relate to their involvement in sexual relationships? In other words, what is the relationship between HIV/AIDS awareness and involvement in sexual relationship among adolescents? This study was designed to answer these questions. The under stated research questions directed the conduct of this study.

- 1. What is the relationship between HIV/AIDS awareness and adolescent student's involvement in sexual relationship?
- 2. What is the difference in relationship between HIV/AIDS awareness and adolescent's involvement in sexual relationship among rural and urban secondary schools students?

The following null hypotheses were tested at 0.05 level of significance.

- 1) H0<sub>1</sub>: There is no significant relationship between HIV/AIDS awareness and adolescent involvement in sexual relationship among secondary schools students.
- 2) H0<sub>2</sub>: There is no significance difference in relationship between HIV/AIDS awareness and adolescent's involvement in sexual relationship among urban and rural secondary schools students.

#### Methodology

This is a correlation research designed to determine the relationship between HIV/AIDS awareness and adolescent's involvement in sexual relationship among urban and rural secondary schools students in Cross River State. The area of study is secondary schools in Cross River State (Calabar Municipality and Ogoja Local Government Area). The population of the study consisted of all the Senior Secondary Class Two (SS 2) students (totaling 6449) in all the 24 public secondary schools in Calabar Municipality and Ogoja Local Government Area of Cross River State. Sample of the study however was made up of 200 SS2 students from ten public secondary schools from both Calabar Municipality and Ogoja local government area. In drawing this sample, multistage random sampling technique was used by balloting to select 5 public secondary school and 100 SS2 students from each of the two Local Government Areas under study.

A structured questionnaire code named HIV/AIDS Awareness and adolescent's involvement in sexual relationship questionnaire (HAAISER). The instrument was designed using a five point likert scale response option and was divided into three sections A, B and C. Section A assessed the personal data of the respondents. Section B contained items used to determine the level of

HIV/AIDS awareness among the respondents and section C contains items used to assess the respondents' level of involvement in sexual relationship between the school locations. The instrument was validated by an expert each in Health Education, Educational psychology and Measurement and Evaluation. The test-re- test method was used to determine the reliability coefficients of the various sections of the instrument. The reliability coefficient obtain were 0.84 for HIV/AIDS awareness and 0.86 for involvement in sexual relationship and school location. The data collected were analyzed with simple percentage and independent t-test analysis.

#### Result and discussion

The results elicited from analysis of research question 1 and 2 were presented in table 1

Table1: HIV/AIDS Awareness level and adolescent involvement in sexual

relationships

relationships			
S/no	HIV/AIDS awareness level	Students	%
1	High	99	49.5
2	Medium	75	37.5
3	Low	26	13.0
	Total	200	100

The first research question and purpose sought to assess the HIV/AIDS awareness level and adolescent student's involvements in sexual relationship among secondary school students; the result is shown on table 1. From the analysis of data collected from the field as shown on table 1, it was found that 99 respondents representing 49.5% of the respondents ticked that their level of HIV/AIDS awareness level and involvement in sexual relationship was high, 75 respondents representing 37.5% response shows that the HV/AIDS awareness level and adolescent student's involvement in sexual relationship was still at the medium or average level. While 26 respondents (13.5%) shows that the student's level of HIV/AIDS awareness level and involvement in sexual relationship was still very low, the summary of the medium and low indicates that their level of HIV/AIDS awareness level and involvement in sexual relationship is still low, but commendable. Looking further into the result of the analysis, a further deduction can be made of the result.

Table 2: correlation coefficient (r) for HIV/AIDS Awareness and involvement in sexual

relationship among adolescent

relationship among adolescent						
Variables	HIV/AIDS Mean (x)	Involvement in sexual relationship mean (x)	N	r		
Overall Adolescen	58.51	72.29	20	-0.69		
Urban Adolescen	60.69	74.08	10	-0.63		
Rural Adolescen	58.96	73.36	10	-0.48		

In table 2, it was observed that an r of - 0.69 was obtained for relationship between HIV/AIDS awareness and adolescent involvement in sexual relationship. For the relationship between HIV/AIDS awareness and involvement in sexual relationship by adolescents in the urban areas an r of - 0.63 was obtained while an r of - 0.48 was obtained in sexual relationship between HIV/AIDS awareness and involvement in sexual relationship by adolescents in the rural areas. This means the is a correlation between HIV/AIDS awareness and adolescent involvement in sexual relationship in secondary schools in Cross River State

The purpose is to examine how school location influence HIV/AIDS awareness level and adolescent involvement in sexual relationship between urban and rural secondary schools in Cross River State. The null hypothesis stated that there is no significance difference in relationship between HIV/AIDS awareness and adolescent's involvement in sexual relationship among urban and rural secondary schools students. The result of data analysis on table 2 shows that the independent t-test analysis of the influence of school location on HIV/AIDS awareness level and adolescent involvement in sexual relationships among urban and rural secondary school students yields a t-value of 5.755, which was statistically significant at .05 probability level (p< .05). Based on this result, the null hypothesis is rejected, while the alternate hypothesis is accepted. This implies that school location significantly influence HIV/AIDS awareness level and adolescent involvement in sexual relationships among urban and rural secondary schools students used in this study. Since the mean score of students in urban is higher than their counterparts in rural schools, it follows generally that, students in urban schools tend to exhibit more HIV/AIDS awareness than their counterparts in rural schools.

Table 2: Independent t-test of school location on HIV/AIDS awareness level

School location	N	Mean	Std Dev	t-Value	p-level
Urban	117	43.05	8.26	5.755	.000
Rural	83	37.43	11.69		

The result of data analysis on table3 shows that the independent t-test analysis of the influence of school location on HIV/AIDS awareness level on adolescent involvements in sexual relationships, with a yielded t-value of 5.755, which was statistically significant at .05 probability level (p< .05). Based on this result, the null hypothesis is rejected, while the alternate hypothesis is accepted. This implies that school location (urban –rural) significantly influence HIV/AIDS awareness and adolescent involvement in sexual relationships among secondary school students. Since the mean score of students in urban is higher than their counterparts in rural schools, it follows generally that, students in urban schools tend to exhibit more HIV/AIDS awareness and they engage more in sexual relationships than their counterparts in rural schools.

The results of this study indicated that there was a significant relationship between HIV/AIDs awareness and adolescents' involvement in sexual relationship. This implies that the adolescents HIV/AIDS awareness was high, while their involvement in sexual relationship was low in the rural, high it was high in urban secondary schools. This trend was maintained among adolescents in the urban area who obtained HIV/AIDS awareness information from t heir parents and other mass media. This, low HIV/AIDS awareness was found to be associated with high involvement in sexual relationship among the adolescent students in urban secondary school.

Earlier researches conducted in this area by Jatau and Kajang (2002) Onuizulike (2003) and Unachukwu (2003), American International Health Alliance (AIHA), (2008) all reported adolescents' low HIV/AIDS awareness and higher involvement in sexual relationship. Significantly, Unachukwu (2003) found that adolescents received awareness of the use, mode of transmission and nature of HIV/AIDS disease. According to this author, the adolescents' studies believed that HIV/AIDS is punishment from God and the origin is unknown. They also believed that HIV/AIDS could be Whiteman's disease brought to Africa to control population growth. The reason for low HIV/AIDS awareness as found in this present study could be attributed to adolescents' misconception regarding the HIV/AIDS syndrome, as found by Anyebe, Whiskey, Ajayi, Garba, Ochigbo and Lawal, (2011). Again the reason for high incidence of sexual relationship among adolescents as also found in this study could be attributed to the fact that the adolescence stage of development is characterized by high incidence of heterosexual relationships which can culminate into intimate sexual relationships (Chopra and Rollins, 2008; Hofmann, De Allegri, Sarker, Sanon and Bhler, 2009).

The fact that adolescents also engage in sexual relationship, could also be the reason for high incidence of sexual relationship found among them in this study. These explanations hold for adolescents in both urban and rural areas, and could be as a result of similarity in their experiences as adolescents.

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This result is in line with the study of Horstmann, Brown, Islam, Buck and Agins (2010) whose result shows that adolescent students in both rural and urban secondary schools have high levels of HIV/AIDS awareness, most of them are engaged in sexual relationships, but the urban secondary schools are more sexually promiscuous than the rural students. This difference has been asserted by some scholars as a result of their exposure to pornographic films, while others are exposed to different sexual discourse on our electronic media like films, home videos, internet adult contents among others. Most of these avenues are not readily available to rural secondary school students.

The findings of this study as stated above are disheartening. They seem to give evidence to the claim made by Osatimehin (2005) that we are far from wining the HIV/AIDS war in Nigeria. This assertion is because so many adolescents are already aware and are involved in sexual relationships already, as such, there is every need for stakeholders to rise and confront these challenges head long.

#### Conclusion

Based on the finding of this work, one is left with no doubt as to the fact that the level of HIV/AIDS awareness is high among adolescent secondary school students in Cross River State, the study therefore concluded that the level of HIV/AIDS awareness level is high among secondary school students and higher among urban secondary schools than in the rural secondary schools, while it was further concluded the rate of adolescent involvement in sexual relationships is far higher among adolescents students in urban secondary schools than among rural secondary school students.

### Recommendations

Based on the result and the finding of this study, the following recommendations were made

- 1. Various stakeholders in the business of HIV/AIDS, government, World Health bodies, non-governmental organizations among others should further strengthen their campaign activities more in the urban communities and take the same campaigns further to rural communities so that needed awareness can be created alongside the mitigation measures like abstinence, mutual fidelity and the use of condoms for the adolescent should be promoted.
- 2.Guidance counselors are needed in all secondary schools to help the school adolescents understand their sexuality so as to avoid being victims to sex related problems
- 3.It is also recommended that sex and sexuality education should be introduced to all level of our educational system to guided adolescent students on the dangers of engaging in pre- marital sexual relationships

4. There is the urgent need for parents and other social institutions (the church, schools, social organizations) to come out fully to play the moral obligation of repositioning our faith and responsibilities of bringing the younger generations in order to instill in them the moral and social norms and ethical values as instituted by our traditional authorities right from the home to public institutions.

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