

Non – Regular Education and Intervention on HIV/AIDS Awareness and Educational Training Strategies in Nigeria: Implications for Counselling

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Abstract

This study attempted to investigate the contributions of Non-Regular Educational programmes in the form of open, part time and distance learning in Nigeria to awareness, reduction and training strategies of HIV/AIDS. The study was a descriptive research of the survey type. The sample consisted of 351 males and 437 females from 3 institutions - The Federal Polytechnic, Ado Ekiti (232 males and females) National Open University, Ondo (72 males and females) and University of Ado Ekiti (484 males and females). A questionnaire solicited information from undergraduates on items on their levels of knowledge, opinion and attitude towards HIV/AIDS and educational training strategies of their institutions. Three (3) research questions and two (2) hypotheses were raised and tested. Results revealed that many of the undergraduates were aware of both the virus, HIV and the disease, AIDS. The Institutions put up inadequate strategies into teaching-learning towards awareness and reduction of HIV/AIDS. Health facilities, especially towards HIV/AIDS testing are very inadequate. The findings were discussed and recommendations given towards improvement in awareness, reduction of HIV/AIDS epidemic and educational training strategies in non – regular educational institutions in Nigeria.

Introduction

The first case of AIDS (Acquired Immune Deficiencies Syndrome) in Nigeria was registered in 1986. The epidemic has continued to increase since then. The sero – prevalence sentinel survey revealed that the level of its prevalence in Nigeria in 1991 was 1.8%. In 2001 and 2003 its prevalence percentages were 5.8% and 5% respectively (National Action Committee on AIDS, NACA, 2005). Earlier on, studies have revealed people with HIV positive status in Nigeria in various dimensions (Ademuwagun, 1990; Achalu & Okogie, 1995; Federal ministry of Health, 1994, Uwakwe 2001) Ugwuegbulam, (2001), Ugwuegbulam, (2001) reported an epidemiological data that suggested that an estimated 500,000 people have contracted HIV since 1990. A lot of factors, including denial on the part of the Nigerian Government and the general populace might have led to its continued increase in the few years after its discovery. However, the establishment of democratic rule in the country in 1999 brought a change in the general attitude of the government and populace towards the epidemic. It is a known fact that the government of the Federal

Republic of Nigeria recognizes HIV/AIDS as major public health problems (National Policy on HIV/AIDS/STIS control, 2000). Thus, the general attitude of the government and the populace changed from denial to the acceptance of the problem and a focus from health sector – led response to multi – sectoral response. The Federal Government of Nigeria then instituted the Presidential AIDS council and the National Action Committee on AIDS (NACA) in 2001 to monitor all actions towards the control and cure of the epidemic. This monitoring committee was inaugurated at the state and local government levels. Consequently, HIV/AIDS Emergency Action Plan (HEAP) was put in place from 2001 – 2003 to check the epidemic. The plan, which attracted resources from within and outside the country, focused on

- (a) Prevention and care
- (b) support
- (c) removal of social /cultural informational and barriers to community – based responses.

In addition, in 2001, the federal government convened an African summit on HIV/AIDS and other diseases like malaria and tuberculosis. In the same year, the United Nations established the Global Fund to fight HIV/AIDS, malaria and tuberculosis. Since then, there has been response to HIV/AIDS by the governments at the federal, state and local levels, private sector, civil society organizations and Non-governmental organizations.

So far, the key stakeholders and implementing partners in HIV/AIDS response in Nigeria include the following: youth organizations, Faith-Based organizations Civil Society Network of HIV/AIDS in Nigeria (CISNHAN) which is made up of civil society organizations and Network of HIV/AIDS in Nigeria (CiSNHAN), which is made up of civil society organizations and Network of people living with HIV and AIDS in Nigeria (NEPWHAN). The federal and state governments, development partners like the United Nations and International Non-Governmental Organizations (INGOS), Nigeria AIDS Research Network, the private sector and the media / Arts form the stakeholders group in Nigeria.

A lot of care, treatment and support have followed the African summit of heads of state in 2001. After the summit, the Nigerian government renewed her commitment at a very high level. Coupled with the active involvement of people living with AIDS (PLWA), the government initiated an anti-retroviral (AVR) programme in 25 centers that targeted 10,000 adults and children (Society for Family Health, 2005). Also, Anti-Retroviral Therapy centers have been established in some missionary, general / specialist and private hospitals across the country. The increased mobilization and availability of resources in supporting expanded and comprehensive treatment and care have strengthened people living with AIDS (PLWA) and orphans and vulnerable children (OVC). Observations generally show that civil society organizations and faith – based organizations have provided community- based care and

psychosocial support activities that have targeted PLWA and OVC (Society for Family Health, 2005). In addition, a lot of area support has been provided in this area.

In spite of the fact that Anti-Retroviral Therapy guidelines have been developed and fairly disseminated with some capacity built among programme implementers (HIV/AIDS National strategies Framework For Action (2005 – 2009 p. 11) and the increased mobilization and availability of resources that have supported expanded and comprehensive treatment, care and support interventions (HIV/AIDS National strategic Framework For Action (2005 – 2009, p.10), there seems to be not enough treatment centers in tertiary institutions in the country. Also, it seems that the training strategies in the tertiary institutions have not taken into much consideration the inclusion in the curriculum, health, sex education and general enlightenment on HIV/AIDS. The incidence of having just a course or part of a course on health and sex / marital education in the curriculum where only mention is made of HIV/AIDS is not enough for the Nigerian Adolescents / undergraduates. HIV/AIDS should be made a compulsory part of all educational programmes in Nigeria. Awareness of HIV/AIDS should be the mainstay of the intervention. This must be incorporated into school curricula by all governments (Obuekwe, Diejomah & Dongaonkar, 2002). In addition, it seems enough awareness on HIV/AIDS has not been created on campuses in Nigeria.

Two of the key findings of Society for Family Health (2005) were that the young people, especially women below the age of 24 years, were among the most vulnerable groups with HIV prevalence rate of 6%. Secondly, that there is limited access to voluntary counselling and testing (VCT), particularly among young people.

Having as high as 6% rate of prevalence of HIV among young people could be due to lack of awareness on the part of the young ones about the incidence of HIV virus and AIDS disease. Also, it could be due to lack of health and sex education in the curriculum of general education of the young ones. Other factors could be lack of health counselling on HIV/AIDS and non availability of voluntary counselling testing or general testing in clinics in institutions of learning, especially on admission into colleges and universities and general open campaigns and enlightenment programmes, lectures and seminars. These factors seem to be important because they could inform the high rate of incidence of HIV among young people, which invariably, covers undergraduates in polytechnic, colleges and universities.

This study, therefore, was an attempt to examine recent developments in HIV/AIDS intervention. It was also an attempt to investigate the level of awareness of undergraduates of HIV/AIDS and ways through which non – regular education in Nigeria has contributed to awareness of HIV/AIDS. In addition, it examined educational training strategies put in place in institutions towards the creation of awareness and reduction of HIV/AIDS among undergraduates running part-time and sandwich education in Nigeria. Finally, it sought to

investigate if there was any difference in the level of awareness of HIV/AIDS among female and male undergraduates of non-regular part-time and sandwich educational programmes in Nigeria.

Research Questions

1. What is the level of awareness of undergraduates in Non-Regular Educational programmes in Nigeria on HIV/AIDS?
2. In what ways have the Non – Regular Educational Programmes in Nigeria contributed to the awareness on HIV/AIDS?
3. What educational training strategies have been put in place in the Non – regular educational programmes in Nigeria towards awareness and reduction of HIV/AIDS among undergraduates?

Hypotheses

1. There are no significant difference in levels of awareness of HIV/AIDS between male and female undergraduates of Non-Regular Educational programmes in Nigeria.
2. There is no significant difference in the educational training strategies put in place by institutions towards awareness and reduction of HIV/AIDS in Non-Regular Educational programmes in Nigeria.

Research Method

The research design was a descriptive design of the survey type. The population was all the undergraduates of the part time and sandwich programmes of the Federal Polytechnic, Ado Ekiti, National Open University, Ondo, and University of Ado Ekiti, Nigeria. These three institutions were purposively selected from Ondo and Ekiti states in South West Nigeria.

The sample of 778 undergraduates consisted of 351 males and 437 females. The total of 237 ((29.44%), 484 (61.42) and 72 (9.14%) were selected through simple random sampling technique from the Federal Polytechnic, University of Ado Ekiti and the National Open University respectively.

The research instrument was a questionnaire designed by the researchers. It had two sections A & B. section A sought information on bio – data of the sample while section B sought information on agreement / disagreement by ticking “Yes” or “No” against items on awareness, knowledge, opinion and attitude towards HIV/AIDS (Items I-II) and educational training strategies on HIV/AIDS on campuses (items 12-27). The instrument was validated for face and content validities and administered on them on the various campuses.

The responses were analysed using frequency counts and percentages, t-test and chi-square statistics.

The study was delimited to awareness, knowledge, opinion and attitude towards HIV/AIDS and educational training strategies on HIV/AIDS on campuses undergoing non-regular (part – time /week – end) educational programmes in the South West Nigeria. South West Nigeria comprises of Ekiti State, Lagos State, Ogun State, Ondo State, Osun State and Oyo State. However, Ekiti and Ondo states were randomly selected for the study. Three (3) study centers - University of Ado Ekiti part time studies center, The Federal Polytechnic Part Time studies center and The National Open University, Adeyemi College of Education Study center, Ondo were randomly selected out of about ten (10) part time study centers in South Western Nigeria.

Two of the institutions (The Federal Polytechnic, Ado Ekiti and the National Open University, Ondo) are owned and funded completely by the Federal Government of Nigeria the third, the University of Ado Ekiti, is owned and funded by Ekiti State government.

Results

Question 1

What is the level of awareness of undergraduates of Non-Regular Educational programmes in Nigeria on HIV/AIDS?

Table 1: Level of Awareness of Undergraduates of Non-Regular Educational Programmes on HIV/AIDS

| S/N | ITEM | Yes | | No | |
|-----|--|-----|------|-----|------|
| | | f | % | f | % |
| 1 | Have you ever heard of HIV or the disease called AIDS? | 717 | 91.0 | 71 | 9.0 |
| 2 | Do you know anyone who is infected with HIV or who has died of AIDS? | 369 | 46.8 | 419 | 53.2 |
| 3 | Do you have a close relative or friend who is infected with HIV or has died of AIDS? | 159 | 20.2 | 629 | 79.8 |
| 4 | Can people protect themselves from HIV, the virus that causes AIDS by using a condom every time they have sex? | 711 | 90.2 | 77 | 9.8 |
| 5 | Can people protect themselves from HIV by avoiding anal sex? | 681 | 86.4 | 107 | 13.6 |
| 6 | Can a person get HIV from mosquito bites? | 169 | 21.4 | 619 | 78.6 |
| 7 | Can people protect themselves from HIV by having one uninfected faithful partner? | 706 | 89.6 | 82 | 10.4 |
| 8 | Can people protect themselves from HIV by abstaining from sexual intercourse? | 665 | 84.4 | 123 | 15.6 |
| 9 | Can a person get HIV by sharing a meal with | 143 | 18.1 | 645 | 81.9 |

| | | | | | |
|----|--|-----|------|----|------|
| | someone who is infected? | | | | |
| 10 | Can a person get HIV by getting injections with a needle that had been used already by someone else? | 693 | 87.9 | 95 | 12.1 |
| 11 | Do you think that a healthy-looking person can be infected with HIV, that is the virus that causes AIDS? | 733 | 93.0 | 55 | 7.0 |

Results on table 1 shows that the majority of the undergraduates (91.0%) have knowledge of the disease called AIDS, many do not have close relatives or friends who have been infected with it or have died because of HIV/AIDS (53.2% and 79.8% respectively). Majority also know that they can be protected with the use of condoms and avoidance of anal sex (86.4%) and sexual intercourse (84.4%), having one uninfected faithful partner (89.6%). Majority also have the awareness that a person cannot be infected through mosquito bites (78.6%) and the sharing of a meal with an infected individual (81.9%). Very many know that a person can get HIV virus by getting injections with needles that had been previously used by others (87.9%) and that a healthy looking person might have been infected with the virus HIV that causes AIDS(93.0%).

Question 2

In what ways have the Non- Regular Education programmes in Nigeria contributed to the awareness on HIV/AIDS?

Table 2: Contributions of Non – Regular Educational Programmes to the awareness on HIV/AIDS

| S/N | ITEM | Yes | | No | |
|-----|---|-----|------|-----|------|
| | | F | % | f | % |
| 12 | The curricula of the programmes have general education/counselling for students. | 724 | 91.9 | 64 | 8.1 |
| 13 | The curricula touch on counselling on HIV/AIDS. | 701 | 89.0 | 87 | 11.0 |
| 14 | Open campaigns on the risk of HIV are normally carried out on the campus. | 674 | 85.5 | 114 | 14.5 |
| 15 | Public enlightenment / seminars on HIV/AIDS are usual programmes on the campus. | 686 | 87.1 | 102 | 12.9 |
| 16 | Health and sex education form part of the curricula. | 679 | 86.2 | 109 | 13.8 |
| 17 | There is HIV/AIDS based general course for all undergraduates. | 654 | 83.0 | 134 | 17.0 |
| 18 | Posters, bill-board, hand-bills and stickers on the risks involved in HIV/AIDS are placed at strategic locations and are helping undergraduates | 673 | 85.4 | 115 | 14.6 |
| 19 | Campus clinics have facilities for HIV testing. | 278 | 35.3 | 510 | 64.7 |
| 20 | There is easy access to testing on HIV/AIDS on campus. | 205 | 26.0 | 583 | 74.0 |

| | | | | | |
|----|---|-----|------|-----|------|
| 21 | Testing on HIV/AIDS is part of the process of registration. | 246 | 31.2 | 542 | 74.0 |
| 22 | There is access to voluntary testing and counselling in the College/University/Polytechnic clinic. | 583 | 74.0 | 205 | 26.0 |
| 23 | Authority encourages undergraduates to tell/counsel friends on the risks of HIV/AIDS. | 708 | 89.8 | 80 | 10.2 |
| 24 | Lecturers do give counselling on HIV/AIDS. | 679 | 86.2 | 109 | 13.8 |
| 25 | Information boots are strategically located on campus. | 648 | 82.2 | 140 | 17.8 |
| 26 | There are behaviour change materials/posters on health and HIV/AIDS at hotspots, junction departmental offices, faculty offices and common rooms on the campus. | 683 | 86.7 | 105 | 13.3 |
| 27 | The media arts and entertainment industry play significant roles in the creation of awareness and reduction of HIV/AIDS on the campus. | 722 | 91.6 | 66 | 8.4 |

Analysis on table 2 reveals that the curriculum of each of the programmes has general counselling on HIV/AIDS, healthy and sex education. There are open campaigns, public enlightenment and display of posters, bill-boards, information boots and stickers on HIV/AIDS behaviour change materials at strategic locations on the campuses to educate and create awareness. Results of the analysis also showed that campuses did not have easy access to facilities for testing and counselling on HIV/AIDS. Majority of the students revealed the important role of the media, arts and entertainment industry in the creation of awareness on HIV/AIDS.

Question 3

What educational training strategies have been put in place in Non-Regular Educational programmes in Nigeria towards awareness and reduction of HIV/AIDS among undergraduates?

Table 3: training strategies towards awareness and reduction of HIV/AIDS by Non – Regular Educational Programmes

| S/N | ITEM | Yes | | No | |
|-----|--|-----|------|-----|------|
| | | f | % | F | % |
| 12 | The curricula of the programmes have general education/counselling for students. | 724 | 91.9 | 64 | 8.1 |
| 13 | The curricula touch on counselling on HIV/AIDS. | 701 | 89.0 | 87 | 11.0 |
| 15 | Public enlightenment / seminars on HIV/AIDS are usual programmes on the campus. | 686 | 87.1 | 102 | 12.9 |
| 16 | Health and sex education form part of the curriculum. | 679 | 86.2 | 109 | 13.8 |
| 17 | There is HIV/AIDS based general course for all undergraduates. | 654 | 83.0 | 134 | 17.0 |

| | | | | | |
|----|--|-----|------|----|------|
| 23 | Authority encourages undergraduates to tell/counsel friend on the risks of HIV/AIDS. | 708 | 89.8 | 80 | 10.2 |
|----|--|-----|------|----|------|

The analysis on table 3 shows that all the educational institutions used for the study have made significant efforts in providing training strategies towards awareness and reduction of HIV/AIDS on their campuses.

Hypothesis Testing

Hypothesis 1

There is no significant difference in the levels of awareness of HIV/AIDS of male and female undergraduates of Non – regular educational programmes in Nigeria.

In analysing this hypothesis, mean scores of male and female undergraduates were compared using t-test statistics at 0.05 level of significance. The results of the analysis are as presented in table 4.

Table 4: t-test showing the levels of awareness of HIV/AIDS of male and female undergraduates of Non-Regular Educational Programmes.

| Group | N | X | SD | df | t-cal | t-table |
|--------|-----|-------|------|-----|-------|---------|
| Male | 351 | 18.13 | 1.36 | 786 | 3.059 | 1.960 |
| Female | 437 | 18.43 | 1.33 | | | |

P < 0.05

The result on table 4 is significant since t-cal (3.059 is greater than t-table (1.960) at 0.05 level. Therefore, there is a difference in the level of awareness of male and female undergraduates with the females having a greater level of awareness (18.42) than males (18.13).

Hypothesis 2

There is no significant difference in the educational training strategies put in place towards awareness and reduction of HIV/AIDS in Non – Regular Educational Programmes in Nigeria.

In analysing this hypothesis, responses on training strategies towards awareness and reduction of HIV/AIDS in the institutions were compared using percentages and chi-square (χ^2) statistics. The analysis is as presented on table 5.

Table 5: Training Strategies towards awareness and reduction of HIV/AIDS by Institutions

| S/N | ITEM | FED POLY | | UNAD | | NOUN | | X ² cal |
|-----|---|----------|------|------|-----|-------|------|--------------------|
| | | Yes | No | Yes | No | Yes | No | |
| | | % | % | % | % | % | % | |
| 12 | The curricula of the programmes have general education / counselling for students. | 83.5 | 16.5 | 97.5 | 2.5 | 81.9 | 18.1 | 52.315 |
| 13 | The curricula touch on counselling on HIV/AIDS. | 74.0 | 26.0 | 97.3 | 2.7 | 81.9 | 18.1 | 91.364 |
| 15 | Public enlightenment / seminars on HIV/AIDS are usual programmes on the campus. | 72.3 | 27.7 | 97.1 | 2.9 | 68.1 | 31.9 | 111.937 |
| 16 | Health and sex education form part of the curricula. | 68.8 | 31.2 | 96.7 | 3.3 | 72.2 | 27.8 | 115.755 |
| 17 | There is HIV/AIDS based general course for all undergraduates. | 65.4 | 34.6 | 95.0 | 5.0 | 59.7 | 40.3 | 128.882 |
| 23 | Authority encourages undergraduates to tell/counsel friends on the risks of HIV/AIDS. | 84.8 | 15.2 | 96.5 | 3.5 | 62.5 | 37.5 | 89.641 |
| 24 | Lecturers do give counselling on HIV/AIDS. | 72.7 | 27.3 | 96.5 | 3.5 | 61.12 | 38.9 | 116.953 |

df = 2, X² table = 3.00

chi square calculated on all items - 52.315, 91.364, 111.937, 115.755, 128.882, 89.641, 116.953 were greater than X² table (3.00) at 0.05 level of significance. There was therefore a significant difference in the training strategies on the awareness and reduction of HIV/AIDS on the different campus.

Discussion

The study revealed that many undergraduates on the Non- Regular Educational Programmes were aware of HIV/AIDS. They knew and had friends and relatives who had been infected by HIV/AIDS. Many of the undergraduates also had the idea that people could be protected from HIV with the use of condom, especially, by avoiding anal and sexual intercourse. The increase in the awareness and reduction of HIV/AIDS could have been due to the increase mobilization and availability of resources in supporting expanded and comprehensive treatment and care. Campaigns put up by Civil Society Organizations and

faith – based organizations have really enlightened the public, including the subjects of the study similar to the observation by Society for Family Health (2005). The findings are in support of Society for Family Health (2005), that young people especially, women below 24 years are among the venerable groups with HIV/AIDS.

The study also revealed that they were aware that persons could be infected through the use of already used needles. It appears that enlightenment campaign, posters, stickers, hand bills and so on strategically placed on the campuses have positively impacted the undergraduates. This supports the views of Obuekwe, Diejomah & Dongaonkar (2002). Findings also showed that Non-Regular institutions of learning have designed educational strategies and curricula that encouraged awareness and reduction of HIV/AIDS on their campuses. This is probably responsible for the reduction in the epidemic as against its widespread after its first discovery in Nigeria. In addition, this negates the reported increase in the 90s, 2001 and 2003 by the National Action Committee on AIDS (NACA), (2005).

The general level of awareness and reduction in HIV/AIDS prevalence in Nigeria, which is now lower than 5% is likely due to change of attitude of the government and the populace.

Conclusion

Based on the findings of this study, it could be concluded that undergraduates on the campuses of the Non-Regular Educational Programmes were very much aware of HIV/AIDS and they had friends and relatives who have been infected with HIV/AIDS.

They had the idea that people can be protected from HIV/AIDS by avoiding sexual intercourse with unprotected individuals.

People could be infected with HIV/AIDS though needles already used by infected people.

A lot of campaigns, enlightenment and promotion have been done on the campuses.

Clinics and health facilities on the campuses running open learning and non-regular educational programmes were very inadequate, especially as regards testing and management of HIV/AIDS.

The curricula of the study programmes have incorporated health and sex education into learning.

Lecturers on the programmes gave counselling on HIV/AIDS randomly. Authorities of the Non-Regular Educational Programmes did not have facilities for HIV/AIDS as part of the requirements for admission.

Implications for counselling

There is the need for the provision of counselling centers and appointment of qualified counsellors in institution to help in creating awareness and prevention through counselling. Expansion of the content of counselling training programmes to equipped trainees with recent theories and techniques that will make them participate and function affectively in the war against the spread of HIV/AIDS in institutions is highly necessary.

The curricula of the educational programmes should include more courses on health education and guidance and counselling, for example, concept of HIV/AIDS, causes and mode of spread of HIV/AIDS, effects and prevention of HIV/AIDS and counselling for HIV/AIDS patients.

Recommendations

Based on the findings of the study it is recommended that: since awareness of HIV/AIDS among the undergraduates was not total, more enlightenment campaigns, seminars, behaviour change programmes, and healthful living seminars/lectures should be carried out on the campuses. This will create total awareness on the deadly virus and disease, HIV/AIDS.

Fully-equipped clinics or hospitals with necessary and relevant human and material resources should be established on the campuses. To curb and manage HIV/AIDS on campuses, testing and certificate on status on prospective students should be part of the admission requirements.

The Federal Government of Nigeria, institution authorities and lecturers on the programmes should be more concerned about reducing the hazards HIV/AIDS may cause to health of undergraduates on the campuses.

The present training strategies adopted by institutions seem to be inadequate. The institution authorities and the curricular of study should incorporate more theoretical and practical ways of sensitization, awareness and reduction of HIV/AIDS into teaching and learning in the various academic programmes.

REFERENCES

Family Health International (FHI) (2000). Behavioural Surveillance Surveys : Guidance for repeated behavioural surveys in populations at risk of HIV. USA: Depart for International Development (DFID)

- Family Health International (FHI)** (2003). *Evaluating programmes for HIV/AIDS Prevention and care in developing countries. A handbook by Program managers and decision makers.* USAID
- Federal Ministry of Health** (1994,2001). *HIV/AIDS Emergency Action Plan.* Abuja: Federal Ministry of Health.
- Federal Republic Nigeria** (2000). *National Policy on HIV/AIDS/STICS control.* Abuja: Federal Ministry of Health.
- National Action Committee on AIDS, Nigeria** (2005) *National HIV/AIDS Response Review: 2001 – 2004.* Abuja: National Action Committee on AIDS
- Obuekwe, F.I., Diejomah, M.F.E. & Dongaonkar, D.** (2002). *Trends in HIV/AIDS Care, support and prevention strategies.* Benin City: Mindex Publishing.
- Ogbumi, R.I & Eneku, U** (2002). High Risk Behaviours among inmates in Benin City, Nigeria: A focus for HIV/AIDS control. *Trends in HIV/AIDS care, support, and prevention strategies.* Benin City: Mindex publishing.
- Society For Family Health** (2005). *HIV/AIDS National Strategic Framework for Action 2005 – 2009 Nigeria:* Society for family health.
- Ugwuegbulam, C.N.** (2001). *HIV/AIDS Guidance services (A Gender sensitive Approach)* Owerri: Joe Mankpa Publishers.