

Perceived Factors Predicting Against the Control of HIV/AIDS in Ukwuani Local Government Area of Delta State: Implications for Health Education

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ABSTRACT

The purpose of this survey is to determine those perceived factors predicting against the control of HIV/AIDS in Ukwuani Local Government Area of Delta State. It raises issues on the implication for health education. Four research questions and hypotheses guided the study. The instrument for the study is a questionnaire. The population for this study is 440 HIV/AIDS patients who were currently receiving treatment in HIV/AIDS Centre at the time of study. The sample size is 120 respondents. Instrument is validated in its surface and content value. The reliability of the instrument is ascertained through test-retest method. The data generated were analysed using simple percentage and multiple regression analysis. The findings reveal that the belief on herbal medicine, non-periodic HIV blood screening, improper distribution of aid materials and individual life-style are significantly predicting against the control of HIV/AIDS in the study area. Hence, it is recommended among others that government should warn or ban fake media advertisement on herbal medicine. HIV test, condom and Anti retroviral drugs should be given to people free of charge, then individuals should strictly be adherent to HIV/AIDS education.

Keywords: *HIV Aids, Silent Killer, Periodic Screening, Investigation.*

INTRODUCTION

The issue in this study is geared towards difficulty in controlling Human Immune Virus and Acquired immunodeficiency syndrom (HIV/AIDS) in our society. Despite the huge financial involvement, extensive campaign, seminars, teaching and its epidemiology, yet HIV/AIDS remain recurrent health issue in Nigeria. There is no doubt that the full funs supposedly derived from sexual activity have been drastically decreased as a result of scourges from uncertain diseases of unknown generation called HIV/AIDS. It is unknown generation because of an individual might have contacted this disease unknowingly and live with it unnoticed (Dowek, Reordered and Koup, 2009). HIV/AIDS is silent miserable killer without mercy; it affects individuals at early stage without identifiable signs and symptoms unless discovered through laboratory blood test. HIV has no cure but it is real (WHO, 2010). Its long incubation period known as widow period contributes more danger to the prognosis of this disease because of its long existence without people knowing. HIV/AIDS

live within an individual up to 10 to 15 years depending on the body's threshold and immunity of the individual (Ogundele, 2004). Recent development according to Ogundele (2004), Achalu (1993) have shown that HIV/AIDS is epidemic, a global human tragedy especially in Sub-Saharan Africa that pose great threat to the human health all over the world, nations, communities, and individuals. It is also pandemic which affect people in the prime of their lives, moving from at risk population to border cross-section of society in other countries (Aral, 1992). It is dangerous because it cripples nation's economy individual socio political aspect in life is jeopardizing dampening the health status of a nation. Wales (1993) asserts that family dynamics is affected because the HIV epidemic place immense in psycho-social and economic pressure on families he stated that HIV well disintegrate under strain. Medical Record Statistics (2010) in the hospital have revealed that ten out of 50 that visited hospital tested HIV positive.

Report also reveals that microorganism (HIV) in the body live as long as the blood cell is alive. Research has shown that the organisms live in different blood packed cells at different location in the body. It is dangerous because HIV is opportunistic pathogen it strives in the presence of other disease condition in the body and the immune system of an infected person is suppressed making it difficult to succeed in the treatment of other minor illness in the body.

HIV/AIDS had plunged nations and societies into a state of dilemma, fighting to ensure that HIV has a total cure but to no avail; however, science has been able to proffer preventive measures to the treatment as to the discovery of Antiretrovirus drugs, vaccine, other drugs undergoing experimentation, although some people are allergic to antiretroviral drugs and human factors contribute because a good number of people do not believed that HIV is real and even at that it is curable (Enebeli, 2009). HIV/AIDS presents with various signs and symptoms that are major concern to health industries and individuals. It utilizes any sign of diseases condition presented such as weight loss above 30kg, the constant fever for more than one month, CD₄ count helps lymphocyte which are part of the body's human system (Aluyor and Erumhi, 2012).

According to Dowek, Reordered and Koup (2009), HIV/AIDS manifest it presents with the symptoms of existing illness; some people manifest with psychoses disorder such as aggression, disoriented, delirium and depression (World Health Organization, 2000). In spite of the huge attention, financial involvement, different studies, researchers, NGOs donations, constant seminar, all in attempt to find solution to HIV/AIDS have not yielded total positive result, although researchers have shown reduction of HIV cases in our society. According to Ministere du plan and macro international (2008), individual are still living in a state of quagmire, born with different opinion over issue of HIV/AIDS leading to diversified approach to HIV/AIDS control, some individuals are doctrine with self conceptualizations having the belief that HIV/AIDS does not exist (Aluyor and Erumhi, 2012). These groups of people are exposed to danger because they do not use protective measure

during sexual intercourse or adhere to health talk or education on HIV/AIDS matter. Herbal medicine has also bastardized the interest of some people refusing to take the antivirus drugs because herbal medicine is believed to handle HIV/AIDS more effectively as a result, they do not protect themselves during sexual intercourse or avoid any thing that results to HIV/AIDS. It would have been better confiding infected people out of the reach of others would have assisted in good measure to control HIV/AIDS. Because free interaction aid in the spread of HIV/AIDS in the societies, especially to unfaithful partners. But the negative effect of isolation has a great psychological trauma on the patient than the benefit.

Joint United Nations Programme Summit (2006) states that periodic clinical investigations help in early diagnosis of HIV/AIDS which will also facilitate prompt treatment. Fear of unknown, some people refuse periodic HIV/AIDS blood screening, unavailability of self test (strip test) HIV regent and confirmation test centers are not common, also hinders the control of HIV/AIDS. Ideally, HIV test is carried out every 3 months, at least 4 times annually but a good number of people do not attend to this screening. Anti retroviral drugs for now is the only hope so far in treating of HIV/AIDS. Inadequate information to downstream sector (grassroots) was also discovered. A good number of people are not aware of the gravity and deadly features associated with HIV/AIDS, for not adherent to health instruction unless they are trapped with HIV. A wicked victim stood a significant risk to the spread of this disease; he may be aggressive, furious and show apathy by sleeping with others. This poses very difficult challenge to the control of the disease. HIV/AIDS is pandemic, so the control measures seen to be stricter with international countries than developing countries.

Despite the continuous jingo in the mass media to ensure information get to the grassroots, teaching, the roll of health educators, medical practitioners in attempt to control HIV/AIDS the disease seems not to receive up to 60 percent achievement, laboratory test result still widely shows spread of HIV/AIDS clinic, relapsed in trend of improvement, Okudaye (2012) states that adolescents are indulged in drug use on sexuality had resulted to physical injuries received by raped victims vaginal bleeding, infection, STDs (HIV/AIDS) decreased sexual desire during sexual intercourse and chronic pelvic pain (Eby *et al* 1989). Proton and Lyn (2000) state that rape still remain the order of the day, intuitional belief dominant among our youths, with the saying “any die na die”, the nation economy is crumbling, nation health status and programmes are highly affected, yet people continue to damn the consequences of HIV/AIDS and it will not stop spreading (Eby, Collect, Cordle, Steward and Apper, 1989).

As a result of non total eradication of HIV/AIDS from the society and problem posed in the control of HIV/AIDS the researcher decided to investigate the factors predicting against the control of HIV/AIDS and its health implications. The focus of this study is to determine the perceived factors predicting against the control of HIV/AIDS, with a view to finding out specifically, if individual belief on

herbal medicine, improper distribution of aid material, non- periodic HIV blood screening and individual lifestyle can predict against the control of HIV/AIDS since there appears to be a depth of knowledge in these area in the location of the study. Wales (1993) states that Human immune virus (HIV) is a lent virus, (a member of the retrovirus family) that causes acquired immunodeficiency syndrome (AIDS) a condition in human in which progressive failure of the immune system allows life threaten opportunistic infection and cancer to thrive. Infection with HIV occurs by transfer of blood semen, vaginal fluid, pre-ejaculation, or breast milk within these bodily fluids, HIV is present as both free virus particle and virus within infected immune cells. Means of transmission of this disease is unsafe sex, contaminated needles, breast milk and transmission from an infected mother to her body at birth (parental transmission). It is pandemic (WHO, 2000), the control through retrovirus treatment which had reduced the multiplications of this organism, to accept this drug becomes the problem of some people (Wales, 1993), more also the antiretroviral drugs have not been able to spread to all part of the world.

Information, money disbursed, material anti retroviral drug do not get to the root as a result, some people are being deprived of these benefit making the control difficult, in charge of various policies and programme making inadequate to deliver a real result needed. PDF reported how HIV/AIDS are increasing spread wide among gay and bisexual, Joint United Nation Program on HIV/AIDS (2005) shows overview global epidemic nature of HIV/AIDS (IDC (HIV/AIDS Summit 2000). A joint United Nations Programme on HIV/AIDS (2006) reports that psychologists can help combat AIDS through their dual role as skilled researchers and health care providers, media houses, family health care, with their dominating assistance to ensure the masses get preventive items failed. In all the literature cited above, none attempted to investigate the factors predicting against the control of HIV/AIDS in Delta State. This study therefore is intended to identify some of the problems that act as factors predicting against the control of HIV/AIDS in Ukwuani Local Government Area. In an attempt to identify the factors predicting against the control of HIV/AIDS. Consequently, the following questions arose to guide the study.

1. Does belief on herbal medicine significantly predict against the control of HIV/AIDS in Ukwuani Local Government Area?
2. Does non- periodic HIV blood screening predict against control of HIV/AIDS in Ukwuani Local Government Area?
3. Does improper distribution of aid materials predict against the control of HIV/AIDS in Ukwuani Local Government Area?
4. Does individual life style predict against the control of HIV/AIDS in Ukwuani Local Government Area?

The following null hypotheses were formulated to guide the study

- H₀1. Use of Herbal Medicine would not significantly predict the control of HIV/AIDS in Ukwuani local government area?

- H₀2. Periodic HIV blood screening would not significantly predict against the control of HIV/AIDS in Ukwuani Local Government Area?
- H₀3. Improper distribution of aid materials would not significantly predict against the control of HIV/AIDS in Ukwuani Local Government Area?
- H₀4. Individual Life style would not significantly predict against the control of HIV/AIDS in Ukwuani Local Government Area?

The result will be beneficial to health educators, health workers, curriculum planners, formulators of health policies, and health implementors, NGOs, All arms of media will use the result provided in this study to educate the masses on the factors predicting against the control of HIV/AIDS. The main purpose of the study is to investigate the perceived factors predicting against the control of HIV/AIDS in Ukwuani Local Government Area.

PARTICIPANTS AND PROCEDURE

The researcher adopts the descriptive survey method for this study. This method was considered appropriate because it helps to collect data record, analyze, and interpret or describe information, as they exist in natural settings. The population for this study is made up of 440 people whose records were seen at the time of visit to the hospitals receiving treatment. The sample size comprises 120 HIV/AIDS patients both hospitalized and out patient. This number was made up of 40 males and 80 females. The sample size was drawn from the HIV centres in Delta State using purposive sampling technique and Accidental sampling technique was used to select the number of the respondents needed for the study. The instrument for the collection of data was a self-structured questionnaire. The items were provided with optional answers from which the respondents chose responses that suit best. The questionnaire was in the four points score rating (the modified likert-type) using Strongly Agree -4; Agree -3; Disagree -2; Strongly Disagree -1.

The face and content validity of the research instrument were ascertained by the experts in the field of Health Education and some lecturers in the physical and health education department. The validity of instrument was based on the constructive criticism, suggestion, comment, modification and the remarks, which were incorporated to improve the face and content validity of the instrument. The reliability of the instrument was ascertained through the test-retest process. The data collected through the test-retest process were analyzed by using the Pearson product moment correlation coefficient (r). The instrument was considered reliable because it had correlation coefficient for the subscale as 0.87. The researcher visited the hospitals and distributed the copies of questionnaire the same way it was retrieved. The completed copies of questionnaire were collected and the responses were tallied to get their frequencies. The simple percentage statistics was used to analyze the research questions while multiple regression analysis was used to test the stated hypotheses. All hypotheses were tested at 0.5 level of significance. The results of the data analysis are presented on tables.

RESULTS AND DISCUSSION

Table 1 indicates that 18.3% of the male respondents agreed, and 8.3% disagreed. While 66.7% of the female respondents agreed and 6.67% disagreed to the fact that believe on herbal medicine predict against the control of HIV/AIDS. On the whole, 85% agreed that believe on herbal medicine predicts against the control of HIV/AIDS while 15% disagreed. Therefore, the conclusion can be drawn that they believe on herbal medicine predicted against the control of HIV/AIDS in Ukwuani Local Government Area.

Table 2 shows that 20.8% of the male respondents agreed while 12.5% disagreed, on the other hand 50% of the females agreed and 16.67% females disagreed to the fact that lack of non-periodic blood screening predicts against the control of HIV/AIDS. In other words, a total of 66.7% of the both female and male respondents agreed that lack of periodic blood screening predicts against the control of HIV/AIDS while 33.3% disagreed. Therefore, the conclusion can be reached that non-periodic blood screening predicts against the control of HIV/AIDS in this study. Table 3 indicates that 29% of the male respondents agreed, and 12.5% disagreed while 50% of the female respondents agreed and 8.33% disagreed to the fact that improper distribution of HIV/AIDS preventing materials contribute to difficulty in control of HIV/AIDS.

On the whole, 79% of both male and female respondents agreed that improper distribution of aid materials contribute to the control of HIV/AIDS while 20.8% disagreed. Therefore, the conclusion can be drawn that improper distribution of preventive materials predict against the control of HIV/AIDS. Table 4 shows that 25% of male respondents agreed and 8.33% disagreed while 50% of female respondents agreed to the fact that individual life style predict against the control of HIV/AIDS while 16.67% disagreed. Total of 75% of both respondents agreed while 25% disagreed. Conclusion can be drawn that individual life style predict against the control of HIV/AIDS.

Table 5 shows that belief on herbal medicine has a significant relationship with HIV/AIDS among people who were involved in this study. The computed R was found to be significant. Therefore, the null hypothesis, which states that belief on herbal medicine does not significantly predict against the control of HIV/AIDS, was rejected. Therefore, the alternate hypothesis which states that belief on herbal medicine significantly predicts against the control of HIV/AIDS was retained. On table 5, believe on herbal medicine accounted for 9.0% amount of variance in HIV/AIDS control. The computed beta weight of belief on herbal medicine was which yielded a significant value. The conclusion can be drawn that belief on herbal medicine predicts against the control of HIV/AIDS in Ukwuani Local Government Area. Table 6 shows that failure to attend periodic HIV blood screening has a significant relationship with the control of HIV/AIDS among people involved in this study. The computed multiple value was found to be significant. Therefore the null

hypothesis, which states that failure to go for periodic blood screening does not predict against the control of HIV/AIDS was rejected. Therefore the alternate hypothesis which states that failure to go for periodic blood screening predicts against the control of HIV/AIDS was retained. The factor accounted for 8.0% amount of variance in the control of HIV/AIDS. The regression coefficient of .41 was subjected to a t-test. The computed beta weight of blood screening was .20 which yielded a significant t value .4.26 $P < 0.5$. Therefore, conclusion can be drawn that failure to go for periodic blood screening predicts against the control of HIV/AIDS in Delta North Senatorial District.

Table 7 shows that improper distribution of aid material is a significant factor predicting against the control of HIV/AIDS. The computer value was found to be significant. Therefore the null hypothesis, which states that improper distribution of aid material would not significantly predict against the control of HIV/AIDS was rejected. This implies that improper distribution of aid materials predict against the control of HIV/AIDS. As shown on table 7, the factor accounted for 70% amount variance in the control of HIV/AIDS. The computed beta weight of improper distribution as aid materials yielded a significant t-value. Hence, conclusion can be drawn that improper distribution of aid materials predicted against the control of HIV/AIDS among people in Ukwuani Local Government Area of Delta State.

Table 8 shows that individual lifestyle has a significant relationship with the control of HIV/AIDS. The computed R value was found to be significant. Therefore, the null hypothesis which states that individual lifestyle would not significantly predict against the control of HIV/AIDS was rejected. Therefore alternate hypothesis which states that individual lifestyle predict against the control of HIV/AIDS was retained. Individual style lifestyle accounted for 6.0% amount of variance in the control of HIV/AIDS among people in this study. The computed beta weight of individual lifestyle yielded a significant t-value. This conclusion can be drawn that individual lifestyle predicts against the control of HIV/AIDS among people in this study.

The findings obtained from table 1 shows that individuals belief on herbal medicine predicted against the control of HIV/AIDS. During investigation some of these people are aware that HIV/AIDS is real and it has no cure but belief that herbal medicine can cure HIV. It was also discovered that because of this reason some people prepared up to 5 different types of root preparation, filled with gin. The preferred using the herbal preparation than going for anti retro-virus drugs thereby making the control of HIV/AIDS difficult. This is in line with Lester (1994) who states that cannabis mixture is used to prevent the spread of HIV/AIDS.

However, it has no scientific proves. During investigation many people acclaimed that herbal medicine is only means HIV/AIDS can be treated. These people believe that there are free HIV/AIDS and damp every consequence associated with the spread of HIV/AIDS. Some people have drinking, smoking, drug use as life style habit, some individuals under influence of alcohol, psychoactive drugs, influence of cannabis, high level of promiscuity are prone to having unprotected

sex. Heavy drug users and other illicit drugs use flat order and go against medical advice. This is in line with Tart (2008) who notes that heavy drug users have hedonistic attitude, they develop pleasure on things that do not give people pleasure under the influence of alcohol, intoxicated drug users cannot maintain and control their activities. A good number of people had sex under influence of alcohol or illicit drugs without condom. There are reported cases of unfaithful partners and prostitute seen in HIV centres receiving treatment. In spite of free HIV blood screening a good number of people refused turning up for blood screening, fear of blood screening has cost people not going to the hospital for proper diagnosis. This act result to spreading of HIV/AIDS because of failure to know their HIV status.

HIV/AIDS aid materials are given for preventive measures and to revitalize the body cells. These include condom, antiretroviral drugs. According to Aral (2004), there are also a vaginal gel containing tenofour, an inhibitor having high capacity of resisting HIV infection, which supposed and distributed to HIV/AIDS victims do not get to the grass roots more especially, the stipend federal government gave alongside the anti retroviral drugs disappeared on the way. This is in line with Okudaye (2012), Newswatch and other newspaper discovered that aid materials supplied to boost the health status of those infected do not get to the appropriate destination.

Table 1: Analysis of belief on Herbal Medicine predicting against the control of HIV/AIDS

Gender	Agreed	%	Disagreed	%	Total	%
Male	22	18.33	10	8.33	32	26.7
Female	80	66.7	8	6.67	88	73.63
Total	102	85	18	15	120	100

Source: Survey, 2004

Table 2: Analysis of Non-Periodic Blood Screening Predicts the Control of HIV/AIDS.

Gender	Agreed	%	Disagreed	%	Total	%
Male	22	20.8	15	8.33	40	33.3
Female	60	50	20	6.67	80	66.7
Total	105	70.8	35	29.17	120	100

Source: Survey, 2004.

Table 3: Analysis of Improper Distribution of Aid Materials predicts the Control of HIV/AIDS.

Gender	Agreed	%	Disagreed	%	Total	%
Male	35	29	15	12.5	50	41.5
Female	60	50	10	8.33	70	58.33
Total	95	79	25	20.83	120	100

Source: Survey, 2004.

Table 4: Analysis Life Style Affecting the control of HIV/AIDS

Gender	Agreed	%	Disagreed	%	Total	%
Male	30	25	10	8.33	40	33.33
Female	60	50	20	16.67	80	66.67
Total	90	75	30	25	120	100

Source: Survey, 2004.

Table 5: Analysis of Believe on Herbal Medicine Predicting the Control of HIV/AIDS.

Model	R	R ²	R ² Adjusted	Std Error of the estimate	
	0.344	0.085	0.986	1120	
ANOVA					
	DF		SS	MS	F
Regression	1		2503028	2219812	12551
Residual	198		3438028	11278	
Total	199		5941938		
Constant believe on Herbal Medicine		Unstandardized Coefficients		Standardized Coefficients	
	B		SEB	B	T
	3477		1729	280	11276
	90889		430		-3252

Source: Survey 2014.

Table 6: Analysis of Failure to attend Periodic Blood Screening and control of HIV/AIDS

Model	R	R ²	R ² Adjusted	Std Error of the Estimate	
	0.433		0.109	0.111	
				1340	
ANOVA					
	Df		SS	MS	F
Regression	2		107876	2104021	9.861
Residual	197		267221	17877	
Total	199		375077		

Coefficient

CONSTANT		Unstandardized Coefficient		Standardized Coefficient	
	B		SEB	B	T
Non-Periodically Blood Screening	-8425		2213		10041
	20093		-411	209	4.269

Source: Survey 2014

Table 7: Analysis of Improper Distribution of Aid Materials predicting against the control of HIV/AIDS

Model	R	R ²	R ² Adjusted	Std Error of the Estimate	
	0.380	0.219	0.098	13487	
ANOVA					
	Df		SS	MS	F
Regression	3		2976981	42890	10.310
Residual	196		108688	12587	
Total	199		3085569		

Coefficient

Constant		Unstandardized Coefficient		Standardized Coefficient	
	B		SEB	B	T
Non-Periodically Blood Screening	799220225		14537		10.630
	345411		2465	284	488

Source: Survey 2014.

Table 8: Analysis of Individual Lifestyle predicting against the control of HIV/AIDS

Model	R	R ²	R ² Adjusted	Std Error of the Estimate
	0.388	0.198	0.099	1512
ANOVA				
	Df	SS	MS	F
Regression	4	25892	77339	11.280
Residual	195	13341	135489	
Total	199	38734		
Coefficient				
Constant				
Non-Periodically	Unstandardized Coefficient		Standardized Coefficient	
Blood Screening	B	SEB	B	T
	182789	3129		1208
	39431	329	400	366

Source: Survey 2004.

CONCLUSION AND RECOMMENDATIONS

Based on the findings in this study, it was clear that individuals have intuitional believe over HIV/AIDS. Some are aware that HIV/AIDS exist but they find it difficult to keep to health education instruction on the measures to protect sex. It shows that there are much to do on HIV/AIDS issue because people are still very constraint to adopt health instructions. The awareness of HIV is everywhere but abiding by the preventive measures becomes the problem because individuals do not know the value of their health until they are knocked down with one illness or the other.

- i. Delta Government should warn against herbalist (herbal medicine dealers) over unscientific advertisement in our mass media.
- ii. Government, individuals own companies should enact HIV blood screening as part of criteria into school. Every test requested should have HIV test included.
- iii. Ensure effective distribution of aid material by direct monitoring from the source of supply to the finisher with accurate record keeping which will be audited time to time.
- iv. Individuals should avoid lifestyle capable of contributing to health risk such as heavy drug use, unprotected sex, unfaithfulness and multiple sex partners.
- v. Constant seminar, welcome more publication on HIV/AIDS. Private individuals, pastors, market women, youths and community leaders' embarked on HIV/AIDS campaign.
- vi. HIV test should be carried out on any person who visited hospital for check up and treatment.
- vii. Government should subsidize the cost of condom, anti retrovirus drugs and test for free.
- viii. NGOs should do more for the HIV victims by making easy and cheap, give them hope of survival.

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