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THE DEGREE OF AWARENESS OF HIV/AIDS AMONG THE NIGERIAN HEARING IMPAIRED STUDENTS: IMPLICATIONS FOR COUNSELLING PRACTICE

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Abstract

The study was carried out to investigate the depth of knowledge on HIV/AIDS among the hearing impaired students. The sample of the study was one hundred and three randomly selected hearing impaired students of the Federal College of Education (Special), Oyo, Oyo State, Nigeria. An instrument tagged "Questionnaire on knowledge of HIV/AIDS Pandemic (QKHP)" designed by the researcher was used to gather data. Three research questions and four research hypotheses were formulated to guide the study. Frequency counts and percentages were used for the analysis of the questions while chi-square statistics was employed to test the hypotheses. Findings showed that the degree of the awareness level on HIV/AIDS among the participants was generally moderate. Further analysis, however, revealed that significant differences existed between male and female students when basic knowledge about HIV/AIDS, mode of transmission and prevention of HIV/AIDS were jointly and separately tested. The implications of these findings on counselling practice was discussed.

Introduction

Mankind has been contending with diverse health problems since the time of Adam. The greatest of this health problem manifested two decade ago and it was nick-named HIV/AIDS. Within the short pace of its discovery, Ojedokun (2004) remarks that it is among the top ten disease killers in the world wide and would soonest move to the top five at the rate at which it spreads across the nations. Ekoja (2006) describes the disease as the single most serious long term threat to survival, threatening to plunge the country into a multi-faceted development crisis. The disease, according to Factsheet on HIV/AIDS (2001), tops the list of the cause of death of people between the ages of 15 and 49 in some areas. Apart from these, the disease has no respect for the abilities and disabilities inherent in an individual.

HIV is an acronym for Human Immunodeficiency Virus. The onset of HIV in an individual commences when the HIV virus enters the body of an individual via sexual intercourse (vaginal, oral, and anal), blood transfusion, contaminated instruments like syringe. The infected person remains asymptomatic for diverse periods of time. Omoteso (2004) submits that HIV stays in the body for between eight and twenty years. This is possible because an infected person is naturally endowed with anti-bodies which are capable of defending the body against virus or micro-organisms infections. HIV, however, attacks the immune system to the point where the immune system would be incapable of defending the body against infections. Specifically, the virus destroys special cells of the body such as lymphocytes and monocycles. The continuous destruction of cells makes the infected person susceptible to other opportunistic diseases like chronic diarrhea, prolonged fever/malaria, tuberculosis, skin diseases etc. At this point the HIV virus has metamorphosed into full blown AIDS which is an acronym for Acquired Immune Deficiency Syndrome.

The first AIDS care in Nigeria was officially reported in 1986. The victim was a 13 year old Ghanaian prostitute who paid visit to Nigeria from Cote Divoire. Since the discovery of this fact, quite a number of survey studies have been carried out to determine the prevalent level of HIV/AIDS pandemic in Nigeria. Findings from diverse studies indicate that:

- * there is an exponential increase in the rate at which people get infected from 1.8% in 1992 to 3.8% in 1994 to 4.5% in 1996 to 5.49 in 1999 and 5.8% in 2001 (FMOH, 2001).
- * there are established 5.5 million people with HIV/AIDS in Nigeria today. Benue and Cross River States are mostly affected with over 15% of adult aged 15-49 years infected. Lagos and Ebonyi States have 6.7% and 11.1% respectively. (Otti, 2003).
- * an estimated number of 3.47 million people infected with HIV with zero prevalence rate of 5.8 percent (Folayan and Falobi, 2003).
- * the prevalence level of HIV among the pregnant women in urban centres has decreased from 29.5% in 1992 to 11.25% in 2000 (Odumusu, 2000).

The astronomical rate, at which Nigerians are infected with HIV/AIDS, as evident from above survey studies, has been attributed to a number of reasons. Ignorance and poor perception about HIV/AIDS have been penciled down by Odu (2003); Obioha, (2004); Busari and Danesy (2004); Ekoja, 2005). Consequently, quite a number of studies have been carried out on the AIDS related knowledge

and perception of people on HIV/AIDS. For instance, in a study which investigated the HIV/AIDS related opinions, knowledge and behaviour change of 300 first year students in three Nigeria Universities, Uwakwe (1999) found out that there was no statistical significant difference between the knowledge and the opinions of the students sampled across the universities. Similarly, Odu (2003) examined the knowledge of, attitude to and perception of HIV/AIDS of 231 (118 males and 113 females) married and unmarried people in Ekiti State, Nigeria. The finding indicates that no significant difference exist in the knowledge, attitude and perception of the respondents.

In another study which aimed at determining the HIV/AIDS awareness among 322 (158 males and 164 females) secondary school students in Ogun State conducted by Okubanjo (2001) it was found that significant differences exist between HIV/AIDS awareness scores of male and female students ($t = 2.51$; $df = 320$, $P > 0.05$), students from literate and illiterate homes ($t = 8.24$; $df = 320$, $P > 0.05$) and students from rural and urban areas ($t = 8.72$; $df = 320$, $P > 0.05$).

It is evident from the above studies that HIV/AIDS pandemic is not a figment of imagination but a reality. However, it is glaring from the review of relevant literature that available survey studies are silent on the number of hearing impaired students that have been infected by HIV/AIDS just as studies on their knowledge and perception have not been adequately addressed. Onyewadume, Amusa and Dhaliwal (2001) in Mukhopadhyaya and Abosi (2004) observe that most studies focused on able-bodied people and excluded individuals with disabilities insinuating that they have problems with their body and as such sexually inactive. This argument was earlier confirmed by Bassin (1998) and Sugar (1990) when they observe that there is this most common myth that persons with disabilities are asexual and as a result does not require sexuality education. The truth of the matter however, is that evidences from the review of literature indicate that the hearing impaired are sexually active, hence they are susceptible to HIV/AIDS. Consequently, Shonibare and Familusi (1993) concur that since AIDS is a social issue the intervention techniques demand multi-sectoral involvement. Hence, there is a need to strongly examine the level of awareness of HIV/AIDS in diverse human groups, most especially, the disabled group.

In specific terms, Ademokoya and Oyewumi (2001) contend that if the hearing impaired adolescents are not adequately informed they would end up making nonsense of whatever precautions the informed hearing adolescents take because of their reckless sexual adventure. Premised on this assertion, this paper aimed at

determining the depth of the knowledge of hearing impaired students on HIV/AIDS focusing on basic information, transmission mode and prevention of the diseases. It is hoped that such knowledge would motivate logical safe sex behavior (Odu, 2003).

Research Questions

1. What is the general knowledge level of hearing impaired students on basic information about HIV/AIDS?
2. What is the knowledge level of hearing impaired students on mode of transmission of HIV/AIDS?
3. What is the knowledge level of hearing impaired students on precautionary measures against HIV infection?

Research Hypotheses

1. There is no significant difference in the general awareness level (basic knowledge, mode of transmission and prevention) about HIV/AIDS between male and female hearing impaired students.
2. There is no significant difference in the basic knowledge of HIV/AIDS between male and female hearing impaired students.
3. There is no significant difference in the knowledge of mode of transmitting HIV/AIDS between male and female hearing impaired students.
4. There is no significant difference in the knowledge of methods of preventing HIV/AIDS between male and female hearing impaired students.

Methodology

Design

This study adopted descriptive survey research pattern because it sought information on the level of knowledge of HIV/AIDS among the hearing impaired students.

Sample

The target population of this study comprised all the 172 hearing impaired students who registered for 2006/2007 session at the Federal College of Education (Special), Oyo. Sample for the study, however, consists of 103 hearing impaired students randomly selected from all the levels. The breakdown of the participants

shows 22 (PRE-NCE); 16 (100L); 35 (200L) and 30 (300L). They consisted of six-eighty males and thirty-five females. Their age ranged from 17 -30 years with a mean age of 20.

Measures

A structured questionnaire tagged "Questionnaire on knowledge of HIV/AIDS Pandemic (QKHP)" designed by the researcher was used to gather data. Section A of the instrument elicited personal information of the respondents such as sex, age, level/class, marital status among others. Section B which is divided into three parts contained fifteen items on general knowledge about HIV/AIDS, seven items on mode of transmission and ten items on precaution against HIV/AIDS. The respondents are to indicate their agreement or disagreement with each of the items. Responses were coded for analysis in such a way that 1 is awarded for agreement and 0 for disagreement. The scores of each subscale were added to get a total score. The highest score obtainable is 32 while the lowest score obtainable is 0. However, the higher the score the better the level of knowledge level of the respondent. The grading of each of the items was done in such a way that frequency count of agreement with the item between 70% -100% was graded higher level of knowledge, 50% - 69% was graded moderate level of knowledge and 49% - 00% was graded low level of knowledge. The content validation of the instrument was carried out with the assistance of experts in psychometrics. The test-retest reliability co-efficient yielded 0.88.

Procedure for Data Collection

Copies of the instrument were administered personally by the researcher and were collected on the same day.

Data Analysis

On the whole, data on the research questions were analyzed using frequency counts and percentage while chi-square statistic was used to analyze the data generated for the research hypotheses.

Results

Table I: Percentage of Responses to Basic Knowledge about HIV/AIDS

| S/N | Items | Agree % | Disagree | Remark |
|-----|--|------------|------------|----------|
| 1. | There is a disease called HIV/AIDS ⁶⁵ (63.11) | 38 (36.89) | Moderate | |
| 2. | HIV/AIDS is one of the sexually transmitted diseases | 67 (65.05) | 36(34.95) | Moderate |
| 3. | HIV is caused by a virus | 67 (65.05) | 36 (34.95) | Moderate |
| 4. | HIV means Human Immunodeficiency Virus while AIDS is Acquired Immune Deficiency syndrome | 76(73.79) | 27(26.21) | High |
| 5. | HIV leads to AIDS | 77(74.76) | 26(25.24) | High |
| 6. | HIV can be prevented | 70(67.96) | 33(32.04) | Moderate |
| 7. | HIV/AIDS patients are in Nigeria | 71(68.93) | 32(31.07) | Moderate |
| 8. | HIV/AIDS cannot be detected through facial appearance | 59(57.28) | 44(42.72) | Moderate |
| 9. | I know where I can be tested for HIV/AIDS | 78(75.73) | 25(24.27) | High |
| 10. | Anti-retroviral drugs are used to manage HIV/AIDS | 54(52.45) | 49(47.57) | Moderate |
| 11. | A healthy looking person may be having HIV | 75(72.82) | 28(27.18) | High |
| 12. | Persons with disabilities can also contract HIV/AIDS | 63(61.17) | 40(38.83) | Moderate |
| 13. | AIDS is the advanced stage of HIV infection | 64(62.14) | 39(37.86) | Moderate |
| 14. | There are two types of HIV Infection – HIV 1 & 2 | 66(64.68) | 37(35.92) | Moderate |
| 15. | HIV/AIDS has no medical cure | 62(60.19) | 41(39.81) | Moderate |

Data analysis in table I shows that the participants basic knowledge about HIV/AIDS oscillates between high and moderate degrees. While items 4, 5, 9, & 11 recorded higher level of awareness, items 1, 2, 3, 6, 7, 8, 10, 12, 13, 14 & 15 recorded moderate level of awareness. However, item 9 (location of testing for HIV/AIDS) tops the list of higher level of awareness while item 10 (drugs for HIV/AIDS) was the least item under moderate level of awareness.

Table II: Percentage of Responses to Knowledge about HIV/AIDS Mode of Transmission

| SN | ITEMS | Agree | Disagree | Remark |
|----|--|----------------|----------------|----------|
| 1. | HIV is mostly contacted through sexual intercourse (vaginal, oral, anal sex) | 66 (64.08) | 37 (35.92) | Moderate |
| 2. | Untreated sexually transmitted diseases increase the chance of HIV infection | 65 (63.11) | 38 (36.89) | Moderate |
| 3. | HIV infected pregnant woman can transmit HIV to the fetus (unborn child) | 62 (60.19) | 41 (39.81) | Moderate |
| 4. | HIV can be contacted through the use of contaminated instrument like razor blade, syringes and needles. | 70 (67.96) | 33 (32.04) | Moderate |
| 5. | HIV cannot be contacted through shaking of hands, casual kissing, eating/drinking together with infected persons, hugging, sharing toilets or swimming pools, mosquito bites | 59 (57.28) | 44 (44.72) | Moderate |
| 6. | Blood transfusion with contaminated blood is the most efficient way of transmitting HIV | 77 (74.76) | 26 (25.24) | High |
| 7. | Use of drugs like cocaine, marijuana can increase chances of contacting HIV | 45 (43.69) | 58 (56.31) | Low |

Result of the analysis in table II indicates that the participants' knowledge of mode of transmitting HIV/AIDS was moderate in all the items except items 6 & 7 which recorded high and low degrees level of knowledge respectively.

Table I: Percentage of Responses to Precautions against HIV/AIDS

| S/N | Items | Agree | Disagree | Remark |
|-----|---|----------------|----------------|----------|
| 1. | Using condom correctly and consistently during sexual intercourse | 79 (76.70) | 24 (23.30) | High |
| 2. | Reducing number of sexual partners | 76 (73.79) | 27 (26.21) | High |
| 3. | Abstaining from the use of drugs like cocaine, marijuana alcohol. | 49 (47.57) | 54 (52.43) | Low |
| 4. | Prompt treatment of other sexually transmitted diseases such as gonorrhoea, syphilis. | 59 (57.28) | 44 (44.72) | Moderate |
| 5. | Having sexual intercourse with uninfected partner | 58 (56.31) | 45 (43.69) | Moderate |
| 6. | Abstaining from sexual intercourse | 62 (60.19) | 31 (39.81) | High |
| 7. | Avoiding sharing razor blades or clippers that are contaminated with blood | 62 (60.19) | 31 (39.81) | High |
| 8. | Ensuring that blood transfusion is HIV/AIDS free | 56 (54.37) | 47 (45.63) | Moderate |
| 9. | Avoiding HIV/AIDS contaminated needles and syringes. | 74 (71.84) | 29 (28.16) | High |
| 10 | Obtaining adequate information about HIV/AIDS | 79 (76.70) | 24 (23.30) | High |

It is evident from table III that the participants' knowledge of precautionary measures against HIV/AIDS recorded higher grades for six out of the ten items. Three of the items recorded moderate grades while only item 3 recorded low grade.

Table IV: Gender difference in the awareness level of HIV/AIDS among the hearing impaired students.

| Item | Gender | Agree | | Disagree | | Total | X ² cal | X ² Crit | DF | P | Decision |
|--------------------------|--------|-------|---------|----------|--------|-------|--------------------|---------------------|----|------|----------|
| | | Obs. | Exp. | Obs. | Exp. | | | | | | |
| HIV/AIDS Awareness Level | Male | 1482 | 1403.57 | 694 | 772.43 | 2176 | 40.12 | 3.84 | 1 | 0.05 | S |
| | Female | 644 | 739.42 | 476 | 397.57 | 1120 | | | | | |
| Total | | 2126 | | 1170 | | 3296 | | | | | |

It is observed from table IV that the calculated chi-square of 40.12 is greater than chi-square critical of 3.84 at 0.05 alpha level. As such the null hypothesis is rejected.

There is therefore, significant difference in the general awareness level about HIV/AIDS between male and female hearing impaired students.

Table V: Gender difference in the basic knowledge of HIV/AIDS among hearing impaired students.

| Item | Gender | Agree | | Disagree | | Total | X ² cal | X ² Crit | DF | P | Decision |
|--------------------------|--------|-------|--------|----------|--------|-------|--------------------|---------------------|----|------|----------|
| | | Obs. | Exp. | Obs. | Exp. | | | | | | |
| Basic knowledge HIV/AIDS | Male | 717 | 678.53 | 310 | 348.87 | 1027 | 27.06 | 3.84 | 1 | 0.05 | S |
| | Female | 315 | 353.47 | 220 | 181.53 | 535 | | | | | |
| Total | | 1032 | | 530 | | 1562 | | | | | |

The chi-square critical of 3.84 is lesser than the chi-square calculated of 27.06. Hence, the null hypothesis which states that there is no significant difference in the basic knowledge of HIV/AIDS between male and female hearing impaired students is rejected.

Table VI: Gender difference in the knowledge of HIV/AIDS mode of transmission among hearing impaired students.

| Item | Gender | Agree | | Disagree | | Total | X ² cal | X ² Crit | DF | P | Decision |
|--------------------------------|--------|-------|--------|----------|--------|-------|--------------------|---------------------|----|------|----------|
| | | Obs. | Exp. | Obs. | Exp. | | | | | | |
| Knowledge of mode transmission | Male | 306 | 292.32 | 170 | 183.68 | 476 | 4.85 | 3.84 | 1 | 0.05 | S |
| | Female | 138 | 151.68 | 109 | 95.32 | 247 | | | | | |
| Total | | 444 | | 279 | | 723 | | | | | |

Analysis from table VI reveals that the chi-square calculated of 4.85 is greater than chi-square critical of 3.84. Hence, the null hypothesis is rejected.

Table VII: Gender difference in the knowledge of prevention of HIV/AIDS among hearing impaired students.

| Item | Gender | Agree | | Disagree | | Total | X ² cal | X ² Crit | DF | P | Decision |
|----------------------------------|--------|-------|--------|----------|--------|-------|--------------------|---------------------|----|------|----------|
| | | Obs. | Exp. | Obs. | Exp. | | | | | | |
| Knowledge of HIV/AIDS Prevention | Male | 469 | 442.33 | 211 | 237.67 | 680 | 13.53 | 3.84 | 1 | 0.05 | S |
| | Female | 201 | 227.67 | 149 | 122.33 | 350 | | | | | |
| Total | | 670 | | 360 | | 1030 | | | | | |

Table VII shows that male and female hearing impaired significantly differs in their knowledge of methods of preventing HIV/AIDS. This is because of the difference in the calculated chi-square (13.53) and chi-square critical (3.84). Hence, the null hypothesis is rejected.

Discussion

The results of the analysis of the three research questions have revealed that the hearing impaired students used for this study are not novices on HIV/AIDS related matters. This is because out of the 32 items posed to them, 11 recorded high level remark, 19 moderate and only 2 got low level remarks. These results were not unexpected because of certain factors. First, the rate at which government and non-government agencies educate the citizens on HIV/AIDS through print and electronic media would definitely increase the level of awareness among the hearing impaired students. Second, the institution where this study was carried out has HIV/AIDS centre with trained personnel to meet HIV/AIDS related needs of the students and staff.

It is, however, interesting to note that the only two areas where the participants recorded low level grades has to do with the effects of hard drugs on the spread of HIV/AIDS. The participants failed to understand that the intake of drugs like cocaine, alcohol and marijuana could make an individual misbehave sexually and therefore engage in unprotected sexual relationship. Generally, however, the findings of the three research questions show that the participants have limited knowledge of HIV/AIDS. This confirms reports of Odu (2003) and Busari and Danesy (2004) that most young people have only limited knowledge of HIV/AIDS in Nigeria. The finding, however, contracts a study conducted in Bostwana by Mukkhopadhyia and Abosi (2004) who found that the level of awareness of HIV/AIDS was high among students with and without hearing impairment.

The data analysis of the four research hypotheses indicate that significant differences existed between male and female hearing impaired students when basic knowledge about HIV/AIDS, mode of transmission and prevention of HIV/AIDS were jointly (hypothesis 1) and separately (hypotheses 2, 3, & 4) tested. These findings support Okubanjo (2001) who found significant difference between male and female awareness scores. Significant differences existed on gender basis according to her probably because:

(a) males are less bothered about consequences of premarital sex because the females are at the receiving end in terms of dropping out of school, getting pregnant, abortion, etc

(b) males generally preferred to do it naturally rather than protect themselves via the use of condom which reduces sexual pleasure.

Implications for Counselling Practce

The National Policy on Education (1998) recognizes the appointment of school counsellors in institutions of learning because of their immeasurable contributions to academic endeavour. Counsellors duties include provision of information to prospective clients. Such information would not exclude knowledge of HIV/AIDS. Since the outcome of this study indicates limited knowledge of HIV/AIDS, it implies that counsellors are expected to obtain and disseminate adequate information on HIV/AIDS to the students. Consequently, it is suggested that counsellors should provide HIV/AIDS information through the organization of lectures and symposiums on HIV/AIDS. In addition, awareness of and prevention information on HIV/AIDS should be made available on bill board and posters. Handbills on HIV/AIDS should be obtained from relevant agencies for the purpose of free distribution to clients.

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