



**KNOWLEDGE AND ATTITUDES OF YOUNG ADULT (AGED 18-30YEARS) TOWARDS  
HIV/AIDS PREVENTION IN OPOLO COMMUNITY, YENAGOA LOCAL  
GOVERNMENT AREA OF BAYELSA STATE**

**Fente A.E.\*<sup>1</sup>, Aduema W.<sup>1</sup> and Bunu,M.E<sup>1</sup>**

Department of Human Physiology, Bayelsa Medical University, Yenagoa, Bayelsa State, Nigeria.

**\*Corresponding Author: Fente A.E.**

Department of Human Physiology, Bayelsa Medical University, Yenagoa, Bayelsa State, Nigeria.

Article Received on 12/07/2023

Article Revised on 06/08/2023

Article Accepted on 27/08/2023

**ABSTRACT**

This research study is focused on the knowledge and attitudes of young adults (age 18-30years) towards HIV/AIDS prevention in Opolo community, yenagoa local Government Area of Bayelsa State. HIV/AIDS has been a major threat to human health and a major problem in Nigeria and Africa at large with young adults being placed as an “at risk group” due to their high vulnerability. A self-structured questionnaire was constructed to draw a sample size of one hundred and thirty three respondents adopting simple random sampling technique. The findings of the study revealed that majority of the respondents only had a clue on the sexual modes of transmission of HIV/AIDS but had little knowledge on the other modes of transmission of the disease, and the attitude of young adults towards HIV/AIDS prevention is poor as was observed from data analysed, and that risky sexual behaviour among young adults was high. In conclusion Man’s attitude and behavior is influenced by his perception, and may affect his health in one way or the other. This may further affect his beliefs and practices as well as his sexual behaviors and habits.

**KEYWORDS:** Opolo community, young adults, Bayelsa, questionnaire, HIV/AIDS.

**INTRODUCTION**

It was personally observed upon an extended duration of time that young adults (mostly between the ages of 18 and 30 years) are not fully aware about HIV/AIDS and how it can be prevented and even those who are a little bit enlightened do not actually have a positive attitude towards practicing the preventable measures towards the disease and infections which has been considered to be very deadly and communicable.<sup>[1]</sup> Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is a disease of the human immune system caused by infection with human immunodeficiency virus (HIV).<sup>[2]</sup> HIV/AIDS which is considered to be a pandemic was first discovered in 1981. Since its discovery, AIDS has caused nearly 30million death (as of 2009), and as of 2010 approximately 34 million people have contacted HIV globally, at the end of 2015, 36.7 million people were living with HIV, as of June 2016, 18.2million people are living with HIV/AIDS.<sup>[3,4]</sup> According to<sup>[5]</sup> as seen in<sup>[6]</sup>, about 6 young people are infected with HIV every minute worldwide, resulting in 8500 new infections every day. More than 10 million adolescents are HIV positive and will develop AIDS during the next 3 to 15 years. In 2014, approximately 1.2 million people were living with HIV in the United States, resulting in about

17,500 deaths. The centre for disease control and prevention estimated that in 2014, 20% of infected Americans were unaware of their infection. There are so many misconceptions about HIV/AIDS transmission. The poor knowledge of HIV/AIDS transmission among adults has a unique contributing factors to the wide spread of the infection.<sup>[7]</sup>

A substantial minority of young people continue to engage in high risk practices despite knowing about HIV/AIDS, understanding their own risk of becoming infected with HIV. Moreover, it is important to remind us of the fact that “AIDS has no cure”.

**MATERIALS AND METHODS**

**Research Design**

The research design that was used for this study was a descriptive approach to enable the researcher find out and asses the level of knowledge and attitude of young adults between the ages of 18 and 30 years towards the practices of HIV/AIDS prevention in Opolo Community, Yenagoa Local Government Area of Bayelsa State.

**Research Setting**

The study was carried out in Opolo Community in Yenagoa Local Government Area of Bayelsa State. It is

an Epie-speaking community of the Epie/Atissa Kingdom. The community is made up of five (5) compounds and is being ruled by the paramount ruler and his council of chiefs. The community is accessible by road as it is in the capital city of Yenagoa. It is located along Melford Okilo express way, entering from Mbiama and also has a junction that links it to the government house is located. The community has it neighboring communities to be satisfactory due to the presence of basic amenities and other social infrastructure. The community has a primary school, secondary school, market, modern auditorium, primary health care centre, as well as cottage hospital. The people of Opolo community are peace-loving and kind hearted.

### Target Population

The target population of this study was focused on both male and female residents of Opolo community that falls between the ages of 18 and 30 years, despite their ethnicities.

### Sampling Technique

The sampling technique to be used in this study is simple random sampling techniques which will involve the use of 200 participants within the age of 18 and 30 years in Opolo community, Yenagoa local Government area, Bayelsa state.

### Sample Size

Owing to the total population of members of Opolo community within the ages of 18 and 30 years, a simple random sampling technique was used to select 133 participants that will take part in this study. Taro Yamane formula will be used to get a minimum sample size of 133 respondent.

Thus, by Taro Yamane formula

$$n = \frac{N}{1 + N (e^2)}$$

Where N = Sample size

N = Target population

E = Acceptance error = 0.05

Applying the formula,

$$n = \frac{N}{1 + N (e^2)}$$

Where n = ?

N = 200

e = 0.05

$$= \frac{200}{1 + 200 (0.05^2)}$$

$$= \frac{200}{1 + 200 (0.0025)}$$

$$= \frac{200}{1 + 0.5}$$

$$= \frac{200}{1.5}$$

$$= 133.3$$

$$= 133$$

Therefore, the minimum sample size is 133 participants.

### Instrument for Data Collection

A questionnaire on the knowledge and attitude of young adults towards the prevention of HIV/AIDS was used for data collection. The questionnaire was developed by the researcher and selected respondents will be enrolled to participate in the research study. The questionnaire is divided into four (4) sections; section A, B, C and D.

**Section A:** comprises of the bio data or demographic data of the respondents which includes; age, sex, religion, marital status, occupation and educational level of the respondents.

**Section B:** will be on the knowledge on HIV/AIDS prevention.

**Section C:** is on attitude towards HIV/AIDS prevention.

**Section D:** This is on factors affecting the practice of HIV/AIDS prevention.

Section B, C and D will be developed based on the set objectives. YES and NO, STRONGLY AGREE, AGREE, UNDECIDED, DISAGREE AND AGREE will also be included in the questionnaire.

### Validity/Reliability of Instrument

The researcher will construct the research instrument, and it was examined and pretested by the research supervisor for comment and corrections and all corrections will be effected in the research instrument before administration.

### Method of Data Collection

Data for the research study was collected using the questionnaire method. A total of 133 questionnaires was developed for the 133 selected respondents. The questionnaire will cover two sections, the demographic data and questions to assess the level of knowledge and the attitude of respondents towards the practices of HIV/AIDS prevention.

### Method of Data Analysis

Data was analyzed from the questionnaire that was completed by the respondents and descriptive statistics such as tables, frequencies and percentages was used.

### Ethical Consideration

Before questionnaires were administered, respondents were fully oriented on the study. Also, they will be informed that participation is voluntary and that the study will be purely for academic purpose. They will also be assured of their confidentiality. Furthermore, a letter will be taken from the school which will be presented to the community development committee

(CDC) chairman of the community seeking permission to carry out the study.

## RESULTS

The collation and analysis of the data generated from the respondents through the questionnaire. However, a total of 133 questionnaires were distributed to the respondents. Meanwhile, the researcher was unable to retrieve one (1) copy of the questionnaire. Thus, one hundred and thirty-two copies were collated and used for data analysis.

### SECTION A: DEMOGRAPHIC DATA OF RESPONDENTS

**Table 4.1 Age distribution of respondents.**

Age	Frequency	Percentage (%)
18-20	49	37.2%
21-23	35	26.6%
24-27	24	18.1%
27-30	24	18.1%
TOTAL	132	100%

#### Source: 2018 Data

The table above shows that 49(37.2%) of the respondents are within the age bracket of 18- 20 years, 35(26.6%) are within the age of 21-23years, 24(18.1%) are within ages 24-27, and 24(18.1%) are within ages 27-30 years.

**Table 4.2 Sex distribution of respondents.**

Sex	Frequency	Percentages (%)
Male	67	50.8
Female	65	49.2
TOTAL	132	100%

The table above shows that 67(50.8%) of the respondents are males while 65(49.2%) of respondents are females.

**Table 4.3 Marital status of respondents.**

Marital Status	Frequency (F)	Percentage (%)
Single	90	68.2%
Married	27	20.5%
Divorced	0	0%
Others (dating)	15	11.3%
TOTAL	132	100%

The table above shows that 90(68.2%) of the respondents are single, 27(20.5%) of the respondents are married, none of the respondents are divorced, and 15(11.3%) of the respondents are dating.

**Table 4.4 Educational level of the respondents.**

Educational level	Frequency (F)	Percentage (%)
Primary	9	6.8%
Secondary	59	44.7%
Tertiary	64	48.5%
TOTAL	132	100%

The table above shows that 9(6.8%) of the respondents have completed their primary level of education yet to

complete their secondary education, 59(44.7%) of respondents have completed their secondary school education while 64(48.5%) of respondents have completed their tertiary education.

### SECTION B: KNOWLEDGE OF HIV/AIDS PREVENTION

**Table 4.5 Distribution of respondents who have heard of HIV/AIDS.**

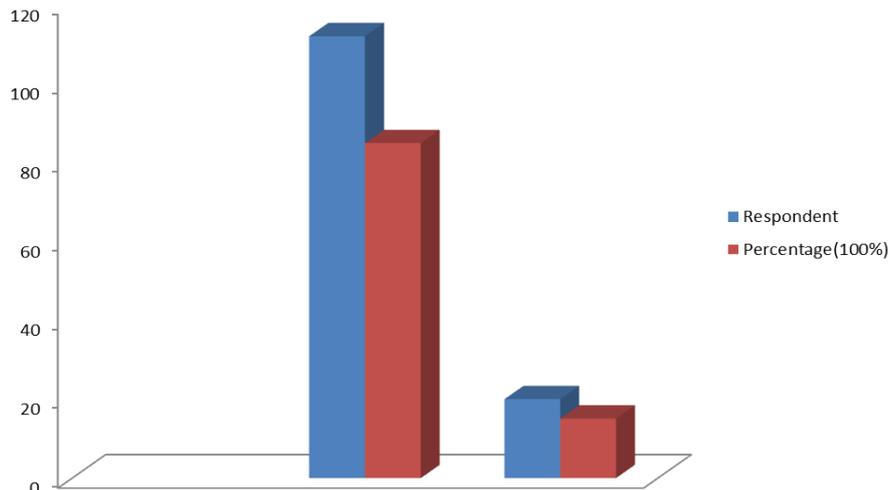
Response	Frequency (f)	Percentage (%)
YES	132	100%
NO	0	0%
TOTAL	132	100%

The table above shows that 132(100%) of respondents have heard of HIV/AIDS.

**Table 4.6 How did you hear of HIV/AIDS.**

Response	Frequency (f)	Percentage (%)
Friends	21	16
Media	26	19.7
School	55	41.7
Hospital	27	20
Others	3	2.2
TOTAL	132	100%

The table above shows that 21(16%) of the respondents heard about HIV/AIDS through friends, 26(19.7%) through media, 55(41.7%) in school, 27(20.4%) in the hospital, and 3(2.2%) through other means.



**Figure 4.1 Representation Showing The Percentage of Respondents Who Know The Full Meaning of Hiv/Aids And Does Who Does Not Know The Meaning In A Bar Chart.**

**Table 4.7: Distribution to show of respondents view if HIV/AIDS is preventable or not IS HIV/AIDS preventable?**

Response	Frequency (F)	Percentage (%)
YES	118	89.4
NO	14	10.6
TOTAL	132	100%

The table above shows that 118(89.4%) of the respondents said HIV/AIDS can be prevented while 14(10.6%) said it cannot be prevented.

**Table 4.8: Can the consistent use of condoms prevent HIV?**

Response	Frequency (f)	Percentage (%)
YES	78	59.9
NO	54	40.10
TOTAL	132	100%

The above table shows that 78(59.9%) of the respondents said that condoms can prevent HIV/AIDS, while 54(40.10%) said it cannot.

**Table 4.9: Distribution to show level of knowledge of respondents on modes of transmission of HIV/AIDS.**

RESPONSE	YES	NO	TOTAL
Through unprotected sexual intercourse	130(98.5%)	2(1.5%)	132(100)
Through transfusion of unscreened blood	126(95.5%)	6(4.5%)	132(100%)
Sharing of sharp objects such as razor blades, clippers, needles, pins etc.	123(93.1%)	9(6.9%)	132(100%)
From an infected mother to child during breastfeeding	88(66.7%)	44(33.3%)	132(100%)
Having multiple sexual partners	103(78.1%)	29(21.9%)	132(100%)
Through sharing of clothes, cups and using the same bathroom with HIV infected people	27(20.5%)	105(79.5%)	132(100%)
Through mosquito bites	17(12.9%)	115(87.1%)	132(100%)
Through kissing, hugging and handshakes	114(86.3%)	18(13.7%)	132(100%)

The table above shows that 130(98.5%) of the respondents said that Hiv can be transmitted through having unprotected sexual intercourse, 2(1.5%) of the respondents said that it cannot be transmitted through unprotected sexual intercourse, 126(95.5%) of the respondents said that HIV can be transmitted through transfusion of unscreened blood while 6(4.5%) of the respondents have a contrary view, 123(93.1%) of respondents said that HIV can be transmitted through sharing of sharp objects while 9(6.9%) of the respondents did not agree to the fact that HIV can be transmitted through sharing of sharp of objects, 88(66.7%) of respondents said that HIV can be transmitted from an infected mother to child during breastfeeding while 44(33.3%) of respondents have a

contrary view, 103(78.1%) of respondents said that HIV can be transmitted through multiple sexual partners while 29(21.9%) did not agree to this, 27(20.5%) of respondents said that HIV can be transmitted through sharing of clothes, cups and using the same bathroom with HIV infected people while 105(79.5%) had a contrary opinion, 17(12.9%) of respondents said that HIV can be transmitted through mosquito bites while 115(87.1%) said that HIV cannot be transmitted through mosquito bites, 114(86.3%) of respondents said that HIV can be contracted through kissing, hugging and handshakes while 18(13.7%) of the respondents said that HIV cannot be transmitted through kissing, hugging and handshakes.

**Table 4.10: Distribution of respondent's knowledge on their HIV status****Do you know your HIV status?**

Response	Frequency (f)	Percentage (%)
YES	65	49.3%
NO	67	50.7%
TOTAL	132	100%

The table above shows that 65(49.3%) of the respondents know their HIV status while 67(50.7%) of respondents do not know their HIV status.

**Table 4.11: Distribution to show the number of respondents who are willing to carry out HIV screening test.**

Response	Frequency (f)	Percentage (%)
YES	83	62.9%
NO	49	37.1%
TOTAL	132	100%

The table above shows that 83(62.9%) of respondents said that they are willing to do HIV test while 49(37.1%) of respondents are not willing to do a BIV test.

### SECTION C: ATTITUDE TOWARDS HIV/AIDS PREVENTION

**Table 4.12: Distribution to show respondents number of sexual partners****How many sexual partners do you have?**

Response	Frequency (f)	Percentage (%)
None	34	25.7%
1	58	43.9%
2	20	15.2%
3 and above	20	15.2%
TOTAL	132	100%

The table above shows that 34(25.7%) of respondents said that they do not have sexual partners, 58(43.9%) said they have one sexual partner, 20(15.2%) said they have two sexual partners while 20(15.2%) of respondents said they have three or more sexual partners.

**Table 4.13: Distribution to show the number of respondents who patronize commercial sex workers****Do you patronize commercial sex workers?**

Response	Frequency (f)	Percentage (%)
YES	23	17.5%
NO	109	82.5%
TOTAL	132	100%

**Table 4.17: Distribution to show respondents knowledge on the prevention of HIV HIV can be prevented by?**

	SA	A	U	D	SD	TOTAL
Avoid sharing of sharp objects with others	96(72.8%)	29(21.9%)	5(3.8%)	2(1.5%)	0	132(100%)
Use of condoms consistently	28(21.2%)	49(37.1%)	21(15.9%)	22(16.8%)	12(9.0%)	132(100%)
Abstaining from sexual intercourse	51(38.7%)	26(19.7%)	16(12.1%)	28(21.2%)	11(8.3%)	132(100%)
Being faithful to a single	56(42.4%)	28(21.2%)	22(16.8%)	13(9.8%)	13(9.8%)	132(100%)

The table above shows that 23(17.5%) of respondents admitted to be patronizing commercial sex workers, 109(82.5%) of the respondents said they do not patronize commercial sex workers.

**Table 4.14: Distribution to show to respondent's use of condoms****How often do you use condoms?**

Response	Frequency (f)	Percentage (%)
Always	34	25.8%
Occasionally	49	37.1%
Never	49	37.1%
TOTAL	132	100%

The table above shows that 34(25.8%) of the respondents said that they use condoms always, 49(37.1%) of respondents said they use condoms occasionally and 49(37.1%) said they have never used condom.

**Table 4.15: Distribution to show respondents knowledge on the HIV status of their partner****What is the HIV status of your partner?**

Response	Frequency (f)	Percentage (%)
Positive	4	3.0%
Negative	63	47.8%
Not sure if partner has tested	65	49.2%
TOTAL	132	100%

The table above shows that 4(3.0%) of respondents said the HIV status of their partners is positive, 63(47.8%) said the HIV status of their partner is negative, while 65(49.2%) of respondents said they are not sure if their partner has tested.

**Table 4.16: Distribution to show respondents knowledge on sharing of sharp objects****Do you share sharp objects?**

Response	Frequency (f)	Percentage (%)
YES	55	41.7%
NO	77	58.3%
TOTAL	132	100%

The table above shows that 55(41.7%) of respondents said they share sharp objects with others while 77(58.3%) of respondents said they share sharp objects with others.

partner						
Avoid transfusion of unscreened blood	95(71.9%)	23(17.5%)	12(9.0%)	1(0.8%)	1(0.8%)	132(100%)
Prevention of HIV/AIDS can help in prevention of other diseases	45(34.0%)	37(28.0%)	19(14.4%)	16(12.2%)	15(11.4%)	132(100%)

The above shows that 96(72.8%) of the respondents said strongly agree to the fact that HIV can be prevented by avoiding sharing of sharp objects with others, 29(21.9%) said agree, 5(3.8%) said undecided, 2(1.5%) disagree. 28(21.2%) of the respondents said strongly agree to the use of condoms consistently in the prevention of HIV, 49(37.1%) said they agree, 21(15.9%) are undecided, 22(16.8%) disagree while 12(9.0%) strongly disagree. 51(38.7%) of the respondents said strongly agree by the abstaining from sexual intercourse can help in the prevention of HIV/AIDS, 26(19.7%) said agree, 16(12.1%) are undecided, 28(21.2%) disagree, 11(8.3%) strongly disagree. 56(42.4%) of the respondents said strongly agree by being faithful to a single partner can prevent HIV, 28(21.2%) agreed, 22(16.8%) are undecided, 13(9.8%) disagree while 9.8% strongly disagree. 95(71.9%) of the respondents said strongly agree to the fact that HIV can be prevented by avoiding transfusion of unscreened blood, 23(17.5%) agreed, 12(9.0%) are undecided, 1(0.8%) disagree, 1(0.8%) strongly disagree. 45(34.0%) of the respondents said strongly agree to the fact that preventing HIV/AIDS can help in prevention of other diseases, 37(28.0%) agreed, 19(14.4%) are undecided, 16(12.2%) disagree while 15(11.4%) strongly disagree.

#### SECTION D

**Table 4.18: Distribution to show the factors that can affect the practice of HIV/AIDS prevention**

**Lack of adequate knowledge.**

Response	Frequency (f)	Percentage (%)
YES	118	89.4%
NO	14	10.6%
TOTAL	132	100%

The table above shows that 118(89.4%) of respondents said lack of adequate knowledge can affect the practice of HIV/AIDS prevention while 14(10.6%) said it cannot affect.

**Table 4.19: Age and peer influence**

Response	Frequency (f)	Percentage (%)
YES	67	50.8%
NO	65	49.2%
TOTAL	132	100%

The table above shows that 67(50.8%) of respondents said age and peer influence can affect the practice of HIV/AIDS prevention while 65(49.2%) said it cannot affect.

**Table 4.20: Economic factors (poverty).**

Response	Frequency (f)	Percentage (%)
YES	87	65.9%
NO	45	34.1%
TOTAL	132	100%

The table above shows that 87(65.9%) of respondents said economic factors can affect the practice of HIV/AIDS prevention while 45(34.1%) said it cannot affect.

**Table 4.21: Culture and economic factors.**

Response	Frequency (F)	Percentage (%)
YES	93	70.5%
NO	39	29.5%
TOTAL	132	100%

The table above shows that 93(70.5%) of the respondents said culture and traditional practices can affect the practice of HIV/AIDS prevention while 39(29.5%) said it cannot affect.

#### DISCUSSION

This study was conducted to assess the knowledge and attitude of young adults (between 18-30 years) towards HIV/AIDS prevention in Opolo Community, Yenagoa local Government Area of BAYELSA State. The study adopted a non-experimental design where a descriptive approach was used to discuss and analyze data by preventing them in frequency and percentages. Self-structured questionnaires were distributed to 133 respondents by adopting a simple random sampling technique. However, one (1) copy was not retrieved. Hence, 132 copies of the questionnaire were collected and used for data analysis. The study found out that young adult in Opolo Community lack adequate knowledge about the modes of transmission of HIV/AIDS and its preventive measures, and also have poor attitude towards HIV/AIDS prevention.

When asked to elicit the level of knowledge of young adults in Opolo Community towards the prevention of HIV/AIDS. We discovered that all the respondents have heard of HIV/AIDS, however, results from figure 4.1 shows that 112(84.9%) of the respondents could fully state the complete meaning of HIV/AIDS while 20(15.1%) were unable to give the Complete meaning of HIV/AIDS. The findings also shows that 118(89.4%) of the respondents believed that HIV/AIDS is preventable, as seen in table 4.7. Table 4.9 also shows that 130(98.5%) of the respondents admitted that HIV can be transmitted through having unprotected sexual intercourse, 126(95.5%) of respondents claimed that HIV/AIDS can be transmitted through transfusion of unscreened blood, 123(93.1%) of respondents said that

HIV can be contracted through sharing of sharp objects, 88(66.7%) of respondents said that HIV can be transmitted from an infected mother to her child during breastfeeding, 103(78.1%) of respondents claimed that HIV can be contracted through having multiple sexual partners.

However, few misconceptions were observed as 27(20.5%) of respondents believed that HIV can be contracted through sharing of clothes, cups and using the same bathroom with HIV-infected people and 18(13.7%) of respondents believed that HIV can be transmitted through kissing, hugging and handshakes with HIV-infected people. Our findings shows that majority of the respondents have a clue on the sexual mode of transmission of HIV/AIDS, though they have little knowledge on the other modes of transmission of the disease. This is in consonance with<sup>[8]</sup> who in their study in a sub-urban community in south Western Nigeria revealed that majority of the people were aware of the existence of HIV/AIDS, though there were lack of knowledge on the modes of transmission.

This sought to determine the attitude of young adults in Opolo Community towards HIV/AIDS prevention. The results from table 4.17 revealed that the attitude of respondents towards HIV/AIDS is on the positive scale, because majority of the respondents strongly agreed to the different modes of transmission of HIV/AIDS. However, table 4.10 revealed that only 65(49.3%) of the respondents know their HIV status while 67(50.7%) of the respondents do not know HIV status. Also, table 4.12 revealed that over 20(15.2%) of the respondents have either two or more sexual partners. Table 4.14 showed that only 34(25.5%) claimed to be using condoms consistently, 49(37.1%) of respondents use condoms inconsistently while 49(37.1%) of respondents do not use condom at all. In respects to these, though the respondent's response to the different modes of transmission from table 4.14 seems to be positive, it can be clearly stated that the respondents do not effectively practice HIV/AIDS prevention. This is in accordance with<sup>[9]</sup> who in their study posited that the attitude of youths towards HIV/AIDS prevention is poor, after carrying out a Study to assess the level of knowledge and attitude of youths towards HIV/AIDS in Calabar.

Furthermore, this research questions sought to also identify the factors affecting the practice of HIV/AIDS prevention among young adults in Opolo Community. In the findings, from the data analyzed, as seen in table 4.18, 4.19, 4.20 and 4.21 shows that 118(89.4%) of respondents identify that lack of adequate knowledge is one of the factors that affect the effective practice of HIV/AIDS prevention, 67(50.8%) of respondents also identified age and peer influence as a factor, 87(65.9%) of respondents said economic factor (poverty) as one of the factors while 93(70.5%) of respondents outlined culture and traditional practices as a factor affecting the

effective practice of HIV/AIDS. All these are in line with.<sup>[10-12]</sup>

Who revealed in their study that lack of adequate knowledge, age and peer influence, economic factors, culture and traditional practices are some of the factors that can affect the practice of HIV/AIDS prevention.

## CONCLUSION

HIV/AIDS is a deadly disease and has remained a major threat to human's health especially among young adults because of their vulnerability. It is not enough to be knowledgeable about HIV/AIDS but to have good attitude towards preventing it. Everyone in conjunction with the government should work together to fight and curb this menace in our society in order to ensure a better living society and for the wellbeing of humanity, putting at heart an intention to creating a HIV-free generation.

## ACKNOWLEDGEMENT

I acknowledge Mangiri Dotimi and Dr& Mrs Fente Allen for all their support.

## Conflict of interest

No conflict of interest among the authors.

## REFERENCES

1. Adebola AA. (2009): The Social-Structural Context of HIV/AIDS Risk Perception And protective Behavior among Young Urban Slum Inhabitants in Nigeria. Retrieved from [www.healthline.com/health/HIV/AIDS](http://www.healthline.com/health/HIV/AIDS), Accessed on 26<sup>th</sup> February, 2017.
2. Smeltzer SC, Bare BG, Hinkle JL. & Cheever KH. (2010): Brunner and Suddarth's Textbook of Medical Surgical Nursing. (12<sup>th</sup> ed.). China, Lippincott Williams & Wilkins.
3. [www.nationaljewish.org/healthinfo/conditions/HIV/AIDS](http://www.nationaljewish.org/healthinfo/conditions/HIV/AIDS), Accessed on 22<sup>nd</sup> February, 2017.
4. WHO (2015): HIV/AIDS. Retrieved from [www.who.int/mediacentre/factsheets/fs104/en](http://www.who.int/mediacentre/factsheets/fs104/en) Accessed on 26<sup>th</sup> February, 2017.
5. UNAIDS (2011): AIDS Epidemic Update. Retrieved from [www.unaids.org](http://www.unaids.org). Accessed on 4<sup>th</sup> February, 2017.
6. Hunters SS. HIV/AIDS and Social Change. A Resource Book for Planning Programs and Policy Making, USA, Hudson Run Press, 2009.
7. Ben, E. (2009): HIV/AIDS Knowledge, Attitude and Opinions among Adolescents in Rivers State, Nigeria. Retrieved from [www.nationaljewish.org/healthinfo/conditions/HIV/AIDS](http://www.nationaljewish.org/healthinfo/conditions/HIV/AIDS), Accessed on 22<sup>nd</sup> February, 2017.
8. Asekun EO, Olarinmoye O, Oljide, FO. (2011): HIV/AIDS Preventive Measures Among in School Adolescents in a Sub-Urban Community in Southwestern Nigeria. Retrieved from [www.Gjournal.org/.../...](http://www.Gjournal.org/.../...) Accessed on 20<sup>th</sup> February, 2017.

9. Osonwa OK. (2013): Knowledge and Attitude and Risk Perception of HIV/AIDS among Youth in Calabar, Nigeria. *IOSR Journal of Humanities and Social Science, Vol.7* Accessed on 27<sup>th</sup> February, 2017.
10. Elizabeth G. (2012): Adolescents perception and Attitude to HIV/AIDS Prevention among Students in Cross River State, Nigeria. *Universal Journal of management and Social Sciences*, Accessed on 25<sup>th</sup> February, 2017; 2(2).
11. Gerald LM and John EB .Principles and Practice of Infectious Diseases. (7<sup>th</sup> ed.). London, Elsevier, 2010.
12. Ekun EE, Asuquo PN, Uwe EA. (2009): Response to HIV/AIDS Preventive Practices in Nigeria, *lobal Journal of Educational Research*. Accessed on 21<sup>st</sup> February, 2017; 2(2).