

Influence of School Counsellor in Preventing the Spread of AIDs/STDs Among Secondary School Students' in Aba Education Zone, Abia State, Nigeria

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This study examines the influence of school counsellor in preventing the spread of AIDs/STDs diseases among secondary school students' in Aba Education Zone of Abia State. Two research questions and two null hypotheses were formulated to guide the study. The descriptive survey design was adopted for the study. A self-restructured four-point scale questionnaire titled "Influence of School Counsellor in Preventing the Spread of AIDs/STDs Questionnaire" (ISCPSASQ) was constructed by the researcher and used to collect data for the study. Data obtained were analyzed by using descriptive inferential statistics. Mean (M) and standard deviation (SD) were used to answer the research questions while Chi-Square (χ^2) was used to test the null hypotheses at 0.05 level of significance. The finding of the study revealed that counselling significantly influenced prevention and spread of AIDs/STDs among secondary school students. Based on the findings, it was recommended that accurate and timely information, methods, and materials to help the students gain the knowledge, attitude, and skills needed for realistic and appropriate sexual behavior should be made available to them.

Keywords: influence, school counselor, AIDs, STDs, counseling

Introduction

It is estimated that more than 22 million people worldwide are HIV positive, of this number, 60% are in Africa, 20% in Asia, and the rest 20% in the developed world. According to Nigerian Education Research and Development Council (NERDC) (1999) reported that 8,500 persons contract AIDs daily, 81% of the reported cases are between ages 15 to 38 years (the sexually active age bracket). In 2007, the Joint United Nations Programme on HIV/AIDs (UNAIDS) reported that it is estimated that there are 40 million people living with HIV/AIDs. It therefore calls for an urgent need to look at the possible means of preventing the spread of HIV/AIDs/STDs among secondary school students.

Papalia, Olds, Feldman, and Gross (2004, as cited in Ajidahun, 2013) observed that many societies have witnessed a revolutionary change in attitudes towards sexual activities. Many do not believe in keeping their virginity again and there is no more fear in the heart of the young ones towards sexual activities. They are expected to have sexual stimuli from reading magazine, viewing television, and the movies to a great extent than ever before.

A cursory look at some literature on sexuality and reproductive health in developing countries like Nigeria where literacy level is very low shows that the magnitude of vesico vaginal fistulae (VVF), AIDS/STDs, illegal or crude abortion and child abandonment among young people is very alarming. According to Ukoha (2005), many young girls have lost their lives in trying to abort unwanted pregnancies; many also end up without having children after getting married, because their reproductive organs have been destroyed in one way or the other, while many are living with incurable sexually transmitted infections, such as AIDS, syphilis, or gonorrhea.

Mahega (2014) reported that half of the HIV/AIDS infections occur among people younger than 25 years old. Though sexuality has less to do with fulfilled sexual desire and more to do with anxiety attributed to sexual freedom, lack of proper male and female role models and uncertainty regarding male or female sexual issues for young people increase the risk. The increase in divorce rate, sex and violence in the mass media including x-rated videos, have increased the likelihood of young people experimenting and engaging in premarital sex. These younger ones continue to end towards experimentation, which has remitted in the first sexual experience as early as 10 years (Ukoha, 2005). Tokin (2003) wrote in Tanzania sexual behavior increases the risk of contracting such diseases in adolescents and having sex at early age make them vulnerable to HIV/AIDS, although adolescents stage is regarded as a relatively high risk stage of life, aside the AIDS epidemic.

Dr. Michael Myerson (Director of World Health Organization's Global Programme on AIDS) reports, AIDS epidemics may have serious social and economic repercussions. Many of the most productive members of African's population have died from it in many rural villages. More than six million Africans are expected to die from AIDS in the next decade (Green, Harry, Ihenka, Oputu, & Elendu, 2000). They reported that nine to 11 million people worldwide are infected with HIV virus, which causes AIDS and that this number will triple within the next decade.

According to French National Institutes of Health and Medical Research (INSERM), AIDS virus cases one in every three deaths among men between 25 and 44 years, AIDS is real in Nigeria and in Aba, Abia State. The first reported case was a 13 year-old girl in 1986 and since then to date, there has been an increase.

In South Africa, some Nigerians were reported not to see the realities of AIDS or refuse to believe that AIDS disease exists at all (Awake, 1993, as cited in Green et al., 2000). A potent mixture of racism, poverty, and ignorance is accelerating the spread of the incurable disease, some people still feel that AIDS is a Western plot to weaken Africa or that the disease is some invention of the white men to curb Africa's black birth-rate.

Ajidahun (2013) opined that parental monitoring during preadolescence affect the age to which adolescents state sexual activity. Adolescent who are knowledgeable about sex are more likely to use contraceptives consistently and are more likely to postpone sexual intimacy the most effective means of preventing sexual problems. Counselling adolescents about sex thus is very necessary at this stage. Counselling is a process of making an individual develop positive and wholesome attitude towards sex. It is a way of providing adolescents with valuable knowledge about sex, so as to avert risks associated with sex, such as teenage pregnancy, sexual diseases, and emotional problems. According to Anyawu (2001), adolescence sex counselling should not be compartmentalized.

In light of these arguments is a coined acronym "American's initiation to discourage sex or ingenuity to later sex" (Green et al., 2000). The truth today is that AIDS disease is here in Aba, Abia State. It is therefore necessary to know that HIV/AIDS is real and it knows no age, ethnic, or national boundaries.

The Statement of the Problem

It is observed that counselling is greatly neglected in our secondary schools. This is so in all the secondary schools in Aba Education Zone, where school counsellors are assigned teaching responsibility in addition with school counselling. The managerial demands of the school counsellors are high. The keeping of records and reports, teaching of courses, requisition of self-report, and provisions of support and equipment as well as the necessary routine of guidance and counselling take much of the school counsellor's time. School counsellors sometimes get trained in different cultural background and later found themselves faced with students from varied cultural and socio-economic backgrounds, different adjustment capabilities, social interaction abilities, and sexuality behavior activities including poor level of preparedness on the part of the counselor to inadequately counsel the students. However, the problem today anchored on inequality of counselling opportunity for the students and inconsistency of the school counsellor. Against this background, the major problem of this study put in question form is: How does counselling influence the prevention and spread of AIDS/STDs among secondary school students?

The Purpose of the Study

The general purpose of this study is to examine the influence of school counselor in preventing the spread of AIDS/STDs among secondary school students. Specifically, the study sought to find out the role of counselling in preventing the spread of AIDS/STDs among secondary school students in Aba Education Zone of Abia State

Research Questions

The following research questions guided the study:

1. What is the role of school counsellor in preventing the spread of AIDS/STDs?
2. What influence does counselling have in preventing the spread AIDS/STDs.

Research Hypotheses

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

H₀₁: There is no significant difference between the male and female ratings scores in terms of preventing the spread of AIDS/STDs.

H₀₂: There is no significant influence between the male and female rating scores in term of preventing the spread of AIDS/STDs.

The Significance of the Study

This study is significant because of its possible benefits to the school counselors, students, the school administrators, and educational stakeholders in the educational sector. It may be beneficiary, because AIDS/STDs is identified as one of the deadliest diseases in Nigeria and in the world. Counselling, therefore, could be used to induce sexuality behavior changes among the students to prevent the spread of AIDS/STDs.

Conceptualization of Terms

AIDS is a chronic life threatening condition caused by the HIV virus by changing or destroying the cells of a person's immune system. HIV interferes with the body's ability to fight off viruses, bacteria, and fungi that cause the disease. This makes the individual affected more susceptible to infections the body would normally

have resisted. The virus and the infection itself are known as HIV.

The term “acquired immune deficiency syndrome” (AIDS) is used to mean the later stages of HIV infection. According to De Haan (2005, as cited in Ukoha, 2005) report, the earliest case of HIV was from a man in Kinshasa, in the Democratic Republic of Congo. De Haan (2005) claimed that the virus had existed earlier in the United States since the mid-late 1970s. From 1979 to 1989, rare types of pneumonia, cancer, and other illnesses were reported by medical personnel’s in Los Angeles and New York among homosexual male patients. In 1982, public health officials began to use the term “AIDS to describe the occurrences of the ‘opportunistic infections’”.

However, a person may get infected with HIV and later develop AIDS. The infection can be contracted from anyone who is infected. The blood, vaginal fluid, semen, and breast milk of women infected with HIV/AIDS has enough of the virus to infect other humans.

Humans, therefore, gets the virus by having sex with infected person, sharing of non-sterilized skin piercing instruments, such as knives, blades, needles, syringes, piercing ears, and clippers. Babies also contract HIV/AIDS through their mothers during childbirth. HIV/AIDS infected humans may carry the infections around for up to 10 to 12 years without it showing any of the symptoms to the mentioned and still looking healthy. The HIV laboratory test does not become positive until three to six months after the day of infections, but the person is highly infected for other people from day one. Between the days of infection and when the HIV test becomes positive is called window period (Green et al., 2000).

AIDS is characterized by a defect in natural human immunity. Humans who have AIDS are vulnerable to a serious illness which would not be a threat to anyone whose immune system was functioning normally. These diseases are referred to as opportunistic infections or diseases. In AIDS patients, the most common of these diseases are pneumocystis carinii pneumonia (PCP), a parasitic infection of the lungs, a type of cancer known as Kaposi’s Sarcoma (KS).

Ajila, Ajila, Adeyemi, and Owoyori (2015) reported that in Nigeria, government admitted that in hospitals, 60% to 70% of the cases are AIDS. They observed that traditions and practices still prevail including sheer ignorance for lack of acceptance of the HIV/AIDS phenomenon in the country. They stated that people infected with HIV/AIDS are stigmatized and discriminated upon. This notion highly affects the attitudes of those infected with HIV/AIDS and so lack assistance.

In Nigeria, also 85% of the reported cases are through sexual intercourse and harmful marriage practices which violate women human rights and contribute to increasing HIV rates making women and young girls vulnerable. Most adolescent girls get married among the age of 12 with a large age gap between husband and wife and end up having VVF. The ladies also become vulnerable as culture permeates their husbands to be polygamist and still have sexual partners outside wedlock. Female circumcision or genital mutilation (FGM) is also a cultural practice among the people of Nigeria in such areas as Hausa, Yoruba, Igbo, Efik, Ibibio, and many other ethnic groups, where the female’s genitalia is removed by cutting with sharp object the clitoris and the adjacent parts of labia majora, which can cause HIV infection in the affected women (Okigwe, 2000). Culturally, the major reason for cutting off the clitoris is to reduce her sexual sensitivity, so that she will not be promiscuous and remain faithful to the husband.

Unfortunately, female circumcision has a number of negative consequences, such as VVF, excessive scarring, and keloid formation, which lead to very severe problems during childbirth and infertility. According

to Ajila et al. (2015), about 85% of Nigerian women undergo female genital mutilation at one point in their life time, and thus, become vulnerable to HIV/AIDS/STDs infections.

Sexually Transmitted Diseases (STDs)

STDs are the forerunners of HIV/AIDS. There are many types of STDs, namely, gonorrheal, syphilis, scabies, chancroid, public lice, chlamydia, warts, hepatitis B, pediculosis, herpes zoster, genital herpes, herpes simplex, candidiasis, lymphogranuloma venereum, granuloma inguinale, etc. The mode of transmission of all STDs is through close contacts and/or sexual intercourse. Although drugs, vaccines, and creams had been found for some of the well known STDs, improper treatment may lead to infertility in women and sterility in men. Another side effect of mistreated infection (STDs) is the cancer of the cervix and prostate cancer.

Counselling for HIV/AIDS is aimed at changing the attitudes and sexuality behaviours in our adolescents who are sexually active from age nine. This is to prevent the spread and reactions to association with HIV/AIDS/STDs infected individuals. Although HIV/STDs is spread through sexual intercourse and all ages are highly involved, counselling at this stage is focused on the formal school setting that brings together a good percentage of youths that are sexually active. Giving information on adolescent reproductive health at this stage will help curb the spread of illnesses related to sexual intercourse, teenage pregnancy, and school dropout.

In pursuance of this target audience are the secondary school students. At the secondary schools, students' ages also vary from between 10 and 21 years old depending on their environment or background. These set of youths need attention because at this age, they are very adventurous and are more likely to try sexual activities than when they were in the primary school.

Counselling is a helping relationship between a school counsellor and a client (student) that brings about optimum development and self realization of human potentials for the benefit of the individual and the society. Ngwakwe (2018) posited that counselling provides assistance within which the counsellor or the teacher provides help to students' or groups of students'. The school counsellor is concerned with facilitating the optimum development of students. Most secondary school students are in their adolescent age, and thus, experience alienation, which is a syndrome comprising of distrust, anxiety, pessimism, meaninglessness, and powerlessness. Guidance and counseling is now needed during this stage to assist students' to understand their developmental stages and adjust fully to school and life situations including sexual behavior. Self-knowledge will well help them to formulate life goals and plan for future realities. The term "help" here is not taken to mean handling decisions of a plan packaged down to the person, who needs the help rather it means with a view to facilitate his/her getting into groups with the issue at hand.

Theoretical Framework

The study is anchored on the theory of social learning theory that is considered relevant to this research. The proponent of this theory is Bandura (1986), who shared the view that students' learn through observation and modeling of behaviours and actions, which is often used to explain the phenomenon of students imitating what they see others do. Bandura (1986) observed that there are numerous studies documenting a correlation between students' exposure to sexual relationship and/or sex behavior. He argued that young people can learn about sexuality behavior from observing significant others, they may observe the mechanism of sexual behavior, but also learn about the context in which behavior occur, the motives and intentions behind the interactions represented and the consequences for those who participate in the behaviours.

This model observed that it is right to speculate that secondary school students' in any part of the world

can imitate and learn behavior relating to sexual matters by looking at their influences through various ways: social influence involves both direct and indirect processes by which people can influence one another. The influences includes processes relating to attitude formation and change, conformity, compliance, obedience, modelling, and social comparisons of self in terms of one's abilities, confidence, opportunities, and skills to yield social pressure. He posited that attitudes and subjective norms, perceived behavioural control, is a product of information, knowledge, and communication (Bandura, 1986). Student's perceptions are likely to be influenced by vicariously observing others or through verbal persuading processes which are themselves sources of perceived behavioral control (Bandura, 1986).

Vicarious experiences according to Bandura may largely impart students through comparison process that is seeing similar others performing a behavior successfully or unsuccessfully promoting or undermining efforts to perform behavior. Verbal persuasions rely on information influences process of social influence which may have desirable and/or undesirable consequences with respects to external influences on sexual behavior of young people. On this note, Collins et al. (2004) observed that adolescents start to engage in sexual activities in an age as low as 10 years and argued that sexuality permissive cultures not only allow a less fattered expression of adult sexuality, but also may give little attention to the sexual behavior of students as long as they are not blatantly displayers. Sexuality supportive cultures believe that sex is indispensable to human happiness and encourage early expression as a means of developing adult sexual competency and passive. Sexually supportive societies display a similar development pattern that is not apparent in sexually restrictive and repressive societies.

Mehaga (2014) posited that the problem is on secrecy which governs the whole process of sexual advances between men and women, but today, it all has disappeared in African societies. He noted that taboos which are strong adhering principles no longer hold the perpetrators: Children are now exposed to adult sexual behavior content as normal, fun, and exciting, but without discussing the risk of early behaviours or activity problems, such as sexually transmitted infections and pregnancy. Thus, children copy these behaviours in order to fill like adults.

Methodology

The study adopted the descriptive study design. The population of the study consisted of 100 school counsellors from 128 public secondary and 98 private secondary schools randomly selected from the area of study. The simple random sampling technique was used to select the sampling size. The method was adopted since the target population is homogeneous and selection of the sample served as a representative of total population. The main instrument adopted for the collection of data was a 13 item structured questionnaire captioned "Influence of school counsellor in preventing the spread of AIDs/STDs questionnaire" (ISCPSASQ). The questionnaire was validated by experts in guidance and counselling and educational psychology in the School of Education, National Institute for Nigerian Languages, Aba, Nigeria. The questionnaire was trial tested by using 50 school counsellors from Umuahia Education Zone in Abia State, which yielded a reliability coefficient value of 0.95 by using Cronbach Alpha, which was high enough for the study. The data collected were analyzed by using mean and standard deviation to answer the research questions, while Chi-Square was used to test the null hypotheses at 0.05 level of significance.

Discussion of Findings

Research Question One: What is the influence of counselling in preventing the spread of AIDs/STDs

among secondary school students? The data that presented answers to this research question is presented in Table 1.

Table 1

Mean Rating and Standard Deviation of Male and Female School Counsellors Responses in Preventing the Spread of AIDs/STDs

S/N	Questionnaire items	N	Mean	SD	Decision
1	School counsellor provides students' information on sexuality transmitted diseases.	100	3.52	0.56	SD
2	School counsellor provides students information on communicable diseases.	100	3.53	0.88	SD
3	School counsellor's invites medical experts who provides students. information on how to prevent sexually transmitted diseases.	100	3.22	0.99	SD
4	School counsellor invites guest speakers to talk about the preventing spread of AIDs/STDs.	100	3.95	0.95	SD
5	School counsellor gives students periodic lectures on causes of AIDs/STDs.	100	3.24	0.85	SD
6	School counsellor provides information on early symptoms of AIDs/STDs.	100	3.64	0.77	SD

Data presented in Table 1, on the influence of school counsellor in preventing the spread of AIDs/STDs among secondary school students' revealed the mean rating scores of male and female counselors respondents for Items 1 to 6 as follows: 3.52, 3.53, 3.22, 3.26, 3.24, and 3.64 with corresponding standard deviation of 0.55, 0.85, 0.97, 0.95, 0.85, and 0.77. Close observation of the results showed that the respondents are of the view that the roles of the school counsellor have great impact in preventing the spread of AIDs/STDs. To them, following the school counsellor's guide will go a long way to assist and put a check in preventing the spread of AIDs/STDs among the secondary school students. The cluster mean of 3.95 and standard deviation of 0.95 also were accepted as rated above 2.50 cut off point, which also shows that inviting speakers to talk to students' about AIDs/STDs among secondary school students will go a long way in preventing the spread of AIDs/STDs virus among secondary school students.

Research Question Two: What influence does counselling have in preventing the spread of AIDs/STDs among secondary school students? The data that provides answers to the research question is presented in Table 2.

Table 2

Counsellor Rating Scales and Standard Deviation of Responds on the Influence of Counselling in Preventing the Spread of AIDs/STDs

S/N	Questionnaire items	N	Mean	SD	Decision
7	Counselling help students to develop purposeful self-concept.	100	3.77	0.47	SD
8	Counselling help students to adjust and cope with school life and form right attitudes.	100	3.59	0.49	SD
9	Counselling assist students to in life to have sound moral behaviours.	100	3.57	0.50	SD
10	Counselling assist students to open up and receive help needed to cope with sexual behaviours in the secondary school.	100	3.55	0.56	SD
11	Counselling provides students with guidance on how to go about their sexuality life in and outside secondary school.	100	3.58	0.50	SD
12	Counselling provide students with self knowledge and proper sexual attitude.	100	3.35	1.01	SD
13	Counselling help students to formulate achievable life goals.	100	3.61	0.81	SD

The data presented in Table 2, revealed that the respondents rated the items from seven to 13 in the cluster well above the cutoff point. Their rating responses in Items 7 to 13 are: 3.77, 3.54, 3.57, 3.55, 3.58, 3.35, and 3.61, and their standard deviation are: 0.47, 0.49, 0.50, 0.56, 0.50, 1.01, and 0.81. Based on the cutoff point of 2.50, school counsellors rated all the items as acceptable indicating that counselling significantly prevents the spread of AIDS/STDs. The results also indicated that counselling will guide the students' to formulate achievable life goals, and to adjust well in and out of school situations. The cluster mean of 3.61 and standard deviation of 0.81 indicates that students who are properly guided formulate future life goals that will help in their sexuality behaviour activities.

Test of hypotheses: Z-test analysis of school counsellors ($N = 100$).

H₀₁: There is no significant difference between the mean ratings of male and female respondent roles in preventing the spread of AIDS/STDs.

Table 3

Prevention and Spread of AIDS/STDs

S/N	Direction	SD	A	D	SD	Total	Total weight score	
1	+ve	33	48	9	10	100	304	
2	-ve	14	25	30	31	100	222	
3	+ve	40	32	18	10	100	302	
4	+ve	38	45	10	7	100	314	
5	-ve	20	25	30	25	100	240	
Total	+v	111	125	37	27	300	920	1382
	-v	34	50	60	56	200	462	

In Table 3, the inferential statistics of Chi-Square was computed to determine the influence of school counsellor in preventing the spread of AIDS/STDs. The result shows that the $z\text{-cal} = 1.32$ and $z\text{-tab} = 0.05$. Since $z\text{-cal} = 1.32$ is less than $z\text{-tab} = 0.05 = 1.645$, therefore, the null hypothesis that there is no significant difference between the mean ratings of male and female school counsellors in preventing the spread of AIDS/STDs was rejected.

Hypothesis 2: There is no significance influence between the mean rating scores of male and female counselling in preventing the spread of AIDS/STDs.

Table 4

Z-Test Analysis on the Mean Rating Scores of Male and Female School Counsellors ($N = 100$)

S/N	Direction	SD	A	D	SD	Total	Total weight score	
1	+	42	31	10	17	100	298	
2	+	53	35	6	6	100	335	
3	-ve	17	21	32	30	100	275	
4	+	44	33	20	3	100	318	
5	-ve	16	24	43	17	100	261	
Total	+v	139	79	36	26	300	951	1487
	-v	33	45	75	47	200	536	

In Table 4, the inferential statistics of Chi-Square was computed to examine the influence of counselling

in preventing the spread of AIDS/STDs. The results indicates that the $z\text{-cal} = 4.727$ and $z\text{-tab} = 0.05 = 1.645$, the null hypotheses which postulates that there was no significant differences between the mean rating scores of male and female school counsellors in preventing the spread of AIDS/STDs is accepted.

Discussion Results

The first findings of this study revealed that roles of the school counsellors in Aba Education Zone influenced the prevention and spread of AIDS/STDs among secondary school students. This finding is in line with Ajila et al. (2015) reports that teacher counsellors are concerned with facilitating the optimum development of students and that guidance and counselling is needed to assist students understand their developmental stages and adjust to school life situation including sexual behaviour. The second finding also reveals that counselling significantly influence the prevention and spread of AIDS/STDs among secondary school students. This result agrees with Ngwakwe (2018) report that counselling is an effective means of providing effective sexual behaviour awareness among secondary school students to help stop the prevention and spread of AIDS/STDs.

Recommendation

Based on the findings of the study, the following recommendations are made:

1. That counselling programmes should be intensified in all the secondary schools in Aba Education Zone.
2. Information services should be regularly provided to the students in Aba Education Zone.
3. School counsellors should not be assigned teaching subjects to enable them focus fully in counselling the students.

Conclusion

Based on the results of this study, it is established that AIDS/STDs is real in Aba. The influence of counselling in the secondary schools prevents the spread of AIDS/STDs among secondary school students in Aba Education Zone of Abia State. Counselling for AIDS/STDs is, therefore, a necessary end in the development of adolescents in our various secondary schools, especially now it is obvious that AIDS is real in Aba, Abia State. It should however be seen as part of the formal education that every child needs to survive in the society and must not be ignored or handled carelessly. To prevent students from ignorance, they need to be told earlier about issues surrounding their growth and development. This will reduce the number of embarrassment they will receive when they begin to experience developmental changes in life. Giving them proper counselling at this stage will go a long way to help them tackle relationship problems while in and outside the secondary school. This notwithstanding, the knowledge of counselling will help adolescents to differentiate fables from realities.

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