
**SOCIO-DEMOGRAPHIC VARIABLES AND SOCIAL
STUDIES STUDENTS' ATTITUDE TOWARDS
HIV/AIDS IN DELTA STATE**

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Abstract

This study investigated the relationship between the socio-demographic variable of Social Studies students and their attitude towards HIV/AIDS in Delta North Senatorial District of Delta State. The population of the study was 7141 Social Studies in junior secondary school while the the sampled size for the study was 362. Questionnaire was used to collect data for the study and it was validated by experts is Social Studies department, faculty of education Delta State University, Abraka, Nigeria. Test- retest reliability was used to establish the instrument with a reliability coefficient of 0.75. Frequency, percentage and Peason's chi-square were used to analysed the data. The hypothesis was tested 0.05 level of significance. The findings revealed that majority of Social Studies students in Delta North Senatorial District have negative attitude towards their awareness of HIV/AIDS. A significance relationship was found between age school location and attitude towards HIV/AIDS, also there was no relationship found between gender and students attitude toward HIV/AIDS. Based on the findings above, the study recommended sex, family life and HIV/AIDS education, students visit to

hospitals to have interactive sessions with HIV/AIDS patients.

Key Words: Socio-Demography, HIV/AIDS, Attitude, Age, Gender, School Location

Introduction

Individuals' attitude towards HIV/AIDS is one of the key components of the fight against the disease. The most vulnerable category of individuals most affected by the scourge of HIV/AIDS is secondary school students who are mostly at the adolescent stage of development. The World Health Organisation (WHO, 2012) defined an adolescent as a person aged 10 to 19 years. Adolescence stage is a period of progression from the appearance of sexual characteristics to sexual and reproductive maturity; development of adult mental processes and adult identity and a period of transition from total socioeconomic dependence to relative independence.

These biological and psychological changes result in awareness of sexuality in adolescents; thus, they frequently negotiate and adjust to increased demands for a more autonomous lifestyle. Hanlon (2010) reported that from ages 12–18 years, children experience distinct mental and physical changes. This period marks the beginning of the girls' menstrual cycle and the boys mature in their genitalia. During this time of physical changes, teenage children may become more self-centred, more comfortable with their body sexually and ready for romantic friendship. Their curiosity and thirst for new experiences may push them into experimenting with behaviours that are socially unacceptable, such as risky sexual behaviour, characterised by an unprotected sexual relationship with the same and/or opposite partners. These behaviours are capable of exposing them to sexually transmitted diseases, such as HIV/AIDS.

HIV has remained a disease of public health importance since 1981 when it was identified and characterized (Joint United Nations Programme on HIV/AIDS, 2017). In fact, it is recognised as one of the most important public health crises in the world. According to Oleribe, Aliyu and Taylor-Robinson (2018), HIV has claimed more

than 35 million lives with over a million people dying from HIV-related causes globally. NACA (2017) report showed that Nigeria has the second-largest HIV epidemic in the world. Although HIV prevalence among adults is much less (2.8%) than other sub-Saharan African countries such as South Africa (18.8%) and Zambia (11.5%), the size of Nigeria's population means 3.1 million people were living with HIV in 2017 (UNAIDS, 2017).

The first two AIDS cases in Nigeria was diagnosed in 1985 and reported in 1986 in Lagos, one of which was a young female sex worker aged 13 years from one of the West African countries (Nasidi & Harry, 2006). The news of this first AIDS case sent panic, doubt and disbelief to the whole nation as AIDS was perceived as the disease of American homosexuals. In Nigeria, Sex workers, men who have sex with men and people who inject drugs make up only 3.4% of the population, yet account for around 32% of new HIV infections. Also, observed were young people within the age of 15-29 years victims (National Agency for the Control of Aids, 2017).

Several measures need to be taken if HIV/AIDS is to be completely eliminated from the Nigerian society. One of such measure includes safe sex behaviour among the youth population and one way of doing this is to first determine the attitude of the students towards HIV/AIDS in line with their socio-demographic variability. It is against this background that this study is aimed to examine the relationship between the socio-demographic variable of secondary school students and their attitude towards HIV/AIDS.

In this study, the attitude of secondary school students towards HIV/AIDS awareness is reviewed. Students generally participate in behaviour they regard as beneficial to them. To a large extent, this behaviour they have learnt, they have carried out over the years. They are also influenced by their friends or situations in society. This situation influences their decisions to either carry out or not to carry out an intention. Students participate in actions which they have evaluated to be beneficial to them. This makes them create a positive attitude towards the actions taken because of the belief that the behaviour or attitude will lead to a certain outcome (Miller, 2005)

All over the world, HIV/AIDS is killing people and making life miserable by the day. This has brought about various awareness/campaign strategies to bring students and others to the limelight. The students belong to the prevalence group and the awareness is to influence their attitude towards HIV/AIDS. The attitude of the students is to change positively because the situation of people who are infected and affected weighted with the importance attached to life and good health will make them change their wrong attitude towards HIV/AIDS. Therefore, the fear of being infected will make students keep themselves in order to avoid being infected with HIV/AIDS. In the findings of Eyo (1995), he explained that attitude is a learned state of preparedness which enables one to act in a particular way. This, therefore, implies that one's attitude, whether positive or negative, is viewed as a mental readiness to feel, think and be inclined to behave towards something in a positive or negative manner.

In a survey carried out by Moronkola and Ibhafidon (1998), they found out that the University of Ibadan students have a significant (positive) attitude towards AIDS. Also in line with this is the finding of Konde-lule, Musagana and Musgrave (1993) in Uganda, that there was a strikingly positive attitude towards people with AIDS in all the group discussion. Invariably, HIV/AIDS awareness and information made them have a positive attitude towards HIV positive people. This is made possible because of the global fight against discriminating and stigmatizing people living with HIV/AIDS.

Most of our youths especially secondary school students exhibit the desire to meet up with the trends of the time. Experience has shown that this is the period of high sex drive and reckless sexual practices thereby exposing themselves to HIV/AIDS. The early onset of students' engagement in sexual activities may have led to the faulty belief that if from the time they started engaging in sexual practices till their present age, they have not contracted HIV/AIDS and they have not visited HIV/AIDS screening centres, then HIV may not be real (McSweeney, 1991). This belief makes them develop a negative attitude about HIV/AIDS. Supporting the above assertion are the surveys carried out by Kelly (1999) and Ajala (2000). In

their various work, they found out that students have adequate information on HIV/AIDS...

Focused Group Discussion organized by Imhonde, Azelama and Aluede (2005) confirmed that gender-wise, there is scientifically no difference between male and female engagement in risky sexual behaviour in a university environment. The university is seen as a vulnerable place for the sex trade and activities with little or no regard for the use of a condom. This negligent behaviour will definitely lead to poor attitude towards HIV/AIDS by these students. This is supported by the view of Ogundele (2004) that the high-risk behaviour (attitude) place people (students) in the position of getting infected with HIV. This view is in contrast with Ibeagha and Ibeagha (2006) who opined that male students show more carefree attitude towards AIDs than their female counterparts. Olaseha and Alao (1993) and Ososanya and Brieger (1994) confirmed that young male adolescent students are more likely to have multiple sexual partners which enable them to demonstrate their sexual prowess than their female counterparts in schools. On the other hand girls have resulted to prostitution due to economic hardship. Commercial sex activities replaced chastity in order to meet their financial obligations (Ward 1989, Olaseha & Alao 1993, Oloko & Omoboye, 1993).

Age-wise, several surveys carried out by people show that young people are mostly infected and affected by this terrible monster called HIV/AIDS. In Nigeria, the very first case of HIV was found in a 13-year-old girl, which was reported in 1986. Federal Ministry of Health (2002) and WHO(2004) reported that in 1998, 60% cases of HIV/AIDS came from people between the age bracket of 15-24 years and these groups of people constitute 50% of the national population. Adolescence according to Lemer and Galombos (1984) is the period of life that is characterized by several major changes that bring a person from childhood to adulthood. Adolescents period witnesses accelerated growth sequence and the adolescent becomes loyal to their social peers. At this stage, they are into sexual promiscuously, drug addiction, gangsterism, etc. Nigerian adolescents which constitute students especially secondary school students become sexually active at a very early age. Some of the resultant effects in this "sex boom" include increased rate of unwanted pregnancies

for the girls, sexually transmitted diseases which include HIV/AIDS. Nigerians overall national HIV prevalence rate by 2001 was officially placed at 5.4% but youth within the age of 20-24 showed a much higher prevalence rate of 4.2 to 9.7% (Ahmed, 2004) which means that adolescents or school children are mostly infected. Akorede (2004) explained that in a survey carried out in Lagos, students from two schools were screened for HIV/AIDS. In one of the schools, 19 students out of 30, tested HIV positive while in the secondary schools out of 30 students sampled, 28 tested HIV positive. At this stage, it is alarming to see how HIV/AIDS is spreading fast in schools. The question now is what is the attitude of these people within this age bracket of 15 to 25 where the students belong, toward HIV/AIDS? Studies have shown that students, both in secondary and tertiary institutions, are adequately aware of HIV/AIDS (Ajala, 2000, Mohan, Anshuli, Anita, Santosh 2016). But with all this knowledge they have about the causes and effect, they tend to be more worried about becoming pregnant than getting infected with HIV (Marcus, 2001). To these students, they can continue in premarital sex so long as condoms are there for them.

With regards to the location of secondary schools, the attitude of the students towards HIV/AIDS will be based on their level of awareness. All over the nation, there are several campaigns for the prevention and spread of HIV/AIDS. In Nigeria, the Federal Ministry of Health (1999), in the survey it conducted in 73 urban centres and rural areas, showed that the epidemic has reached every community and locality with a high degree of severity. From this report, it is expected that, because of the outbreak of HIV in Nigeria, every community should be adequately made aware of the epidemic and peoples attitude especially students, towards unprotected sexual activities properly checked. Sylvester (2004) stated that the campaigns have not been able to produce the desire results since these campaigns do not get to the grassroots. Also the rural dwellers have no access to journals, conference and seminars.

On the other hand, Ajala (2000) in his work opines that secondary school students in Ibadan metropolis of Oyo State have increased knowledge of HIV/AIDS. This shows that the urban areas has full knowledge and are aware of HIV/AIDS and maybe showing

a positive attitude. Since they are aware of HIV and also are aware of preventive measures. Contrary to this view Saba (1987) stated that secondary school students in Minna metropolis were not aware of the preventive measures of STDs including HIV/AIDS. If this is the case, then it shows that they do not have enough awareness and as such their attitude towards HIV/AIDS will definitely be negative.

Purpose of Study

The main purpose of the study is to determine Social Studies attitude towards HIV/AIDS. The specific objectives are to;

- 1 determine the attitude of Social Studies towards HIV/AIDS
- 2 find out the relationship between gender of Social Studies students and their attitude towards HIV/AIDS
- 3 find out the relationship between the age of Social Studies students and their attitude towards HIV/AIDS
- 4 determine the relationship between the school location of Social Studies students and their attitude to HIV/AIDS.

Research Questions

The following research questions guided the study:

- i. What is the attitude of Social Studies students towards HIV/AIDS?
- ii. What is the relationship between the gender of Social Studies students and their attitude towards HIV/AIDS?
- iii. What is the relationship between the age of Social Studies students and their attitude towards HIV/AIDS?
- iv. What is the relationship between the school location of Social Studies students, and their attitude towards HIV/AIDS?

Hypotheses

The following null hypotheses were tested in the study:

- H₀1: There is no significant relationship between the gender of Social Studies students and their attitude towards HIV/AIDS.
- H₀1: There is no significant relationship between the age of Social Studies students and their attitude towards HIV/AIDS.

H_0 : There is no significant relationship between the location of the school of Social Studies students and their attitude towards HIV/AIDS.

Methodology

This study is correlational in nature; therefore, ex-post facto research design was adopted. The population of the study was made up of 7,141 junior secondary school students from public secondary schools in Delta North Senatorial Districts. 362 students were sampled across the nine Local Government Areas of Delta North Senatorial District. Finally questionnaires made up of section A bio-data of the respondents and section B was designed to illicit information on the attitude of Social Studies students towards HIV/AIDS. Face and content validity were determined by the expert judgement senior Professors Department of Social Studies. Pearson Product-Moment Correlation Coefficient was used to establish the reliability coefficient of 0.75. Frequency, percentage and Pearson's chi-square were used to analyse the data. The hypotheses were tested at 0.05 level of significance.

Research Question 1: What is the attitude of Social Studies students towards HIV/AIDS?

Table 1: Attitude of Social Studies Students towards HIV/AIDS

S/N	Attitude	SA	A	D	SD	Total
1.	I am not bothered about HIV/AIDS.	160	50	50	88	341
2.	The knowledge of HIV/AIDS in school has made me careful.	211	79	25	26	341
3.	I do not believe HIV/AIDS is real, that is why I am not scared.	206	66	32	37	341
4.	HIV/AIDS is like any other disease so there is no big deal as far as I am concerned.	202	64	33	42	341
5.	HIV/AIDS is a deadly disease, that is why I practice abstinence.	182	92	35	32	341
6.	HIV/AIDS can be spread through contaminated blood, and sharp objects, that is why I am very careful.	237	71	16	17	341
7.	I make use of a condom, that is why I keep several sex partners.	190	69	38	44	341
8.	The fun I derive from sex makes me not to be scared.	192	71	37	41	341
9.	Times are hard, so I use what I have to get what I need by using my body.	208	62	24	47	341
10.	The financial gains I get from my sexual activities makes me not to worry about HIV/AIDS.	241	57	24	19	341

From Table 1, the data revealed that 241 (70.7%) of the respondents, representing the majority strongly agreed that the financial gains they make from sexual activities make them not to worry about HIV/AIDS. It can, therefore, be concluded that the majority of Social Studies students in Delta North Senatorial District show a negative attitude towards HIV/AIDS. On the other hand, 237 (69.5%) of the respondents strongly agreed that HIV/AIDS can be spread through sex, contaminated blood and sharp object. Moreover, 211 (61.9%) of the respondent strongly agreed that the knowledge of HIV/AIDS in schools has made them careful. It can, therefore, be deduced that a high percentage of Social Studies students of Delta North Senatorial District also show a positive attitude to HIV/AIDS

awareness. This positive attitude is as a result of the high level of awareness and the knowledge they got about the mode of HIV/AIDS transmission.

Research Question 2: What is the relationship between the gender of Social Studies students and their attitude towards HIV/AIDS?

Table 2: Relationship between Gender and Attitude towards HIV/AIDS

S/N	Attitude	Gender	SA	A	D	SD	Total
1.	I am not bothered about HIV/AIDS.	Male	73	23	16	34	146
		Female	87	27	27	54	195
		Total	160	50	43	88	341
2.	The knowledge of HIV/AIDS in school has made me careful.	Male	83	39	11	13	146
		Female	128	40	14	13	195
		Total	211	79	25	26	341
3.	I do not believe HIV/AIDS is real, that is why I am not scared.	Male	92	31	9	14	146
		Female	114	35	23	23	195
		Total	206	66	32	37	341
4.	HIV/AIDS is like any other disease so there is no big deal as far as I am concerned.	Male	91	21	16	18	146
		Female	111	43	17	24	195
		Total	202	64		42	341
5.	HIV/AIDS is a deadly disease, that is why I practice abstinence.	Male	81	41	13	11	146
		Female	101	51	22	21	195
		Total	182	92	35	32	341
6.	HIV/AIDS can be spread through contaminated blood, and sharp objects, that is why I am very careful.	Male	96	37	7	6	146
		Female	141	34	9	11	195
		Total	237	71	16	17	34
7.	I make use of a condom, that is why I keep several sex partners.	Male	78	31	15	22	146
		Female	122	38	23	22	195
		Total	190	69	38	44	341
8.	The fun I derive from sex makes me not to be scared.	Male	78	34	16	18	146
		Female	114	37	21	23	195
		Total	194	71	37	41	341
9.	Times are hard, so I use what I have to get what I need by using my body.	Male	91	27	8	20	146
		Female	117	35	16	27	195
		Total	208	62	24	47	341
10.	The financial gains I get from my sexual activities makes me not to worry about HIV/AIDS.	Male	108	25	10	3	146
		Female	13	32	24	16	195
		Total	241	57		19	341

From Table 2, the data established that 141 (41.3%) representing majority the female Social Studies students show a positive attitude towards HIV/AIDS. This revealed that the majority of female Social Studies students in Delta North Senatorial District have a positive attitude towards HIV/AIDS. On the other hand, though the male students show a negative attitude toward HIV/AIDS more than their female counterparts, established reveal that 133 (39.0%) of the female respondents are of the opinion that the financial gains they derive from sexual activities make them not to worry about HIV/AIDS.

Research Question 3: What is the relationship between the age of Social Studies students and their attitude towards HIV/AIDS?

Table 3: Relationship between Age and Attitude towards HIV/AIDS

S/N	Attitude	Age	SA	A	D	SD	Total
1.	I am not bothered about HIV/AIDS.	12 years below	49	20	20	47	136
		12 years above	111	30	23	41	205
		Total	160	50	43	88	341
2.	The knowledge of HIV/AIDS in school has made me careful.	12 years below	73	28	18	17	136
		12 years above	138	51	7	9	205
		Total	211	79	25	26	341
3.	I do not believe HIV/AIDS is real, that is why I am not scared.	12 years below	66	31	16	23	136
		12 years above	140	35	16	14	205
		Total	206	66	32	37	341
4.	HIV/AIDS is like any other disease so there is no big deal as far as I am concerned.	12 years below	68	26	14	28	136
		12 years above	134	38	19	14	205
		Total	202	64	33	42	341
5.	HIV/AIDS is a deadly disease, that is why I practice abstinence.	12 years below	56	40	17	23	136
		12 years above	126	52	18	9	205
		Total	182	92	35	32	341
6.	HIV/AIDS can be spread through contaminated blood, and sharp objects, that is why I am very careful.	12 years below	83	30	11	12	136
		12 years above	154	41	5	5	205
		Total	237	71	16	17	341
7.	I make use of a condom, that is why I keep several sex partners.	12 years below	68	30	15	23	136
		12 years above	122	39	23	21	205
		Total	190	69	38	44	341

8.	The fun I derive from sex makes me not to be scared.	12 years below	67	27	27	25	136
		12 years above	125	44	20	16	205
		Total	192	71	37	16	341
9.	Times are hard, so I use what I have to get what I need by using my body.	12 years below	78	20	10	28	136
		12 years above	130	42	14	19	205
		Total	08	62	24	47	341
10.	The financial gains I get from my sexual activities makes me not to worry about HIV/AIDS.	12 years below	92	24	10	10	136
		12 years above	149	33	14	9	205
		Total	241	57	24	19	341

From Table 3, the data established that majority i.e. 154 (45.2%) of the respondents that are above 12 years strongly agreed that HIV/AIDS can be spread through sex, contaminated blood and sharp objects which make them show a positive attitude toward HIV/AIDS. This indicated, therefore, Delta North Senatorial District Social Studies students who are twelve (12) years and above have a positive attitude towards HIV/AIDS. All the same, there are other groups that show a negative attitude towards HIV/AIDS. 140 (41.1%) respondents claim that they do not believe that HIV/AIDS is real and as such, they are not scared. Also, 149 (43.7%) respondents affirmed that their financial gains make them not to worry about HIV/AIDS.

Research Question 4: What is the relationship between the school location of Social Studies students and their attitude towards HIV/AIDS

Table 4: Relationship between School Location and Attitude towards HIV/AIDS

S/N	Attitude	Location	SA	A	D	SD	Total
1.	I am not bothered about HIV/AIDS.	Rural	77	6	9	30	122
		Urban	83	44	34	58	219
		Total	160	50	43	88	341
2.	The knowledge of HIV/AIDS in school has made me careful.	Rural	93	16	7	6	122
		Urban	118	63	18	20	219
		Total	211	79	25	26	341
3.	I do not believe HIV/AIDS is real, that is why I am not scared.	Rural	85	14	9	14	122
		Urban	121	52	23	23	219
		Total	206	66	32	37	341
4.	HIV/AIDS is like any other disease so there is no big deal as far as I am concerned.	Rural	83	14	9	16	122
		Urban	119	50	24	26	219
		Total	202	64	33	42	341
5.	HIV/AIDS is a deadly disease, that is why I practice abstinence.	Rural	73	29	10	10	122
		Urban	109	63	25	22	219
		Total	182	92	35	32	341
6.	HIV/AIDS can be spread through contaminated blood, and sharp objects, that is why I am very careful.	Rural	95	22	3	2	122
		Urban	142	49	13	15	219
		Total	237	71	16	17	341
7.	I make use of a condom, that is why I keep several sex partners.	Rural	86	15	11	10	122
		Urban	104	54	27	34	219
		Total	190	69	38	44	341
8.	The fun I derive from sex makes me not to be scared.	Rural	75	23	12	12	122
		Urban	117	48	25	29	219
		Total	192	71	37	41	341
9.	Times are hard, so I use what I have to get what I need by using my body.	Rural	87	16	7	12	122
		Urban	121	46	17	35	219
		Total	208	62	24	47	341
10.	The financial gains I get from my sexual activities makes me not to worry about HIV/AIDS.	Rural	91	18	5	8	122
		Urban	150	39	19	11	219
		Total	241	57	24	19	341

From Table 4, the data established that majority of the respondents 150 representing (44.0) strongly agreed that the financial gains from sexual activities make them not to worry about HIV/AIDS. It can, therefore, be concluded that Social Studies students schooling in urban areas of Delta North Senatorial District showed a negative attitude towards HIV/AIDS. On the other hand, 142 (41.6%)

respondents and 121 (35.5%) respondents strongly agreed that HIV/AIDS can be spread through sex, contaminated blood and sharp object that make them very carefully. Also, that HIV/AIDS has no cure makes them scared and very careful. This shows that this group in the urban area show a positive attitude towards HIV/AIDS.

Testing of Hypotheses

This section is dealt with the testing of the hypotheses on attitude of Social Studies students towards HIV/AIDS with regards to their gender, age and location.

Hypothesis 1: There is no significant relationship between the gender of Social Studies students their attitude towards HIV/AIDS.

Table 5: Relationship between Gender and Attitude towards HIV/AIDS

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	30.175 ^a	35	.700
Likelihood Ratio			.377
Linear by Linear Association			.547
No. of valid cases	341		

a. .39 cells (54.2%) have expected count less than 5. The minimum expected count is .43.

The null hypothesis of no significant relationship is therefore accepted. The reason is that the chi-square statistic of (30.175, df = 35) is less than the chi-square critical value of (49.802). Also, Asymp. Sig (2-sided) (P0.700) for Pearson Chi-square statistic greater than (0.05), which revealed that there is no significant relationship between Social Studies students gender and their attitude towards HIV/AIDS.

Hypothesis 2: There is no significant relationship between the age of Social Studies students and their attitude towards HIV/AIDS

Table 6: Relationship between Age and Attitude towards HIV/AIDS

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	54.336 ^a	35	.020
Likelihood Ratio	61.445	35	.004
Linear by Linear Association	22.256	1	.000
No. of valid cases	341		

a. .39 cells (59.7%) have expected count less than 5. The minimum expected count is .40.

The null hypothesis of no significant relationship is rejected. This is because the chi-square statistic of (54.336, df=35) is greater than the chi-square critical of 49.802). Also, Asymp. Sig (2-sided) (P=0.020) for Pearson chi-square statistic is less than (0.05), which shows that there is a significant relationship between the age of Social Studies students and their attitude towards HIV/AIDS.

Hypothesis 3: There is no significant relationship between the location of the school of Social Studies students and their attitude towards HIV/AIDS.

Table 7: Relationship between School Location and Attitude towards HIV/AIDS

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	67.002 ^a	35	.001
Likelihood Ratio	74.962	35	.000
Linear by Linear Association	7.863	1	.005
No. of valid cases	341		

a. .43 cells (59.7%) have expected count less than 5. The minimum expected count is .5.

The null hypothesis of no significance is rejected. The reason is that the chi-square statistic of (67.007, df= 35 is greater than the chi-square critical of (49.802). Also, Asymp. Sig (2-sided) (P=0.001 for Pearson. Chi-square statistic is less than (0.05), this revealed that

there is a significant relationship between the school location of Social Studies students and their attitude towards HIV/AIDS.

Discussions

The finding showed that the majority of Social Studies students in Delta North Senatorial District show a negative attitude towards the awareness of HIV/AIDS. This finding corroborates that of Marcus (2001) that students with all the knowledge they have about HIV/AIDS tend to worry more about becoming pregnant than getting infected with HI V/AIDS. This finding is in line with Kelly (1999) that youth in Zambia have a decline prevalence rate of HIV/AIDS. The decline was as a result of the information and education they had about HIV/AIDS that made them change their carefree attitude towards unsafe sexual practices.

This finding also revealed that the majority of female Social Studies students in Delta North Senatorial District have a positive attitude towards HIV/AIDS. This is in line with Ibeagha and Ibeagha's (2006) finding that male students show more carefree attitude towards HIV/AIDS than their female students. He was saying invariably that female students show a positive attitude toward HIV/AIDS. On the other hand, though the male students show a negative attitude toward HIV/AIDS more than the female counterparts, statistics reveal that 133 (39.0%) of the female respondents are of the opinion that the financial gains they derive from sexual activities make them not to worry about HIV/AIDS. Also, Olaseha and Alao's (1993) and Oloko and Omobeye's (1993) findings that financial problems faced by people are a contributing factor to the increase in sexual activities among students. Furthermore, the hypothesis established that there is no significant relationship between the gender of Social Studies students and their attitude towards HIV/AIDS. This is corroborated by Imhonde, et al. (2005) findings that gender-wise, there is scientifically no difference between male and female engagement in risky sexual activities in a university environment.

The study also established that Social Studies students in Delta North Senatorial District who are above twelve (12) years have a positive attitude towards HIV/AIDS. This finding is in agreement

with Kelly's (1999) that youth within the age brackets of 15-19 have a declining prevalence rate of HIV/AIDS. This implies that students above twelve years show a positive attitude towards HIV/AIDS. All the same, there are other groups that show a negative attitude towards HIV/AIDS. 140 (41.1%) respondents claim that they do not believe that HIV/AIDS is real and as such, they are not scared. Also, 149 (43.7%) respondents affirmed that their financial gains make them not to worry about HIV/AIDS. This corroborates Olaseha and Alao's (1993) and Oloko and Omoboye's (1993) findings that the economic problems faced by the people are a contributing factor to increase in sexual activities among students. This explains why these group of students display a negative attitude towards HIV/AIDS. A corresponding hypothesis revealed that there is a significant relationship between the age of Social Studies students and their attitude towards HIV/AIDS. This is supported by the finding of Ahmed, (2004) that Nigeria's overall national HIV/AIDS prevalence rate as at 2001 was officially placed at 5.4% but youth within the age of 20-24 showed a much higher prevalence rate of 4.2% to 9.7%. This means that school children are mostly infected.

The finding further revealed that Social Studies students in urban areas of Delta North Senatorial District showed a negative attitude towards HIV/AIDS. This is in line with the finding of Marcus (2001) that students have a negative attitude towards HIV/AIDS hence they still practice unsafe sex. On the other hand, 142 (41.6%) respondents and 121 (35.5%) respondents strongly agreed that HIV/AIDS can be spread through sex, contaminated blood and sharp object that make them very carefully. Also, that HIV/AIDS has no cure makes them scared and very careful. This shows that these group in the urban area show a positive attitude towards HIV/AIDS. This is in line with Kelly's (1999) finding that HIV/AIDS prevalence in Zambia fell from 28% to 15% among youths in urban areas. He explained that the prevalence fell as a result of higher education background. This education, therefore, has informed the people's attitude toward HIV/AIDS positively in urban centres. The corresponding hypothesis also revealed that there is a significant relationship between the school location of Social Studies students and their attitude towards HIV/AIDS. Ajala (2000) in his work opines

that secondary school students in Ibadan metropolis of Oyo state have increased knowledge of HIV/AIDS. Kelly (1999) explained that increased knowledge and education informed the people's positive attitude towards HIV/AIDS in urban centres.

Conclusion

The study established that majority of Social Studies students showed negative attitude towards HIV/AIDS, while others showed a positive attitude towards HIV/AIDS. This positive attitude was based on the students high level of awareness, hence they needed to be very careful. Furthermore, other students are not perturbed due the financial benefits they derive from sex. Finally, there are those students who still believe that HIV/AIDS is not real so they are not scared. This has resulted in their negative attitude towards HIV/AIDS.

Recommendations

Based on the findings from the study, it was recommended that curriculum planners should introduce sex, family life and HIV/AIDS education into the school curriculum. Also included is excursion to hospitals to have interactive sessions with HIV/AIDS patients and health personnel. Schools are to establish HIV/AIDS clubs and society where students will be trained on modes of transmission, preventive methods as well as positive attitude towards HIV/AIDS. Government should launch intensive campaign on the danger of HIV/AIDS on youths through jingles, drama, seminars in towns and villages. Parents must inculcate chastity and moral value in their children. This will help to reduce the level of moral decadence among students.

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