

# Comparative Analysis of Information Awareness of Hiv/Aids among Secondary School Students in Rural and Urban Areas of Delta State, Nigeria

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**ABSTRACT:** This study was designed to compare the information awareness of HIV/AIDS among secondary school students in rural and urban areas of Delta State Nigeria. The paper briefly examines the importance of information and the present state of HIV/AIDS in the globe. Questionnaire was the major instrument used in collecting data for this survey. Two secondary schools were purposively selected from the rural and urban areas of the state. The data collected were analyzed using simple percentages and T-test for the research questions and hypothesis respectively. Result showed that majority of students in rural and urban areas are aware of HIV/AIDS epidemic. The result also showed that hospital is the most effective information source through which they get information about HIV/AIDS. The study also revealed that there is no significant differences between students in the rural and urban areas in the effectiveness of the information sources. It was recommended that public libraries and school libraries which rated low in the dissemination of HIV/AIDS information should be established and reinforced in both rural and urban areas of the state.  
**Key Words:** HIV/AIDS, Information Awareness, Secondary School Students, Urban Areas.

## I. INTRODUCTION

The need for health information has been evident from the earliest times. Illness is part of human condition and there have always been healers of some sort or another. Some illness can be averted and some can get solution when knowledge of the cause and cure is known to the carrier.

It is an established fact that information is a vital resource to all creeds of life and endeavour. The variation in the information required by different people, account for diverse sources being used to seek for it. In the light of this, Losee (2004) posited that information gives knowledge which transmits to sentiment being. Okoro (2004) stated that "my people are destroyed due to lack of

knowledge". Consenting to this, Onohwakpor (2011) stated that many people who are academically, socially, politically and economically backward today is due to lack of information.

The Human Immune-deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are some of the greatest worldwide diseases that have posed natural challenges to humans in recent times. Aigedo (2010) refers to these as diseases starting as single infection at the point of contact and then progressing to a wasting disease. The diseases are a threat to the human race and there is no cure yet for the disease. The news is more sobering. In fact it is down frightening when a report from the United Nations says that AIDS will kill children from age 15 years old in Zimbabwe, Botswana and South Africa by 2012 if something is not done soon. The report goes to say that 24 million people in Sub-Saharan Africa are living with HIV (BMJ, 2005). With medical testing of those who have contacted the disease, they would have reduced the spreading, if they have the knowledge of contacting and prevention of the disease. But more disappointing, 6.30am news by Radio Delta FM, of 5th February, 2011 stated that drugs that were supplied by a pharmaceutical store in Abuja for testing HIV/AIDS have expired. Why is the epidemic raging out of control in Africa and other undeveloped countries? Several factors are contributing to this deadly disease. This was ascertained by Ejar and Ubi (2007) when they posited that there is need for citizens of this country to be knowledgeable on the studies of AIDS-related programmes to avoid the contact. Aigedo (2010) and Ehijinwa (2005) stated that AIDS education needs to take place in primary and secondary schools because children within the ages of 15-39 contact this disease easily and those who ought to teach them should be knowledgeable of the different ways through which this deadly disease is transmitted.

There is an urgent need for citizens in the rural and urban areas of this country Nigeria, as one of the developing countries where this disease is spreading widely to have information on the causes and prevention of this disease. BMJ (2005) gave the cost effective analysis of the disease, that HIV/AIDS carriers reduces labour supply and productivity, reduces exports and increases inputs. That the pandemic reduces average national economic measure such as targeted training skills needed in industries. Reducing HIV/AIDS transmission could be achieved most efficiently through information about knowledge of the disease.

## II. LITERATURE REVIEW

Tb and Adeyemi (2010) maintained that information is the most important weapon available to the prevention and cure of HIV/AIDS. Omagbemi and Omoyiwa (2004) had earlier posited that the ability to generate information is not a challenge, but the challenge lies in linking the information to live a better life. Okoro (2004) noted that one cannot be adequately empowered without adequate information. Information is a very essential commodity and whoever is in possession of it is seen as possessing power. Knowledge is expanded when right information is acquired.

Aigedo (2010) noted that many people who have been infected by HIV have few or no knowledge about the systems of the disease creating awareness about challenges. Though they contribute to the natural resources of the nation, but often times they are starved of information relevant to their well being (Onohwakpor, 2011). This was consented by ho and Adeyeini (2010) that a closer look at the rural areas marginalized in terms of the requirement for development such as education, health care and leisure activities Bond (1997) states that many citizens are disadvantaged in many areas of life as reflected in the clinical statistics surrounding AIDS especially in developing countries like Nigeria.

Ejar and Ubi (2007) found out that prevention and treatment of early HIV/AIDS infection will reduce if there is early knowledge of how the disease is contact. World Health Organization (WHO) (1989) pointed out that one of the ten points on AIDS for World AIDS day was that to know how to prevent the infection. Consenting to this, Omorodjon (1993) in his research discovered that the vulnerability of Benin-City Market women to HIV/AIDS is lack of awareness of the mode of contacting this deadly disease. Ejeagwu, Nwafor and Uhegbu (2007) are of the view that one of the best ways of

disseminating HIV/AIDS information is to increase the use of rural-based grades, town unions' etc.

Akunyili (2005) stated that the methods of disseminating HIV/AIDS information in rural areas is not efficient and has resulted in poor awareness. However the provision of right information at the right time can avert the epidemic and save lives. Consenting to effective methods of information dissemination in the rural areas, Onohwakpor (2011) posited that public libraries should use traditional methods of information to pass the information to the rural dwellers. Ajayi and Akunyili (2004) in a research on accessibility of primary health care workers showed that 77.9 of the respondents needed information on HIV/ AIDS. This is an indication that the people need information about this disease. In related development Folorunso (2004) confirmed the fact that a lot of people are ignorance of the magnitude of both the human and material costs of contacting the disease due to lack of information.

The literature reviewed, showed that information will help to reduce the contact of this disease and to best knowledge of the writer, the literature have not covered students who are more pruned to this disease.

## III. STATEMENT OF PROBLEM

Information on HIV/AIDS is very vital for students in the secondary schools level. They are in their teenage age. At this stage, they are prone to sexual hazards. This was stated by Ehijinwa (2005) that majority who are carrier of the virus are mostly age group 15-39 with female ratio of 2:1. They need to be aware of the mode of transmission and treatment. Lack of knowledge which is received through information, about how HIV/AIDS is contacted had led to the spread of this deadly disease among youths and adults. It is asserted that information do not ifiter promptly and easily to those in the rural areas. This disease is contacted because many do not even know how they contacted it. This study therefore seeks to compare the level of information awareness, information sources available to students in rural and urban areas of Delta State Nigeria, in receiving information about HIV/AIDS.

### Objective of the Study

This study seeks to determine the:

- level of students' in rural and urban area awareness of HIV/AIDS
- sources of information available to students in rural and urban areas of the state.
- Most effective information sources.

### Research Questions

This study sort to answer the following research questions

- What are the students’ views about basic knowledge about HIV/AIDS?
- Which of these information sources do you get information about HIV/ AIDS?
- Which of the information sources are more effective in dissemination of information about HIV/AIDS?

### Hypothesis

Arising from the research questions, the following null hypotheses are tested.

- There is no significant difference between secondary school student in rural and urban areas level of awareness about HIV/AIDS.
- There is no significant difference between students in the rural and urban areas in the sources of information about HIV/AIDS.
- There is significant difference in the effectiveness of the information sources from which they obtained information about HIV/AIDS between secondary schools students in rural and urban area.

### IV. METHODOLOGY

Comparative study was conducted on the information awareness and information sources about 11W/AIDS among secondary schools students in rural and urban areas of Delta State Nigeria. Fifty questionnaires each were sent to each school which where purposively sampled by the researcher making a total of one hundred questionnaires. Random sampling method was used in distribution of the questionnaire to the students in Egbo Grammar School, Egbo-Kokori and Okpe Grammar School, Sapele which are the rural and urban areas respectively. Ninety- three questionnaires were returned which was used in analyzing data for the study. Section A was designed to collect information on the student Biodata, section B was on information on the student basic knowledge about HW/AIDS, section C was on the information sources available to them while Section D is on the effectiveness of the information sources.

Analysis of data was based on information feedback. Frequency table and percentages were used to analyze the research questions while T-test was used to calculate the hypothesis.

### V. ANALYSIS OF DATA

Table 1: Biodata of Respondent:

**Table I** shows respondent’s biodata from the two schools, Egbo Grammar School, Egbo-Kokori and Okpe Grammar School, Sapele.

| Variables | Schools |      |      |      |
|-----------|---------|------|------|------|
|           | Egbo    |      | Okpe |      |
| Gender    | No.     | %    | No.  | %    |
| Male      | 19      | 42.2 | 26   | 54.1 |
| Female    | 28      | 62.2 | 20   | 47   |

| Variables | Schools |      |      |      |
|-----------|---------|------|------|------|
|           | Egbo    |      | Okpe |      |
| Age       | No.     | %    | No.  | %    |
| 10 – 15   | 15      | 33.3 | 30   | 67   |
| 16 – 20   | 21      | 47   | 27   | 56.2 |
| 21 – 25   | -       | -    | -    | -    |

| Variables   | Schools |      |      |      |
|-------------|---------|------|------|------|
|             | Egbo    |      | Okpe |      |
| Class level | No.     | %    | No.  | %    |
| JSS 1 - 3   | 17      | 38   | 27   | 56.2 |
| SSS 1 - 3   | 28      | 62.2 | 21   | 44   |

Table 1 shows gender, age and class level of respondents. The table revealed that in Egbo Grammar School, the highest respondents were female with 62% while in Okpe Grammar School, male ranked highest with 54.1%.

By age grade, in Egbo Grammar School, respondents who are between the ages of 16 - 20 ranked highest with 47% while in Okpe Grammar School, students between the ages of 10 - 15 ranked highest with 67%. In class level in Egbo

Grammar School, SSS 1 - 3 have the highest respondents with 62.2% while in OkpeGrammAr

School, JSS 1- 3 ranked highest with 56.2%

**Table 2: Basic Knowledge about HIV/AIDS**

| S/N | Items  | SA        | A         | D         | SD        |
|-----|--|-----------|-----------|-----------|-----------|
| 1.  | I am aware of HIV/AIDS   | 30(67%)   | 13(29%)   | 12(27%)   | -         |
| 2.  | HIV/AIDS is an infectious disease                              | 39(82%)   | 3 (7%)    | -         | 10(22%)   |
| 3.  | HIV/AIDS have no cure  | 35(78%)   | 10 (22%)  | -         | -         |
| 4.  | HIV/AIDS is as sour as AIDS                                    | 30(67%)   | 10(22. %) | 5(11.1%)  | -         |
| 5.  | HIV/AIDS is transmitted virus from infected person             | 42.(3%)   | 3(7%)     | -         | -         |
| 6.  | The systems of the infected person HIV/AIDS is physically seen | 23(51.1)  | 19(42.2)  | -         | -         |
| 7.  | HIV is transmitted through sexual intercourse                  | 42(93%)   | 5(11%)    | -         | 1(2.1%)   |
| 8.  | Through untested blood Transfusion                             | 35(78%)   | 6(13.3%)  | 4(9%)     | -         |
| 9.  | Through handshake by infected person                           | -         | -         | 26(58%)   | 19(42.2%) |
| 10. | Sharing the same bed with effect person                        | -         | 2(4.4%)   | 18(40%)   | 25 (56%)  |
| 11. | Through mosquito bite  | -         | 1(2.2%)   | 26(58%)   | 18(40%)   |
| 12. | Through prolong malaria attack                                 | 1(2.2%)   |           | 19(14.4%) | 25(56%)   |
| 13. | Sharing classroom desk   | -         |           | 13(29%)   | 32(17.1%) |
| 14. | Through unsterilized blade needle                              | 32(72.3%) | 23(29%)   | 3(7%)     | -         |
| 15. | Through sharing infected person                                | -         | 24(53.3%) | 26(58%)   | 24(53.3)  |
| 16. | toilet   | 29(42.2%) | -         | 18(40%)   | -         |

| S/N | Items   | SA        | A         | D        | SD      |
|-----|---|-----------|-----------|----------|---------|
| 1   | I am aware of HIV/AIDS                                | 40(83.3)  | 3(6.3%)   | 5(10.4%) | -       |
| 2.  | HIV/AIDS is an infectious disease                     | 39(82%)   | 10(21%)   | 8(17%)   | -       |
| 3.  | HIV/AIDS has no cure                                  | 10(21%)   | 26(54.3%) | 12(25%)  | -       |
| 4.  | HIV/AIDS is as sour as                                | 30(63%)   | 11(23%)   | 7(15%)   | -       |
| 5.  | AIDS virus  | 39(81.2%) | -         | 4(8.3%)  | -       |
| 6.  | is a transmitted                                      | -         | 18(38%)   | 30(63%)  | -       |
| 7.  | virus from infected person                            | 39(81.2%) | 17(35.4%) | 3(6.2%)  | -       |
| 8.  | The systems of the infected person is physically seen | 25(52.1%) | 10(21%)   | 10(21%)  | 3(6.2%) |
| 9.  | HIV is transmitted through sexual intercourse         | -         | 2(4.1%)   | 8(17%)   | 30(63%) |
| 10. | Through untested blood transfusion                    | -         | 5(10.4%)  | 10(21%)  | 35(73%) |

|     |  |          |           |         |         |
|-----|--|----------|-----------|---------|---------|
| 11. | Through handshake by infected person                   | 3(6.3%)  | -         | 3(6.3%) | 39(73%) |
| 12. | Sharing the same bed with an infected person           | 7(15%)   | -         | 22(46%) | 29(42%) |
| 13. | Through mosquito bite                                  | 5(10.4%) | 16(33.3%) | 28(58%) | -       |
| 14. | Through prolong malaria                                | 19(40%)  | 25(52%)   | 4(8.3%) | -       |
| 15. | Sharing classroom desk and chairs with infected person | -        | 705%)     | 7(15%)  | 35(75%) |
| 16. | Through unsterilized blade                             | 30(8.2%) | 10(21%)   | -       | 8(17%)  |

**Table 2a** Shows level of awareness about HIV/AIDS of Egbo Grammar School Egbo - Kokori.

From table 2a and b above, there is no much degree of variation on the level of awareness about some basic knowledge of HIV/AIDS disease among the students of Egbo Grammar School, Kokori and Okpe Grammar School, Sapele. High percentage of the respondents which ranked 67% and 83.3% respectively agreed strongly agreed that they are aware of HIV/AIDS. While 71% and 81% Egbo and Okpe Grammar School respectively strongly agreed that HIV/AIDS is an infectious

disease. High percentage 93% and 81.2% of the respondents from Egbo and Okpe Grammar School respectively strongly agreed that HIV/AIDS is a transmitted fastly through sexual intercourse with the infected person.

It is clear from the table that the students in rural and urban areas of the state have basic knowledge of HIV/AIDS. They have the knowledge of transmission and prevention of the diseases.

**Table 3: Information Sources**

| Information source       | Schools |      |      |      |
|--------------------------|---------|------|------|------|
|                          | Egbo    |      | Okpe |      |
|                          | No.     | %    | No.  | %    |
| From infected person     | 16      | 35.6 | 20   | 41.7 |
| Daily Newspapers         | 20      | 44.4 | 16   | 33.3 |
| Health Education Class   | 20      | 44.4 | 19   | 39.6 |
| Sex Education class      | 16      | 35.6 | 28   | 58.3 |
| School counseling centre | 15      | 33.3 | 29   | 60.4 |
| From school mates        | 21      | 46.7 | 15   | 31.3 |
| From friends             | 21      | 46.7 | 17   | 35.4 |
| Radio programmes         | 20      | 44.4 | 22   | 45.8 |
| Television programmes    | 12      | 26.7 | 28   | 58.3 |
| Internet                 | 11      | 24.4 | 13   | 27.1 |
| Posters                  | 12      | 26.7 | 13   | 27.1 |
| Church                   | 16      | 33.6 | 11   | 22.9 |
| Mosquito                 | 6       | 13.3 | 3    | 6.3  |
| Traditional priest       | 9       | 20   | 6    | 12.5 |
| Parents/guardian         | 17      | 37.8 | 21   | 43.8 |
| Workshop/seminar         | 7       | 15.6 | 10   | 20.5 |
| Public libraries         | 6       | 13.6 | 6    | 12.5 |
| School libraries         | 3       | 6.7  | 3    | 6.3  |
| Town criers              | 6       | 13.3 | 17   | 35.4 |
| Pamphlets                | 11      | 24.4 | 30   | 63   |
| Hospitals                | 21      | 46.7 | 40   | 83.3 |

**Table 3** shows sources of information through which the students get information about HIV/AIDS.

Table 3 reveals that students in rural and urban area receive information from the listed sources of information. In the rural areas, respondents ranked 46.7% receive information from

the hospitals. This is also applicable to respondents from urban areas which also ranked highest with 83.39% who also receives information from the hospitals. This is an indication that hospitals are

located evenly in rural and urban areas of the state and also involved in disseminating information on HIV/AIDS through awareness campaign. School libraries and public libraries have low response of 6.7 and 12.5 respectively for rural and urban areas

in receiving information about HIV/AIDS. This corresponds to Onohwakpor (2009), on the unevenly distribution of public libraries in the state and absence of school libraries in primary and secondary schools.

**Table 4: Effectiveness of Information Sources.**

| Information source    | Schools | Level of Effectiveness |           |           |               |
|-----------------------|---------|------------------------|-----------|-----------|---------------|
|                       |         | Effective              | V. EFF.   | No EFF    | Not indicated |
| From infected person  | Egbo    | 16(35.6%)              | 10(22.2%) | 10(22.2%) | 9(20%)        |
|                       | Okpe    | 20(41.2%)              | 13(27.1%) | 12(25%)   | 3(6.3%)       |
| Daily Newspaper       | Egbo    | 19(42.2%)              | 5(11.1%)  | 19(42.2%) | 2(4.4%)       |
|                       | Okpe    | 10(22.2%)              | 17(15.6%) | 3(6.3%)   | -             |
| Health education      | Egbo    | 21(43.8%)              | 7(15.6%)  | -         | 3(6.7%)       |
|                       | Okpe    | 1(2.2%)                | 2(4.21%)  | 25(55.6%) | 3(6.3%)       |
| Sex education         | Egbo    | 9(19.6%)               | -         | 22(45.8%) | 10(22.2%)     |
|                       | Okpe    | 13(23%)                | 4(8.3%)   | 34(75.6%) | 5(10.4%)      |
| From school mates     | Egbo    | 15(31.3%)              | 28(62%)   | 30(63.5%) | 1(2.2%)       |
|                       | Okpe    | 4(9%)                  | 31(64.4%) | 4(9%)     | -             |
| From friends          | Egbo    | 15(31.3%)              | 28(62.2%) | 2(4.2%)   | 9(20%)        |
|                       | Okpe    | 14(31.1%)              | 30(62.2%) | 4(9%)     | 3(6.3%)       |
| Radio programmes      | Egbo    | 17(35.41%)             | 10(22.2%) | -         | 2(4.4%)       |
|                       | Okpe    | 3(6.7%)                | 30(63%)   | 8(18%)    | 15(33.3%)     |
| Internet              | Egbo    | 10(21%)                | 2(4.4%)   | 5(10.4%)  | 3(13%)        |
|                       | Okpe    | -                      | 25(53.1%) | 30(67%)   | 2(4.4%)       |
| Television programmes | Egbo    | 25(56%)                | 10(22.2%) | 10(21%)   | -             |
|                       | Okpe    | 13(27.1%)              | 30(63%)   | 8(18%)    | 3(8%)         |
| Posters               | Egbo    | 11(23%)                | 21(46.7)  | 5(10.4%)  | 1(2.1)        |
|                       | Okpe    | 20(41.4%)              | 30(63%)   | 6(13.3%)  | 6(13.3%)      |
| Church                | Egbo    | 20(41.4%)              | 12(27.2%) | 7(15%)    | 2(4.2%)       |
|                       | Okpe    | 2(4.4%)                | 19(39.6%) | 10(22.2%) | 12(27%)       |
| Mosque                | Egbo    | 4(8.3%)                | 1(2.2%)   | 4(8.3%)   | 7(15%)        |
|                       | Okpe    | -                      | 2(4.2%)   | 30(66.2%) | -             |
| Traditional priest    | Egbo    | 1(2.2%)                | 3(7%)     | 30(67%)   | 11(24.4%)     |
|                       | Okpe    | 2(4.2%)                | -         | 40(83.3)  | -             |
| Parents/guardians     | Egbo    | 15(33.9%)              | 20(44.4%) | 10(22.2%) | 2(4.2%)       |
|                       | Okpe    | 15(31.3%)              | 25(52.1%) | 6(12.5%)  | 7(15.6)       |
| workshop/seminar      | Egbo    | 9(20%)                 | 8(17%)    | 21(47%)   | 3(6.3%)       |
|                       | Okpe    | 8(17%)                 | 17(35.4%) | 20(67%)   | 9(20%)        |
| Public libraries      | Egbo    | 4(8.9%)                | 2(4.4%)   | 30(67%)   | 12(25%)       |
|                       | Okpe    | 6(13%)                 | 15(31.3%) | 15(31.3%) | 17(38%)       |
| School libraries      | Egbo    | 2(4.4%)                | 1(2.2%)   | 25(55.6%) | 14(29.2%)     |
|                       | Okpe    | 10(20.8)               | 4(8.3%)   | 20(42%)   | 5(11.1%)      |
| Town criers           | Egbo    | 10(22.2%)              | -         | 30(67%)   | 6(13%)        |
|                       | Okpe    | 5(10.4%)               | 7(15%)    | 29(60.4%) | 9(20%)        |
| Pamphlets             | Egbo    | 21(47%)                | 10(22.2%) | 15(11.1%) | -             |
|                       | Okpe    | 34(71%)                | 12(35%)   | 2(4.2%)   | 2(4.4%)       |
| Hospitals             | Egbo    | 25(56%)                | 10(22.2%) | 8(17%)    | 2(4.2%)       |
|                       | Okpe    | 39(81.3%)              | 7(15%)    | -         | 11(24.4%)     |

EFF:Effective  
 V.EFF: Very Effective  
 N. EFF:Not. Effective

N.IND: Not Indicated

Table 4 reveals the level of effectiveness of the information sources on HIV/AIDS in rural

and urban areas of the state. Information from the hospitals on the dissemination of HIV/AIDS ranked the highest with 56% and 81.3% of respondents from Egbo and Okpe Grammar respectively to be effective source of information in the dissemination of information, about HIV/AIDS. Information from school mate ranked highest in terms of being very effective in the dissemination of information on HIV/AIDS, this rated 62% from Egbo and Okpe School respectively. This is also an

indication of the effectiveness of Medical personnel in the dissemination of information on HIV/AIDS. It also reveals that students have interactions with their school mates. This corroborates with Ho and Adeyemi (2010) that hospitals is the best source of information for majority of the market women of Olofinmuyin market Sango Ota, Nigeria in receiving awareness about HIV/AIDS.

**Hypothesis**

**Table 5: T. test comparison level of awareness of HIV/AIDS among secondary School students in rural and urban areas**

| Subject | N  | $\bar{X}$ | SD  | df   | T-crit | T-cal | decision        |
|---------|----|-----------|-----|------|--------|-------|-----------------|
| Urban   | 21 | 31.3      | 2.8 | 0.05 | 1.7    | 1.4   | Accepts         |
| Rural   | 21 | 36.4      | 4.3 |      |        |       | Null hypothesis |

Table 5 shows the t-test comparison of the level of awareness of HIV/AIDS among secondary school students in rural and urban areas of Delta State Nigeria. The mean for the rural and urban students are 31.3 and 36.4 in rural and urban areas respectively. The t-critical value of 1.7 is higher than the t-calculated value of 1.4 the null hypothesis

is therefore accepted that there is no significant difference between students in the rural and urban areas in the level of awareness of HIV/AIDS. This balance level of awareness can be attributed to the available hospitals in all most nooks and crannies of the state.

**Table 6: T-test comparison between students in rural and urban areas on the information sources available.**

| Subject | N  | $\bar{X}$ | SD | df | IC  | T-crit | T-cal | decision        |
|---------|----|-----------|----|----|-----|--------|-------|-----------------|
| Urban   | 50 | 25.5      | 3  | 93 | 0.5 | 1.7    | -5.4  | Accepts         |
| Rural   | 45 | 45.5      | 4  |    |     |        |       | null hypothesis |

Table 6 reveals that the t-test comparison on the available information sources through which students in rural and urban areas of the state receive information on HIV/AIDS. The mean for the rural and urban students are 26.5 and 45.4 respectively. The t-critical value is 1.7 while the t-calculated is -5.4. The t-critical is higher than the t-calculated value.

This signifies that the null hypothesis is accepted. That there is no significant difference, between secondary students in rural and urban areas of the state in terms of information sources available to them in receiving information on HIV/AIDS. This is an indication that information sources on HIV/AIDS are evenly distributed within the state.

**Table 7: T-test comparison on the level of effectiveness of the available information sources on HIV/AIDS among students in rural and urban areas of the state**

| Subject | N  | $\bar{X}$ | SD  | df | IC  | T-crit | T-cal | decision                |
|---------|----|-----------|-----|----|-----|--------|-------|-------------------------|
| Urban   | 26 | 26.8      | 3.7 | 50 | 0.5 | 1.7    | 0     | Accepts null hypothesis |
| Rural   | 26 | 27.2      | 4   |    |     |        |       |                         |

Table 7 shows t-test comparison of the level of effectiveness of information sources available to students in rural and urban areas in the dissemination of HIV/AIDS. The t-critical value of 1.7 is higher than the t-calculated value of 0. The null hypothesis is therefore accepted that there is no significant difference between secondary school students in rural and urban areas of the state in the

level of effectiveness of the information sources in the dissemination of information about HIV/AIDS. This is very interesting to see that the available information sources in the dissemination of information about HIV/AIDS are equally effective in both rural and urban areas. This is to ascertain the level to which the societies dread this disease from spreading and killing the citizens.

## VI. CONCLUSION AND RECOMMENDATION

HIV/AIDS is a deadly disease that has post fear in the mind of the citizens especially the youths which includes majority of secondary school students. It is interestingly to know that majority of the secondary school students in rural and urban areas are aware of HIV/AIDS. It is also amazing to know that are advertisers of HP!! AIDS disease and these information sources are available and effective.

Although some of the information sources are effective in information dissemination of HIV/AIDS while others are ineffective. The study reveals the poor availability of public libraries and school libraries, sex education class. School and public libraries should be established in schools and rural/urban areas respectively. These information sources could easily reached in terms information dissemination secondary school student.

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