

# Information Needs of Rural Secondary School Students on HIV/AIDS in Katsina State, Nigeria

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## Abstract

The study was conducted to determine information needs of rural secondary school students on HIV/AIDS in Katsina State. Multi-stage sampling technique was employed in selecting 180 students. Data were collected with the aid of structured questionnaire and analysis was carried out using frequency counts, percentages, Chi square and Pearson product Moment Correlation. Results revealed that majority (54.4%) were within secondary school age of 16-20 years; non-boarded (67.8%), awareness (83.3%) and 43.9% have family size of 11-20. Radio ( $\bar{x} = 2.01$ ), school authority ( $\bar{x} = 1.99$ ), television ( $\bar{x} = 1.61$ ) and posters ( $\bar{x} = 1.57$ ) were information sources though; school authority ( $\bar{x} = 2.62$ ), radio ( $\bar{x} = 2.44$ ), television ( $\bar{x} = 2.26$ ) and posters ( $\bar{x} = 1.96$ ) were the most preferred sources of awareness. Access to information sources was mostly constrained by lacks of power supply ( $\bar{x} = 1.54$ ), television viewing centre in school ( $\bar{x} = 1.52$ ), and contact with change agents ( $\bar{x} = 1.51$ ) and poor coverage of HIV/AIDS news on newspapers/magazine/newsletters ( $\bar{x} = 1.48$ ). Majority (63.3%) had high level of constraint. Also level of information needs was high to majority (67.2%). Symptoms ( $\bar{x} = 2.68$ ), choice of marriage partners ( $\bar{x} = 2.66$ ), availability of antiretroviral drugs ( $\bar{x} = 2.63$ ) and sources of infection ( $\bar{x} = 2.62$ ) were major areas of information needs. It is concluded that secondary school students' information needs on HIV/AIDS in Katsina State is high. The distinct peculiarities of school as a culturally heterogeneous community should be studied and noted. In this sense, appropriate use of three major Nigerian languages: Hausa, Igbo and Yoruba languages are *sin qua non* in HIV/AIDS awareness creation in schools.

**Keywords:** Information needs, students, awareness, HIV/AIDS, constraints.

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## INTRODUCTION

The terrifying and deadly nature of HIV/AIDS and the fact that it has over the years affected and claimed lives of many youths than the devastating blows of banditry and terrorism is no longer news. It is known to presents an array of symptoms, ranging from body weakness, constant and excessive cough, diarrhea, loss of body weight to rashes. Sexual relationships with infected persons, through vaginal intercourse, oral and anal sex are sources of transmission (Nda 2012). Other means are sharing of sharp objects with an infected person, drug use by injection, unscreened blood transfusion and mother to child transmission (Nda 2012).

The alarming rate of the spread however, has remained a major source of concern both within and outside the country. The UNAIDS/WHO (2003) buttressed that an estimated 39.4 million people are

living with the virus worldwide, with 4.9 million new infection cases in a year and 3.1 million deaths. In Nigeria, cases of HIV/AIDS have been reported in all the 36 states of the federation including the Federal Capital Territory, Abuja (NACA 2004).

It was also reported that despite efforts made by national and international donor agencies like UNESCO, USAID, WHO and to create awareness against the spread, the rate of spread of the infection has continued to rise in Nigeria (FMH 2009). Other agencies in struggle were the National Action Committee on AIDS (NACA); a Federal Government Coordinating Agency on AIDS-related activities and the States Action Committee on AIDS (SACA). As laudable as the efforts are, Nda (2005) has observed that most of them were concentrated in the urban centres 'to the utter exclusion of rural areas. The possible consequences are the likelihood of not achieving the goal of preventing and controlling the scourge and the

possibility of having it continually stare humanity in the face like wide fire.

Apart from rural neglect, much also seems to have not been done to take the message to the adolescents in the post-primary schools. This has the potency of endangering the lives the adolescents who at this stage is aggressively interested to explore sexual relationships. Consequently, Akinbile (2010) has suggested that there is every need to protect this set of individuals from the claws of the scourge.

However, since most of the existing interventions are in communication form and advocacies, the question of what could have really gone wrong with the methods has remained giving the spate of the disease. It is assumed however, that most of the students have had little or skewed information about the virus. Effective information has always been sacrosanct in most developmental actions and must to be available, user friendly and accessible to each age category to achieve expected behavioral change. Students are known to have youthful minds with penchant for the eventful and spectaculars; thus an information package and process that readily attracts, sustains interest, and ensures profundity is sine qua non.

This implies that, successful intervention can only be possible and sustainable if there is a sound communication strategy with which to effectively and swiftly reach targeted audience. Therefore, appropriate combination of communication channels is crucial in ensuring that interventions reach intended population and minimize the time lag in their awareness and adoption. It is against this background that Ajayi *et al.*, (2010) advocated for information needs identification as a first step in the development of any activity for any group. Need in this context can also be described as a discrepancy or gap between "what is", or the present state of affairs in relation to a group and situation of interest, and "what should be", or desired state of affairs.

### Statement of problem

The rising trend of HIV/AIDS in sub-Saharan Africa, and Nigeria in particular has continued to generate grave concern. Cohen (2009), and (Nda 2012) has corroborated this stating that the scourge is moving higher in countries like Cote d' Ivoire and Nigeria. This has necessitated appreciable popularization across the continent by various private and public agencies. In Nigeria, NACA, SACA and Association for Reproductive and Family Health have been in the forefront.

These e efforts were intended and targeted at terminating the spread of the scourge by contacts amongst individuals. Incidentally, these activities have been observed to unknown by many as their concentration were more in the urban areas to the

exclusion of rural areas, where a great majority of the people live (Nda, 2005). Apart from the rural urban disconnect from the awareness drive, much is also reported to not have been done in taking the message to adolescents in rural post-primary schools (Nda 2005). Such unwarranted negligence has been acknowledged and described as dangerous (NACA 2004). In corroborating the danger, the situation poses, Nda (2012) revealed that HIV/AIDS is capable of engendering increased number of adolescents in Nigeria, to the extent that about 60% of the infections are traced to people between the ages of 15 and 25.

Considering that the transmission is from person to person, it can be assumed that an unchecked spread, especially among adolescents portends serious threat to the continuity of Nigeria as this signals near-extirmination of such important segment of the nation's future workforce. In the same vein, the eventual death of such persons within the African extended family system and socio-economic relationship depicts painful economic incapacitation of potential dependants.

Many factors have been identified to increase the vulnerability of students HIV. However, lack of knowledge has been identified as one of the leading factors (Joint United Nations Programme on HIV/AIDS; 1997). Similarly, while many channels exist through which information can be provided to young school children and effect significant changes in knowledge and attitudes towards HIV, there is also the possibility that some them may not facilitate achievement of the desired result (Joint United Nations Programme on HIV/AIDS; 1997). It is against this background that the study is aimed at finding out the areas of information needs of students on HIV/AIDS.

### Objectives of the study

The general objective of the study is to find out information needs of rural secondary students on HIV/AIDS in Katsina State, Nigeria. The specific objectives include to:

1. Ascertain respondents' sources of awareness on HIV/AIDS
2. Ascertain information needs of the respondents on HIV/AIDS
3. Identifying constraints to respondents' access to information on HIV/AIDS

### Literature Review

The now terrifying and deadly nature of Human Immuno-Deficiency Virus (HIV) dates back to 1983 when it was first diagnosed from the lymph node of a man who was at the point of developing the Acquired Immune Deficiency Syndrome (AIDS) (Encarta 2005). Since its emergence in Nigeria in 1985, its prevalence and spread has widened like wild fire; affecting steadily over 4 million citizens (Sa'ad 2008). Across the world, the Joint United Nations Programme on HIV/AIDS

(2003) estimated it to have affected over 39.4 million people with over 3.1 million deaths.

The spate of its spread has reportedly, placed Nigeria the 4<sup>th</sup> largest in the world as at 2006 (Shokunbi *et al.*, 2006; Ojeme 2011) and by 2011, the 3<sup>rd</sup> on the countries with the highest prevalence in the world (Ajayi & Omotayo, 2011). Sa'ad (2008) further reported the steady spread in Nigeria to be: 1.8%, 4.5%, 5.8%, 5.0%, and 4.4%. 3.8% in 1991, 1996, 2001, 2005, 2006 and 2008 respectively. The report further revealed that, of the nearly 40 million people afflicted worldwide, sub-Saharan Africa is one of the top three locations with over 23 million cases

In 2020, Nigeria was again revealed to have 86, 000 new cases of HIV and 49,000 deaths resulting in the country having the biggest number of its population suffering from the virus in West and Central Africa Women (Ukaegbu *et al.*, 2022). Incidentally also, women were more at risk, explaining the reason why Nigeria is also having the highest number of annual HIV infections among children in the world (Ukaegbu *et al.*, 2022).

The symptoms of the disease among others; body weakness, constant and excessive cough, stooling, lost of body weight and rashness while unprotected sexual relation with an infected person through vaginal intercourse, oral sex and anal sex are potential means of contacting the it (Nda 2012). Others sources include sharing of sharp objects with an infected person, unscreened blood transfusion and mother to child transmission. In corroboration, Ogundipe (2005) stated that some 80% of HIV/AIDS infections in Nigeria are transmitted by heterosexual sex, blood transfusion 10% while the remaining 10% are acquired through other routes such as mother-to-child transmission, homosexual sex and drug use by injection.

The alarming rate of the spread has continued to be a major source of concern at national and international levels. Its devastating pangs also is better described than experienced as it is worse off than the current excruciating effects of Boko Haram, kidnapping and banditry menace across the length and breadth of Nigeria. Of the figure so affected, the adolescents are seemingly risk. This is because interest in sexual relation and experimentation among people of this age bracket are high (Bankole & Mabekoje 2008).

It has also been reported that despite efforts made by national and international donor agencies like UNESCO, USAID, WHO and NGOs to raise funds for campaign against the menace, the rate of spread of the infections has remained unabated rising from 4.5% to 5.4% in Nigeria (Ogunbiyi, 2006, FMH, 2009, Ukaegbu *et al.*, 2022). The United Nations Organization (UNO) in realization of the importance to combat the spread had in year 2000 committed about 196 heads of states in

the crusade of what became the 6<sup>th</sup> Millennium Development Goal (MDG). In Nigeria, the National Action Committee on AIDS (NACA), which is the federal government coordinating agency on AIDS-related activities and States Action Committee on AIDS (SACA) were also established. The World AIDS Day is now being celebrated in all states of the country every year. This is addition to organization of seminars, workshops and symposia in various parts of the country, on the HIV/AIDS problem (Nda, 2005).

However, Nda (2012) has observed that most of these activities seem to be concentrated in the urban centres 'to the utter exclusion of the rural areas where a great majority of the people live. The consequence is the spread of HIV/AIDS has continued to stare man in the face implying that the possibility of achieving the goal of taming the tide in Nigeria is slim. Apart from rural neglect, much has not been done to take the message to adolescents in post-primary schools (Nda, 2012). This negligence has been acknowledged by NACA (2004) when it describes the in-school youth age of 14 and below as lacking access to correct HIV information. The source also described in-school youth of 15 to 19 years as possessing 'limited access to correct information and services' and low sense of personal risk of HIV infection'. Also studies conducted in the USA, India and Nigeria showed that negative attitude as demonstrated in these countries were due to poor knowledge of HIV (Zierler *et al.*, 2000). NACA (2004) further buttressed that although, the situation could be location specific, the fact remains that the epidemic is engendering to adolescents in the country as about 60% of the recent infections are traced to young people between the ages of 15 and 25years. Bankole & Mabekoje, (2008) also attributed this to the fact the stage is the time when adolescents begin to be interested in sexual relationships and would want to experiment with sex without giving much consideration to its health implications Akinbile (2010) suggested that this set of individuals who contribute to the economic activity of nations needs to be protected from claws of HIV/AIDS.

However, since most of the interventions have come in communication form and advocacy, the question that could be asked is what has really gone wrong with methods already used or currently being used? Perhaps, most of them may have had little or much skewed information about the virus. Information is a key instrument in most development actions and need to be available, user friendly and accessible in a form that should suit and serve each age category. Hunter (2005) captured information as key in addressing the spread of HIV/AIDS. This is because of the power of information in achieving behavioral change in any given society. It has been pointed out that when information is used inappropriately it leads to wastage of scarce funds as well as develops in the expected recipients, thick skin against acceptance of the

message being communicated (Akinbile, 2010). Ajayi *et al.*, (2010) opined that how far people progress in whatever they do depends largely upon availability and access to accurate and reliable information. Students have youthful minds with penchant for the eventful and spectacular, thus an information package and process that readily attracts, sustains interest, and ensures profundity is necessary and to be identified (Ajayi *et al.*, 2010).

## METHODOLOGY

The study was carried out in Katsina State located in the North-West zone of Nigeria. The state, covers an area of 23,938 sq. km and is located between latitudes 11°08'N and 13°22'N and longitudes 6°52'E and 9°20'E and is bounded by Niger Republic to the north, Jigawa and Kano States to the east, Kaduna State to the south and Zamfara State to the West with annual rainfall that ranges from 800m to 1000mm (NARP 1994). The major ethnic groups are the Hausas and Fulanis who are mainly Muslims.

The population of the study was rural secondary school students in the 34 local Government areas (LGAs). Multi-stage sampling procedure was used in selecting the respondents. Of the 34 LGAs, about 16 are rural. Using simple random sampling technique, 6(40%) LGAs were selected (Batsari, Baure, DanMusa, Musawa, Ingawa and Dandume). The third stage involved simple random sampling of 5 secondary schools in each of the selected LGAs to get 30 schools. Six students were selected from the list of students from each school using systematic sampling procedure to give a sample size of 180 that was used for the study.

A structured questionnaire was used to collect data. Information needs of respondents, was measured on a 3-point scale of High (3), Moderate (2) and Low (1). The mean values for each information need were obtained and used to rank respondents' needs on the basis of importance. A score of information needs was obtained also for each of the respondents and used to categorize them into high information need ( $\geq$  mean) and low information need ( $<$  mean). Constraints to accessing information on HIV/AIDS were measured based on level of severity, ranging from serious = 2, Mild = 1, not a constraint = 0. An index of constraints was obtained and used to test relationships between variables. Access to information sources was measured on a 4-points scale of daily, weekly, fortnightly, monthly, yearly, never accessed with scores of 5, 4, 3, 2, 1 and 0 assigned respectively. Frequency counts, percentages, means and standard deviation (SD) were the descriptive tools used in the analysis, while chi-square and Pearson Product Moment Correlation (PPMC) were used test relationship between variable.

## RESULTS

### Respondents' personal characteristics

The personal characteristics of the respondents investigated were age, gender, religion, place of residence, class, awareness and membership to association. The results on Table 1 revealed that 54.4% of the respondents were within the age bracket of 16-20 years of age. On gender, 62.8%, 37.2% were males and females respectively, 98.9% belonged to the Islamic faith with 67.8% of them as non-boarded students. Result on awareness of HIV/AIDS indicated that 83.3% were aware while 57.2% did not belong to any social organization.

**Table 1: Distribution of respondents based on personal characteristics**

Personal characteristics	F	%
<b>Age:</b>		
Less or equal 15	75	41.7
16-20	98	54.4
21-25	7	3.9
<b>Gender:</b>		
Male	113	62.8
Female	67	37.2
<b>Religion:</b>		
Islam	178	98.9
Christian	2	1.1
<b>Place of residence:</b>		
Boarding	58	32.2
Non boarded	122	67.8
<b>Awareness of HIV/AIDS:</b>		
No	30	16.7
Yes	150	83.3
<b>Membership to Association:</b>		
No	103	57.2
Yes	77	42.8

### Source of information on HIV/AIDS

Table 2 shows that respondents obtained information always from school authority (39.4%) while radio (40.0%), television (39.4%), health workers (33.9) and posters (29.4%) were occasionally provided information on HIV/AIDS. Interestingly, 96.1%, 87.2%, 63.9%, 63.9% and 61.7% never received information from church, teachers, internet, personal experience and association respectively.

Other sources that never provided information to the respondents were change agents (58.2%), counselors (57.2%) mosque (53.9%) and relatives (48.3%). However, radio ( $\bar{x} = 2.01$ ) and school authority ( $\bar{x} = 1.99$ ), television ( $\bar{x} = 1.61$ ) and posters ( $\bar{x} = 1.57$ ) ranked 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> respectively as sources of information.

**Table 2: Distribution of respondents based on source of information**

Sources	Always	Occasionally	Rarely	Never	Mean	Rank
Radio	69(38.3)	72(40.0)	10(5.6)	29(16.1)	2.01	1 <sup>st</sup>
Personal experience	17(9.4)	22(12.2)	26(14.4)	116(63.9)	.67	14 <sup>th</sup>
NGO	14(7.8)	31(17.2)	28(15.6)	107(59.4)	.73	11 <sup>th</sup>
Television	49(27.2)	71(39.4)	4(2.2)	56(31.1)	1.61	3 <sup>rd</sup>
Posters	50(27.8)	53(29.4)	26(14.4)	51(28.3)	1.57	4 <sup>th</sup>
Health workers	42(23.3)	61(33.9)	15(8.3)	62(34.4)	1.46	5 <sup>th</sup>
Relatives	14(7.8)	48(26.7)	31(17.2)	87(48.3)	.94	9 <sup>th</sup>
Friends	11(6.1)	57(31.7)	36(20.0)	76(42.2)	1.02	8 <sup>th</sup>
Newspapers	21(11.7)	48(26.7)	28(15.6)	83(46.1)	1.04	7 <sup>th</sup>
Church	0(0.00)	0(0.00)	7(3.9)	173(96.1)	.04	17 <sup>th</sup>
Mosque	38(21.1)	32(17.8)	13(7.2)	97(53.9)	1.06	6 <sup>th</sup>
Association	10(5.6)	39(21.7)	20(11.1)	111(61.7)	.71	12 <sup>th</sup>
Internet	8(4.4)	33(18.3)	24(13.3)	115(63.9)	.63	15 <sup>th</sup>
Counselors	11(6.1)	34(18.9)	32(17.8)	103(57.2)	.74	10 <sup>th</sup>
Change agents	8(4.4)	34(18.9)	33(18.3)	105(58.3)	.69	13 <sup>th</sup>
School authority	71(39.4)	67(37.2)	11(6.1)	31(17.2)	1.99	2 <sup>nd</sup>
Teachers	7(3.9)	9(5.0)	7(3.9)	157(87.2)	.26	16 <sup>th</sup>

### Areas of information needs

The result on Table 3 shows that information needs of respondents on choice of marriage partner (76.1%), sources of infection (73.3%), availability of sources of medical services (67.8%) and how to seek redress in the event of discrimination/infringement of rights (62.2%) were high. Also, information needs on signs and symptoms (72.6%), availability and sources of anti-viral drugs (73.3%), latest vaccines to boost immunity (51.1%), appropriate time to take meals (66.1) and appetite booster meals were moderate. The study further revealed that signs and symptoms ( $\bar{x} = 2.68$ ), choice of marriage partners ( $\bar{x} = 2.66$ ), availability of antiretroviral drugs ( $\bar{x} = 2.63$ ) and

sources of infection ( $\bar{x} = 2.62$ ) ranked 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> respectively as areas of information needs.

Table 4 shows the summary of students' level of information needs on HIV/AIDS. The respondents are categorized into two based on their levels of information needs using the overall mean (40.11) information score as a benchmark. Respondents with scores of 40.10 and below were categorized as low while those with scores 40.11 and above were categorized as high. The result revealed that majority (67.2%) had high level of information needs as against 32.8% of the students with low level of information needs on HIV/AIDS.

**Table 3: Distribution of respondents based on areas of information need**

Areas of information	Low	Moderate	High	Mean	Rank
Signs and symptoms	16(8.9)	131(72.6)	33(18.3)	2.68	1 <sup>st</sup>
Availability and sources of anti retroviral drugs	11(6.1)	132(73.3)	37(20.6)	2.63	3 <sup>rd</sup>
Latest vaccines to boost immunity	18(10.0)	92(51.1)	70(38.9)	2.48	9 <sup>th</sup>
Appropriate time to take meals	15(8.3)	119(66.1)	46(25.6)	2.37	14 <sup>th</sup>
Appetite booster meals	19(10.6)	106(58.9)	55(30.6)	2.46	11 <sup>th</sup>
NGOs that support people living with HIV/AIDS (PLWHD)	31(17.2)	93(51.7)	56(31.1)	2.50	8 <sup>th</sup>
Available sources of grants/aids/supports/scholarship for PLWHD	15(8.3)	126(70.0)	39(21.7)	2.55	6 <sup>th</sup>
Availability of suitable jobs	37(20.6)	101(56.1)	45(23.3)	2.47	10 <sup>th</sup>
Preventive measures	19(10.6)	111(61.7)	50(27.8)	2.59	5 <sup>th</sup>
Possibility of having HIV/AIDS free children	14(7.6)	132(73.3)	34(18.9)	2.42	13 <sup>th</sup>

Areas of information	Low	Moderate	High	Mean	Rank
Healthy living lifestyle that can ensure others from being infected	42(23.3)	92(51.1)	46(25.6)	2.59	5 <sup>th</sup>
Government policies and plan on HIV/AIDS	20(11.1)	111(61.7)	49(27.2)	2.42	13 <sup>th</sup>
Seeking redress in the event of discrimination/ infringement of rights	34(18.9)	34(18.9)	112(62.2)	2.43	12 <sup>th</sup>
Availability sources of medical services	24(13.3)	34(18.9)	122(67.8)	2.54	7 <sup>th</sup>
Sources of infection	21(11.7)	27(15.0)	132(73.3)	2.62	4 <sup>th</sup>
Choice of marriage partner	18(10.0)	25(13.5)	137(76.1)	2.66	2 <sup>nd</sup>

Table 4: Respondents' level of information needs on HIV/AIDS

Level of constraints	F	%	Minimum score	Maximum score	Mean score	SD
High (< mean)	121	67.2	16.00	48.00	40.11	9.92
Low (> mean)	59	32.8				
Total	180	100				

### Constraints to information sources

The various constraints to information sources were also examined in order of severity as shown on Table 5. The result indicated that 94.3% rated insufficient rural awareness campaign, lack of television viewing centre in school (73.3%), lack of power supply in schools (72.8%) and poor coverage of HIV/AIDS news on newspapers/magazines/newsletters (70.0%) as mild constraints. Also rated mild included: lack of contact with change agents (65.0%), language of communication (61.7%), fund for cell phone data subscription (61.1%), radio/TV/internet communication network (58.9%) and inadequacy of relevant students' association information (56.1%).

The study also revealed that lack of power supply (mean = 1.54), television viewing centre in school (mean = 1.52), contact with change agents (mean = 1.51) and poor coverage of HIV/AIDS news on newspapers/magazines/newsletters (mean = 1.48) ranked 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> as constraints to respondents' access to information on HIV/AIDS. The earlier study of Ikwaakam and Lawal (2016) also found lack of extension agents' contact, poor television network and power supply as major constraints to sesame farmers' access to information. The summary of respondents' level of constraints in accessing information is presented in Table 6. The result shows that 63.3% were found to have a high level of constraints.

Table 5: Distribution of respondents based on constraints to information

Constraints	Serious	Mild	Not a constraint	Mean	Rank
Lack of contact with change agents	38(21.1)	117(65.0)	25(13.9)	1.51	3 <sup>rd</sup>
Power supply	16(8.9)	131(72.8)	33(18.3)	1.54	1 <sup>st</sup>
Lack of television viewing center in school	11(6.1)	132(73.3)	37(20.6)	1.52	2 <sup>nd</sup>
Lack of radio	18(10.0)	92(51.1)	70(38.9)	1.12	12 <sup>th</sup>
Lack radio/TV programs on HIV/AIDS	15(8.3)	119(66.1)	45(26.0)	1.42	5 <sup>th</sup>
Radio/TV/internet communication network	19(10.6)	106(58.9)	55(30.6)	1.28	9 <sup>th</sup>
Lack of newspapers/magazine/newsletter	31(17.2)	93(51.7)	56(31.1)	1.21	11 <sup>th</sup>
Poor coverage of HIV/AIDS news on Newspapers/Magazine/newsletter	15(8.3)	126(70.0)	39(21.7)	1.48	4 <sup>th</sup>
Lack of relevant students' association	37(20.6)	101(56.1)	42(23.3)	1.33	8 <sup>th</sup>
Inadequate of understanding the language of communication	19(10.6)	111(61.7)	50(27.8)	1.34	7 <sup>th</sup>
Insufficient rural awareness campaign	14(7.8)	132(73.3)	34(18.9)	1.54	1 <sup>st</sup>
Timing of radio/TV programme on HIV/AIDS	42(23.3)	92(51.1)	46(25.6)	1.26	10 <sup>th</sup>
Fund for cell phone data subscription	20(11.1)	111(61.7)	47(26.1)	1.38	6 <sup>th</sup>

Table 6: Respondents' level of constraints to information sources on HIV/AIDS

Level of constraints	F	%	Minimum score	Maximum score	Mean score	Standard deviation
High (>mean)	114	63.3	0.00	51.00	29.1556	10.35397
Low (< mean)	66	36.7				
Total	180	100				

### Relationship between variables

The result of Chi-square analysis as presented in Table 7 showed a significant relationship between

awareness ( $\chi^2 = .060$ ) and respondents' information needs. The result also revealed no significant association between respondents' sex ( $\chi^2 = 10.874$ ),

religion ( $\chi^2 = .986$ ), place of residence ( $\chi^2 = .467$ ), class ( $\chi^2 = 10.968$ ) and membership ( $\chi^2 = 0.610$ ) and

their information needs on HIV/AIDS.

**Table 7: Chi square analysis of the relationship between selected personal characteristics and respondents' level of information needs on HIV/AIDS**

Variables	$\chi^2$	Df	P	Decision
Sex	10.874	1	0.239	NS
Religion	.986	1	0.074	NS
Place of residence	.467	1	0.494	NS
Class	10.968	5	0.243	NS
Membership of association	0.610	1	0.058	NS
Awareness	.060	1	0.018	S

In the same vein, the result of PPMC analysis in Table 8 revealed that information sources ( $r = 0.274$ )

and constraints ( $r = 0.528$ ) had significant correlation with respondents' level of information needs.

**Table 8: Relationship between respondents' information sources, preference, constraints, age, family size and their level of information needs**

Variables	r	P	Decision
Information sources	0.274	0.000	S
Constraints	0.528	0.000	S
Age	0.114	0.127	NS

## DISCUSSION OF FINDINGS

The result on the age of the respondents is an indication that majority were still within the normal secondary school age, a trend that has serious implication for information seeking on HIV/AIDS. The result is in tandem with the study of Ikwaakam *et al.*, (2016) and NDHS (2004) which, revealed students of similar age bracket as being in the secondary school level in Katsina State and Nigeria respectively.

The male gender was revealed to be more number than the female. This is contrary to what obtains in most schools in southern region of Nigeria where girls are more in numbers than the boys. The implication is that the female gender will continue to suffer setback in developmental policies and implementation in the State. The result confirms the earlier report that Katsina and Sokoto have more male gender enrollment in schools than the girl child (FGN/UNICEF/UNESCO/UNDP E-2001). That majority of the students were Muslims was line with a priori expectation as most northern States in Nigeria are dominated by Muslim faithful. Ikwaakam *et al.*, (2016) found similar trend in Katsina State.

On the students' place of residence, most of the students were revealed not to be living in schools' hostels but attending school either from their homes or rented accommodation outside the schools. This could be attributed to the spat insecurity ravaging the north, proximity of schools to students' homes or cost to parents in keeping their wards in school and maintaining the homes too. The result is in conformity with that of Ikwaakam *et al.*, (2016) but contradicts that of (Akingbohunge & Akinluyi 2012).

The result that most respondents have knowledge of HIV/AIDS implies that the awareness creation efforts by relevant agencies were able to put the respondents in the know. The result is consistent with that of Chah *et al.*, (2009) which revealed that workers in a plantation in Cameroon have knowledge of HIV/AIDS. Majority of the students were not members of any association or social group. This may pose a threat to rate of information on HIV/AIDS, its etiology, transmission, symptoms and prevention among the students. This implies that emphasis was placed more on formal information sources which, relatively is good enough. It was unexpected that internet and teachers particularly did not contribute significantly.

The reasons could be lack of interest on the part of teachers and the fact the use of internet requires money for data, availability of internet facility and knowledge of computer which the students may not have. The result confirms the earlier findings that radio (Bangbose *et al.*, (2014), Ewebiye *et al.*, (2012) and educational (Ikwaakam *et al.*, 2016) are information sources for social change and conformity to cultural and moral standards in the society.

The awareness which majority claimed to have and the sources can be adjudged insufficient and ineffective in providing them information on various areas of need. The high rate of information needs by such vulnerable and significant segment of the society depicts negligence and portends serious danger to the well being and continuity of the society. This has been acknowledged by NACA (2004) when it describes the in-school youth age of 14 and below as lacking access to correct HIV information, services and low sense of personal risk of HIV infection. Pennington (2006)

findings further concurred that lack of health information and education are crucial factors contributing to spread of HIV/AIDS in Nigeria.

The constraints also were expected in view of the inadequate and in some place absolute absence of power supply, cost of data subscription and communication networks in most rural communities. The constraint of language of communication means that students had difficulty in understanding the language with which the information were made available. It further implies that neither student's interests, levels nor the culturally-heterogeneous nature of school community were adequately not put into consideration during awareness creation, writing and news broadcasting on HIV/AIDS. It also, implies that these barriers need to be removed if they are to access required information on HIV/AIDS.

The result of Chi-square analysis that showed significant relationship between awareness and respondents' information needs was expected. Also expected was the result which revealed no signification association between respondents' gender, religion, place of residence, class, membership and their information needs on HIV/AIDS. This because people's level and quality of awareness on an issue has relatively given an insight on the quality of publicity associated such issues. However, the result on awareness runs contrary to that of Olujide *et al.*, (2001) on perceived effects of dredging the Lower Niger River on income generating activities of women in Niger Delta of Edo State.

## CONCLUSION

Based on the findings of the study, it is concluded that students were aware of HIV/AIDS in Katsina State even though teachers did not effectively provide them with them. Access to information sources was constrained by lacks of power supply, television viewing centers in schools, contact with change agents, poor coverage of HIV/AIDS news on newspapers/magazine/newsletters and language of communication. Thus, level of constraint to information access was high. Whereas, level of information needs was high, signs and symptoms, choice of marriage partners, availability of antiretroviral drugs and sources of infection constituted major areas of information needs on HIV/AIDS.

## RECOMMENDATIONS

Based on the conclusions, the following recommendations are made:

1. The distinct peculiarities of school as a culturally heterogeneous community should be studied and noted. In this sense, appropriate use of three major Nigerian languages: Hausa, Ibo and Yoruba are *sin qua non* in HIV/AIDS awareness creation in schools

2. Teachers should team up with schools' authorities with a view to adopting a strategy in disseminating information on HIV/AIDS to students
3. Government in collaboration with non-governmental agencies should see provision of electricity and television viewing centers in schools as a necessity rather than luxury
4. More awareness creation is important particularly on the identified areas of information needs through more radio/television programmes aired at the right time
5. Newspapers/magazine/newsletters outfits should improve on their HIV/AIDS news coverage and place such on strategic pages in both English and local languages.

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