INFLUENCE OF SELF-ESTEEM ON PSYCHOSOCIAL EFFECTS OF ACQUIRED IMMUNE DEFICIENCY SYNDROME AMONG YOUTHS IN TWO TERTIARY INSTITUTIONS OF BENUE STATE

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DECLARATION

I hereby declare that this thesis has been produced by me. This topic has not been presented on any previous application for a higher degree. All quotations marks and sources of information are duly acknowledged by means of references.

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CERTIFICATION

This thesis report entitled "INFLUENCE OF SELF-ESTEEM ON PSYCHOSOCIAL EFFECTS OF ACQUIRED IMMUNE DEFICIENCY SYNDROME AMONG YOUTHS IN TWO TERTIARY INSTITUTIONS OF BENUE STATE"_by Shabu, Lydia T. meets the regulations governing the award of the degree of Master of Education M.Ed. (Guidance and Counselling) of Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This research study is dedicated to my Late brother Bernard Mhemen Yawe.

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ABSTRACT

This study was designed to identify the self-esteem problem of the youths and the influence self-esteem problems have on their perception of psychosocial effects of AIDS. The sample of 278 respondents from a population of 2,748 students in Benue State University, Makurdi and College of Education Katsina-Ala was drawned.

The instruments used for data collection were a questionnaire and a standardized scale. The questionnaire named Psychosocial Effects of AIDS questionnaire was developed by the researcher. The scale was named Index of Self-esteem Scale (ISS) developed and standardized by Hudson. Both the questionnaire and the scale were validated. The Instruments were usee, to collect data from the respondents.

The data collected were analysed using Chi square, Point Biserial and t-test statistic to test the five hypotheses slated for the study. These hypotheses were:

1. **There is no significant relationship between the youths self-esteem and psychosocial effects of AIDS score.**
2. **There is no significant difference in the frequency of self-esteem problem between the male and female respondents.**
3. **There is no significant difference in the frequency of self-esteem problem between youths in College of Education, Katsina-Ala and those in Benue State University, Makurdi.**
4. **There is no significant difference in the distribution of those youths free from self-esteem problem and those not in the two institutions.**
5. **There is no significant difference between youths who have self-esteem problems and those who do not in their perception of psychosocial effects of AIDS.**

The result of the analysis revealed that hypotheses 1, 4 and 5 were rejected for a significant relationship and difference was found for hypothesis 1, 4 and 5 respectively. Hypotheses 2 and 3 were retained for no significant difference was found.

Arising from these findings, the researcher recommended that:

1. **Both institutions should establish functional counselling centres to address the self-esteem problems of the youths.**
2. **That a more intensive and extensive research be conducted either State-wide in Benue to have a comprehensive data on youths self-esteem.**
3. **A more systematic and continuous efforts be made to make youths realize the effects of AIDS on individual's psychological and social being.**

ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
HIV	-	Human Immune deficiency Virus
WHO	-	World Health Organisation
GPA	-	Global Programme on AIDS
NEACA	-	National Expert Advisory Committee on AIDS.
LAV	-	Lymphadenopathy Associated Virus.
HTLV III	-	Human T-Cell Lymphotropic Virus Type III.
AKS	-	Aggressive Kaposi Sarkoma.
ISE	-	Index of Self-Esteem.
PEAQ	-	Psychosocial Effects of AIDS Questionnaire.
ARC	-	AIDS Related Complex.
U.S.A.	-	United State of America.
WAI	-	War Against Indiscipline
SSCE	-	Senior Secondary School Examination
N.C.E	-	Nigerian Certificate In Education.
ANOVA	-	Analysis of Variance.
C.O.E.	-	College of Education
B.S.U.	-	Benue State University
U.K.	-	United Kingdom.
F.P.R.	-	Frequency of Psychosocial Reactions.

OPERATIONAL DEFINITION OF TERMS

These terms are defined according to their usage in the research to avoid misinterpretation of meaning.

Self-Esteem:- Refers to how one evaluates himself/herself. The self-esteem of each person is based on his or her score from the self-esteem index scale used in this study.

Perception:- To become aware of what one thinks of a particular issue or phenomenon or action by which the mind refers its sensation to external object as a cause.

Psychosocial: Refers to the thinking of individual and how he/she relates with others.

Youths:- This refers to people between the ages of 13 to 25 years.

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Chapter 1

INTRODUCTION

1.1 Background

Acquired Immune Deficiency Syndrome (AIDS) presents the biggest health threat in this century. The rate at which it is increasing is so rapid, and threatening. Also lack of effective medication for the disease as at now is also a threatening phenomenon to human race. According to the World Health Organization, (WHO) (1990), AIDS is ravaging the whole world, and Nigeria being inclusive. The number of full blown AIDS cases in the world today is estimated at 1.3 million, with 10 - 12 million people have already being infected with Human Immunodeficiency Virus (HIV). The World Health Organisation projects that this number will have multiplied ten times by the year 2000.

The first AIDS case recorded in Nigeria was in 1986, (Adewale, 1990:12). According to Kuti, many Nigerians have been tested positive to AIDS: Kuti feared that the spread of the disease is mainly due to ignorance and disbelief. He went further to say that lack of conviction of the existence of AIDS on the part of some Nigerians has even made the case worse.

However, available literature has established that 50% of women prostitutes or (commercial sex workers) in Nigeria are said to have HIV in their blood, (Ministry of Health 1992). This situation calls for a concern since many youths indulge themselves in sexual relationships with the commercial sex workers.

In another research, Onyemelukwe, (1991) claimed that the Ahmadu Bello University Teaching Hospital (ABUTH), Zaria has recorded several cases of AIDS

especially among adolescents and youths. It has also been established that in Nigeria, a substantial number of young people are on a treatment for Sexually Transmitted Diseases (STDs) and the contracting of the Human Immunodeficiency Virus (HIV) and AIDS. This situation does not only pose a threat to adults and youths but to the functional development of this and future generations in Nigeria. It is against this background that, this research was undertaken to survey the perception of youths of the psychosocial effects of AIDS. Their perception could possibly help in reducing their exposure to indiscriminate sexual relationships when they have a high negative perception of the effects of AIDS. Also the study will further investigate the influence the individual's self-esteem has on individuals perception of psychosocial effects.

The researcher's choice of youths is not arbitrary because "AIDS is a disease to which youths are more susceptible" (Onyemelukwe, (1993:16). This is because this is the stage in which many youths want to expose themselves sexually and without adequate knowledge of the effects of having contracted AIDS, and the consequences the disease will have on them.

1.2 Purpose of the Study

The study is designed to achieve the following objectives:-

1. To identify the youths self-esteem problems.
2. To identify how the level of self-esteem influence their perception of psychosocial effects of AIDS.
3. To recommend counselling strategies based on the findings of the study.

1.3 STATEMENT OF THE PROBLEM

Acquired Immune Deficiency Syndrome (AIDS) has in this century joined the ranks of the world's most dreaded killer diseases, along with cancer, tuberculosis, stroke and hypertension. Until the later part of this century little was known about this disease called AIDS. In the United States, AIDS came into prominence in the early eighties when it was discovered to be the most prevalent among 'gays' or homosexuals. Further research led to the realisation that it could be transmitted and, that already it has spread beyond homosexuals. It was also discovered that there were incidents of the AIDS phenomenon in other countries such as Britain, Germany, France, Italy and even some African countries including Nigeria, Uganda, Malawi.

In Nigeria the first alarm about AIDS was sounded in 1986. Since then, due to more enlightenment and better system of diagnosis, it has been noticed that the AIDS virus has spread wider than it has been earlier imagined. Since the identification of AIDS in Nigeria, the number of AIDS cases has doubled every year. The story is the same even in developed world. While efforts are being intensified at finding a cure for the scourge,

equal efforts are being mounted at preventive measures as well as on how to cope with the established cases.

In advanced countries, however, the level of awareness is said to be higher, likewise the level of adaptation, that is how to live, work and play with the victims. This means that in these countries, because of the level of awareness, people no longer regard AIDS as a plague whose victims would not evenbe touched with a long pole. Rather, people now feel sympathetic towards victims, in such advanced countries. Such a feeling is borne out of a sense of loss. This attitude towards victims also helps to give them strength even though they know that eventually they would die of the disease.

In Nigeria, the situation is that of fear among the adults while the youths are adamant to all preventive measures. Some of them do not even believe in the existence of the disease not to talk about the effects it would have on individuals socially and psychologically. This possibly explains why AIDS has been regarded as a disease of the youths who constitute the work force in any society. This situation is so indicated in the literature and the researcher assumes that possibly the youths have not been adequately exposed to the knowledge the effects AIDS have on individuals. Where such effects are known by the youths,is likely to be from hearsay without any emperical data especially from Benue State. This is why this study has focused on the self-esteem of the youths and how such self esteem influence their perception of the psychosocial effects of AIDS. The way the youths of these two tertiary institutions of higher learning in Benue State interact sexually worries the researcher to a point of conclusion that possibly

these youths are not aware enough of the effects of this disease. This sexual interaction as observed by the researcher motivates one into an investigation of what these youths think about the effects of AIDS. It also motivates the researcher to investigate whether these youths have a faulty self-esteem.

1.4 SIGNIFICANCE OF THE STUDY

Youths are everywhere in our society. They are to be observed, studied, understood, educated and guided to become responsible adults. They are the nations richest resources. But moral laxity in our society today particularly among the youths poses a great danger to the nation. In view of this moral laxity that our youths are exposed to that makes them potential victim of the disease AIDS. It is therefore deemed appropriate to undertake a study in this area and use the results of the study to educate our youths so that they are insulated against the forces that will make them unproductive in the society.

The significance of this study therefore lies in the fact that the findings of the study on the influence of self-esteem on perceived psychosocial effects of AIDS among youths can assist the campaign team on AIDS on what the youths themselves feel about the effects of this disease. Rather than basing our psycho education on AIDS on mere intuition, this study provides an additional data collected from the youths themselves on what their perceptions are about the effects of the disease.

The study is also significant for it urges the youths to imbibe a more responsible life style to help prevent the spread of the deadly Human Imunodeficiency Virus (HIV). This is so because through the process of

responding to the questionnaire, the youths will be more sensitised to the effects of the disease themselves.

Another significance of the study also lies in the fact that the findings of this study can help in designing measures that can be taken to deal with such effects of AIDS on a more systematic, intensive and continuous basis for the proper education of the youths on the issue.

The findings will also assist in generating counselling hints for helping clients whose positive or negative perception of the effects are likely to stimulate them into engaging in acts that can lead into contracting the disease.The study is also significant as the outcome of the investigation will provide parents, counsellors, and health educators/workers with the necessary data based information and a great deal of knowledge on the psychosocial effects of AIDS.

Finally, the findings of this study can help youths to improve their knowledge on indiscriminate sexual misbehaviour. The findings also can help in designing programmes to reduce self-esteem problems among the youths.

1.5 RESEARCH QUESTIONS

The questions that are to be answered in this study are:

1. Are the respondents evenly distributed to the various dimensions of self esteem problem?
2. Is the frequency of male with self esteem problem different from that of the female?
3. Do students with self esteem problems come from the University or College of Education?
4. Are the students free from self esteem problem?

5. Do the youths self-esteem affect their perception of psychosocial effects significantly?

1.6 Hypotheses

The following hypotheses are tested at 0.05 level of significance.

1. There is no significant relationship between the youths self-esteem scores and perceived psychosocial effects of AIDS.
2. There is no significant difference in the frequency of self-esteem problem between the male and female with respondents used in this study.
3. There is no significant difference in the frequency of self-esteem problem between College of Education Katsina-Ala and Benue State University, Makurdi.
4. There is no significant difference in the distribution of those youths among the respondents who are free from self-esteem problem and those that have self-esteem problems.
5. There is no significant difference between the youths who have self-esteem problems and those who do not in their perception of psychosocial effects of AIDS.

1.7 DELIMITATION OF THE STUDY

The study is essentially delimited to youths in College of Education, Katsina-Ala, and Benue-State University, Makurdi. These two tertiary institutions are chosen because they are state owned and almost all the students in these schools are indigenes of Benue State, and since the study is essentially on youths in Benue State a true representation of what is expected are gotten from them. Not only that, most of the students who

attend these institutions are those that have failed their Senior Secondary School Examination (SSCE), as such they resort to doing preliminary studies. This later qualifies their into the institutions while they are still young. Since the study is on the youths, the choice of College of Education and Benue State University are not out of place.

Moreso, Benue State University is situated in Makurdi which is the state capital and thus regarded as Urban, while College of Education, Katsina-Ala is situated in a rural area, as such the researchers' sample of the opinions of the youths can have urban and rural representation. The study is delimited to the Nigerian Certificate in Education (N.C.E) and undergraduate students since these students cut across the state, and the youths in these institutions could serve as representatives of the youths.

1.8 SUMMARY

Youths are a focus of interest in every society. Their sexual laxity may result in contracting venereal disease, HIV/AIDS, which may lead to consequences like psychosocial set back, guilt feelings, low self-esteem and consequently death. Many youths still do not believe the existence of AIDS in Nigeria not to talk of Benue state. They do not want to talk about AIDS due to their ignorance and fear. Such youths find it difficult to believe when one is identified as an AIDS' victim. This study therefore surveyed the influence of self-esteem on psychosocial effects of AIDS among youths in two tertiary institutions in Benue State.

Chapter 2

LITERATURE REVIEW

2.1 Introduction

In this chapter, a brief introduction on AIDS is given, various literature on AIDS have been reviewed. The chapter also deals with definitions of concepts such as AIDS, HIV and Self-esteem. The historical development of AIDS is traced. The symptoms and manifestation of AIDS are briefly reviewed. The general perception of AIDS in Nigeria is discussed. Also how AIDS is spread and how to prevent its spread are discussed. A look is also taken as to how to care for AIDS victims. Other research studies on AIDS are also reviewed.

2.2 DEFINITIONS OF CONCEPTS

2.2.1 What is AIDS?

AIDS is a new viral disease in which the body's defence mechanisms are altered in such a way that uncommon infections can occur. AIDS is a condition caused by a virus called Human Immunodeficiency virus. It is called syndrome because it consists of several signs and symptoms. (Tilley-Gyado, 1992). Acquired Immune Deficiency Syndrome (AIDS) results from an invasion of the human blood with a virus called Human Immunodeficiency Virus-1 (HIV-1). This virus destroys the Immune system of the individual and hence exposes the individual to infections. Since there is no immune system, infection which would have been in significant becomes fatal.

2.2.2 What is Human Immunodeficiency Virus (HIV)?

Human Immunodeficiency Virus is a retrovirus i.e. a group of virus that is still largely unknown. It was first discovered in 1983 in Paris. It has had several names

during its short history, but HIV has now been accepted. HIV, the virus that causes AIDS are of three types, HIV-1, HIV-2, and now HIV-0. HIV-1, was not discovered until 1983 and an anti-test to detect it was discovered in 1984.

The second type HIV-2 was only discovered in March 1986, HIV-2 is mostly found in West Africa, but more recently also in South East Asia. Nigeria carries both HIV-1 and HIV-2. A laboratory test that could detect HIV-2 was discovered and not readily available until 1989. In 1994, the discovery of a third type of HIV was announced, HIV-0. It is only in a small number of people in Cameroon and Gabon that HIV-0 has been found. One difference between the two types (HIV-1 and HIV-2) is that with HIV-2 there seems to be a longer time before the full blown disease to develop (Mc Sweeney, 1991).

2.2.3 What is Self-Esteem?

Self-esteem is a person's judgement about his own capabilities, talents, powers, that influence much of his behaviour - what tasks he is willing to try, how he impresses other people, and what kinds of social relationships he will develop (Coppersmith, 1967). Mukherjee, (1978) defined self-esteem as a component of the self-concept of an individual as it relates to how favourably he regards himself. He went further to say that every individual has in his fantasy some picture of various ideas of behaviour manifestations which he aspires to attain, and also traits or characteristics for his ideal self-concept.

The standard dictionary of the English Language, (1978) defines self-esteem as "a good opinion of one-self", "an overestimate of oneself". Self-esteem can therefore be defined as the way one perceives himself to be. The person could be a low esteemer or a high esteemer.

Coppersmith, (1967) described children with high self-esteem as having a great deal of confidence in their own abilities and judgements. They participate actively in group discussions and projects, they have little difficulty forming friendships, they express themselves freely even at the risk of attracting negative criticism. They are able to take leadership and present new positions without worrying about approval. They can devote more energies to external issues and other people.

The child with low self-esteem presents a different picture. He has little confidence in himself, he is wary (very careful) of expressing his own ideas for fear of being criticised. In groups of children, he is usually very quiet and unlikely to participate for fear of attracting attention, and thus the possibility of negative opinions, and consequently has little time for those of other people. Thus he does not interact very well with other children and has a hard time forming friendships.

The most important determinants of self-esteem are the attitudes and actions of the parents in rearing the child. Coppersmith, (1967) found that parents of high self-esteem children manifested characteristics which indicated that they themselves were high in self-esteem. They interacted easily with their children and were consistent in their definitions of areas of authority. While they expected a great deal from their children, they were nevertheless encouraging and supportive. These parents expressed respect for their children and are willing to extend themselves into their children's lives and become participants along with them.

In contrast, mothers of children who scored low on measures of self-esteem avoided interaction with their children and do not participate in their activities. Rather than being supportive of their children, these mothers belittled them and whatever they did. While parents of children with high self-esteem were not overly

permissive, but always seemed to mete out punishment in a fair and rational manner, the children who were low in self-esteem were treated harshly and inconsistently by their parents.

Erickson, (1964) places more stress on the social aspects of self-esteem. They said that if at each stage of development, the child has adequately mastered the tasks of that stage, the chances of his emerging from the adolescent identity crisis with a firm and positive sense of ego-identity are greater than if he has not experienced success and approval.

Several studies have been conducted and information were provided on the issue of self-esteem. Ganster, McCuddy, and Fromkin (1977) conducted a study in order to explore the effects of interpersonal similarity on a person's self-esteem. The research participants completed the Coopersmtih (1967) self-esteem scale. Results showed that self-esteem increased for the 15 - item feedback when the research participants were given 80% as compared to 33% similarity feedback. Conversely, self-esteem decreased for the 30-item feed back when the research participants received 80% as compared to 33% similarity feedback.

O'brien and Epstein, (1974) conducted a study of changes in self-esteem in everyday life. The subjects kept records of the events that most increased and decreased their self-esteem over a period of 6 weeks. Specially devised forms were used for rating feeling states and situational variables. This study was undertaken to obtain information on the antecedents and correlates of changes in self-esteem. It was hypothesised that decreases in self-esteem have widespread effects, including;

(1) an increase in anxiety and physical tension

(2) an increase in emotions, namely fear, anger and sadness,

(3) an increase in feelings of disorganisation and conflict

(4) an increase in constriction of the personality as indicated by increased feelings of restraint, withdrawal inhibition and reduced reactivity to the environment. It was hypothesised that increases in self-esteem have the following opposite effects:

(1) a decrease in feelings of anxiety and tension

(2) an increase in positive emotions including feelings of security, affection and happiness

(3) an increase in feelings of inner harmony and in integration

(4) an increase in openess to experience and in expansiveness, as indicated by increased feelings of alertness, energy, availability and spontaneity.

According to Coppersmith, (1967) and Epstein (cited in O'brien and Epstein, (1974) there are four major sources of self-esteem, namely: success-failure, acceptance-rejection, power-powerlessness, moral self-acceptance versus - guilt. Coppersmith, (1967), in a study of pre-adolescent girls and boys, found that success - failure, acceptance-rejection were the two most prevalent sources affecting self-esteem in both boys and girls subjects 19 females and 10 males undergraduates. Each week for 6 weeks they reported the one experience that produced their greatest decrease in self-esteem. The result showed that, a high significant differences in the frequency of occurrence of the four sources of self-esteem. Success-failure, acceptance-rejection were the stimulus dimension that most often produced increase and decrease in self-esteem. The results replicated Coppersmith's (1967) findings with children in this respect. There were no differences in incidence between success-failure and acceptance-rejection, nor

between power-guilt. This shows that changes in self-esteem have wide-spread effects.

In another study reported in Epstein, (1979b) the scale of general self-esteem was found to produce the following significant correlations with daily ratings of feelings states, averaged over 14 days, spontaneity (.30) lack of tension (.32), Feelings of worthiness (.47). Feelings of integration (.51), powerful (.37). Alert (.40). The result cannot be attributed sorely to positive feeling states, such as feeling of kindliness, to correlate significantly with the self-esteem inventory. The overall findings indicated that self-esteem is both unified and differentiated, and has wide ramifications for general functioning. An interesting finding is that satisfaction with physical appearance is a strong correlate of general self-esteem.

From the literature reviewed on self-esteem, evidences are abundantly clear that self-esteem will influence the perception of youths on the effects of AIDS. For example, from the study conducted by Ganster, McCuddy, and Fromkin, (1977), on effects of interpersonal similarity on a persons self-esteem. The results showed that self-esteem increased, and that 80% of the participants were of the opinion that interpersonal similarity has effects on self-esteem, as compared to the decreased 33% similarity feedback. Not only that, the study conducted by Coppersmith, (1967) and Epstein (cited in O'brien and Epstein (1974) on the four major sources of self-esteem: Success-failure, acceptance-rejection, power-powerlessness, moralself acceptance versus guilt, showed that changes in self-esteem have wide spread effects, in other words, an increase or decrease in any of them could lead to effects on self-esteem.

From the available literature reviewed so far, it can be concluded that self-esteem will influence the perception of youths on the effects of AIDS, since self-

esteem has effects on other variables, it will be applicable here, also since most of the subjects that were used were youths and undergraduates.

2.3 Historical and Statistical Background of AIDS

AIDS is a very topical subject these days, where it originated is yet to be established. One of the earliest presumed cases was a boy in United State of America who died in 1969 of an illness which suggested Immune deficiency. His stored blood and tissues were found to contain antibodies to Human Immunodefficiency Virus (HIV) (Gordon and Klouda, 1988).

Kibedi, (1987) stated that AIDS is a killer disease, and unique because it has defied a cure and has continued to spread relentlessly. He said that AIDS was first mentioned in United States of America by Jehovah's Witness Magazine (Awake) in 1981, it largely affects homosexuals and intravenous drugs users. Similar cases appeared later in Europe, Africa where AIDS has been steadily increasing. The World Health Organisation, (1990) estimated that 8 million adults were infested by Human Immunodeficiency Virus world wide, saying that one third were women.

Global programme on AIDS, (GPA) (1993) estimated that about 1.7 billion people of the world out of 5.3 billion have HIV/AIDS with reasonable population being women, WHO, (1993) also states that, 5,000 new cases occur daily, meaning that in 365 days 1,825,000 cases occur. WHO predicted that by the year 2,000, cases in women would equal that of men. High rates of HIV infection in pregnant women are abound in Subsaharan Africa and the caribbean with implications of infections of unborn children resulting in infant mortality rate. Petros Barvazian, (1990) predicted that by 1996, AIDS will kill 1.5 to 3 million women of reproductive age in Central East Africa resulting in millions of orphans.

In United Kingdom, since reporting began in 1982, up to the end of September 1991, a total of 5,065 people had been reported as having been infected by AIDS, of whom 3,156 are known to have died, of the 92 cases of AIDS reported by September 1991, 63 were probably infected through sexual intercourse between men (that is man to man) (3 died) 3 through injecting drugs, 6 through blood factor treatment (1 died), 1 through mother to infant transmission (died) the exposure category of 5 cases (2 died) was undetermined. (Department of Education and Science, (1987).

AIDS was first noticed in East Africa in 1982, 17 cases were reported by 1984, 29 people were again reported. By 1986, 1,000 people were said to have contracted the disease. 1991, 30,190 cases of AIDS were reported. (McSweeney, 1995).

Malawi, has the highest rate of AIDS in the world. WHO, (1993), with estimate ranging from twenty percent to thirty seven percent of sexually active spectrum, students were said to represent both a high risk group and the future of this developing nation (Daily telegraph, 1993). The alarmingly high rate of AIDS in Malawi implies the presence of a problem even more fundamental than translating healthy believes into healthy behaviour.

There are about 6,000 cases of AIDS in Canada, and 30-50,000 people who are HIV positive. About 80 percent are gay men. WHO, (1993). In England, Wales and Northern Ireland, the number of newly recognised HIV-1 infections attributed to sexual intercourse between men and women has been increasing in absolute proportion. The relevant figures are 169 in 1988, 227 in 1989, 375 in 1990, 314 during the first nine months of 1991. (British medical journal, (1991).

In Thailand, HIV has begun to sweep through the population with a remarkable speed. The then Prime-Minister of Thailand told WHO, that the estimated number of people infected with HIV increased from 200,000 to 400,000 in just six months between June and December, 1990. The prevalence of HIV among male Military recruits had jumped from 2 percent to 6 percent during the same period. (Nature, (1991).

Uganda, has always been very open to the world about her serious AIDS problem. Their AIDS control programme estimated that 1.2 million of the country's 17 million people are infected with HIV. President Museveric, warned that AIDS "could reduce the population estimate for the year 2010, from 37 million to 20 million people". (World AIDS, 1991:2). Kenya, in 1983, about 600 prostitutes in a Nairobi slum, had an average of 1,000 customers per year were tested for the previously unheard AIDS. Fifty three percent were found to be carrying AIDS/HIV viruses. (This week, 1987).

In Togo, Health Authorities, after exhausted test, discovered that 21 of a sample of 68 prostitutes were HIV carriers. But no report has been made about anyone actually suffering from the disease. According to WHO, report in February, 1987, 2,324 cases of AIDS have been diagnosed in 18 African Countries particularly in the Western dubbed "AIDS - belt" which stretches across Tanzania, Zambia, Malawi, Uganda, Central African Republic of Zaire.

The estimated number of HIV infected in 1994 were: North America, Men - 630,000, Women - 12,000, Western Europe, Men - 378,000, Women - 72,000, Eastern Asia and Pacific, Men-25,000, Women-25,000, North Africa and Middle East, Men-85,000, Women-15,000. Latin America and Caribbean, Men, 1,555,000, Women, 345,000, Sub-Saharan Africa, Men, 4,000,000, Women,

4,000,000, South and South East Asia, Men, 1,37,000, Women 3,000. WHO, estimated that 13-15 million people are infected with HIV/AIDS. (AIDS Action, 1995).

West African states have recorded worse, (a March 31st 1990 record) showed that Burkina Faso had 555 cases, Cote d'voire 3,647, Ghana, 1,077, Senegal, 269, Benin Republic 60, Cameroun 78, Niger 56. The genesis of this death phenomenon dates back to 1969 (Classique, 1990).

In Nigeria, many people/communities wrongly believe that AIDS is not in existence, some refer to it as being foreign. Annual and cumulative records from 1986 to August 1992 shows thus:

TABLE 2.1 ANNUAL AND CUMULATIVE RECORDS FROM 1986 - 1992

	1986	1987	1988	1989	1990	1991	1992
AIDS Cumulative Cases	2	4	7	30	119	305	436
Annual Cases	2	2	3	23	89	206	131
TOTAL	4	6	10	53	208	511	567

National AIDS control programme, Federal Ministry of Health and Health Services Board, (1992:10).

The African concord Magazine of 3rd June, 1991, published WHO's estimates of the number of people that have developed full blown AIDS in Nigeria as approximately 8,000 men and women. In the same issue, the then Minister of Health Professor Kuti, was quoted as saying, "even if we are able to prevent further transmission of the virus we still expect about 69,000 adult and 39,000, paediatric AIDS cases between 1991 and 1995". (African Concord, 1991)

In Jos University Teaching Hospital, 18 people were confirmed victims. According to a medical doctor who sought anonymity, the patients were not aware of the magnitude of their ailments". They just visited the hospital with minor

symptoms like fever, cough, but when the issue entailed blood sampling, positive signs of AIDS were detected. The next move was to detain them for security reasons". (Classique, 1990:7).

In Bauchi State, 56 persons have lost their lives to the dreaded Acquired Immune Deficiency Syndrome (AIDS). The State Commissioner for Health, Dr. Daudu, disclosed that 277 persons were found to be HIV positive out of the 4,022 samples that underwent screening. (Daily champion, (1995). The Federal Ministry of Health, (1994) released the latest figures on AIDS. According to the new figures, a total of 961 cases were cumulatively reported in the country between January 1986 and September 30, 1993. A breakdown as well as an analysis of these cases are shown in table 2.2.

TABLE 2.2 CUMULATIVE NUMBER OF REPORTED AIDS CASES IN NIGERIA JANUARY 1986 - SEPTEMBER 30TH, 1993 by State.

ZONE	STATE	1986	1987	1988	1989	1990	1991	1992	1993	TOTAL
	FOBTAC					1	2	1		4
A	ABIA							9	7	16
A	AKWA IBOM					1	2	7		10
A	ANAMBRA							2	9	11
A	BENUE						5	9	42	56
A	CROSS RIVER				2	4	19	24	30	79
A	ENUGU				3	8	28	47	47	133
A	IMO					3	2	1	6	12
A	RIVERS							5	9	14
B	DELTA						-	-		-
B	EDO						3	4		7
B	LAGOS				4	30	56	47		137
B	OGUN							2	2	4
B	ONDO								3	3
B	OSHUN							3	3	6
B	OYO		1		7	2	2	11		23
C	FCT						2	2	2	6
C	KADUNA			1		3	14	29	9	56
C	KATSINA						4	3		7
C	KEBBI									-
C	KOGI									-
C	KWARA					1	3	6	8	18
C	NIGER							2	3	5
C	SOKOTO						1	1	1	3
D	ADAMAWA					10	13		3	26
D	BAUCHI							17	7	24
D	BORNO	2	1	2	5	5	22	37	27	101
D	JIGAWA								13	13
D	KANO					15	12	15		42
D	PLATEAU				2	6	7	79	25	119
D	TARABA					1	21			22
D	YOBE							4		4
	TOTAL	2	2	3	23	90	218	367	256	961

Source: Federal Ministry of Health, SWAAN FACT SHEET (1994:1)

In Benue State, ignorance and under-reporting probably account for low figure. However, screened blood sample at the then General Hospital, Makurdi, now Federal Medical Centre revealed the following:

TABLE 2.3 CUMULATIVE NUMBER OF AIDS CASES IN BENUE STATE

			SCREENED	POSITIVE	CONFIRMED
1/8/89	-	**1/10/93**	6,553	644	44
1/1/94	-	30/4/94	451	29	29
1/5/94	-	31/8/94	413	27	27
1/9/94	-	31/12/94	450	49	49
TOTAL			**1,314**	**749**	**149**

Federal Ministry of Health and State Ministry of Health, sero-survey report, (1994:8).

This shows that for every hundred blood samples screened, there were an average of 8 persons with HIV. From the above, it can be said that the alarm bell keeps ringing as the AIDS situation assumes a wider dimension in Nigeria. According to a Professor of haematology, at the University of Ibadan, some 4,000 samples of blood from across section of Nigerians, which include those identified as high risk in other countries to register negative to HIV tests. Claims by Somorin, that he had diagnosed AIDS in some patients were dismissed by the committee. Essien, said the doctor's data was incomplete and inconsistent. If there had been AIDS in Nigeria as early as three years ago as the doctor claimed, the committee reasoned, by now there would have been a very obvious spread of the disease. But this does not totally invalidate the contention by Williams, (1987) as it is possible to carry the AIDS virus passively in many instances in the Western world. (This week, 1987). Other contributors to the debate like Professor Lambo, the then deputy Director-General of the World Health Organization, "all talks that AIDS is

not in Nigeria should be taken with a pinch of salt." The president of the Herbalists Association (Lambo) and Obaze a homeopath, stated that AIDS is not a new disease. Obaze, believes that AIDS is just another form of cancer. Lambo, has often stated that the symptoms of AIDS are similar to those of other sex related diseases. Both men are yet to publicly support their theories. (This Week, 1987).

A London based Development Agency, claims that "7.7 percent of 65 healthy adults", if tested in Lagos "were HIV positive". They cited blood transfusions as source of transmission. The report added "no case was reported to the World Health Organization". (This Week, (1987 : 17).

Compounding the debate is the controversy generating over the screening methods. Tests currently in use do not detect if there are antibodies to HIV in the blood stream. The presence of the antibodies usually indicates that the person has been infected with the virus. The test cannot determine whether the person will develop the disease or other HIV related symptoms. For those who said that AIDS could indeed be in Nigeria, the castrophic state of nations health care system definitely enhances the possibility. Hospitals seriously lack adequate disease diagnostic and surveillance equipment, and as such may have been unable to detect what could be a latent army of HIV carriers without symptoms. For instance, a 27 year old Nigerian repatriated from Holland in 1986, who according to Lagos airport authorities, came to Nigeria with the word AIDS stamped on his passports. A nationwide manhunt for the man ensued and it turned out that the offending word was actually "Legal Aid" written on a Legal document.

In another instance, the then minister of health Professor Kuti, recalled how concerned citizens in Calabar, Cross River State demanded that the Ministry

investigate an expatriate, whose frail, giant frame appeared to be an indication of AIDS. Essien was promptly dispatched to the area, but the thin man was found to be in good health. (This Week, (1987). Inspite of these, one fact that makes people suspect that AIDS could be in Nigeria is that Nigerians are natural globe trotters as such are liable to frequent contact with foreigners who are from the AIDS stricken areas.

2.4 ETIOLOGY OF AIDS

AIDS is caused by a virus of the retrovirus group originally known by its French discoverers as Lymphadenopathy Associated Virus (LAV). By its discoverers in the United States of America it is known as Human T-cell Lymphotropic virus Type III (HTLV- III) (Department of Education and Science, 1987). It has subsequently been agreed that the virus be called Human Immunodeficiency Virus (HIV). It is a very small germ which cannot be seen by naked eyes. It is found in blood semen in men and vaginal fluid in women. HIV, the virus that causes AIDS is not one virus, but a family of many similar types, HIV-I, is found in most countries of the world, while HIV-2 is found mainly in West Africa (International planned parenthood Federation, 1988).

Our blood contains white and red blood cells. Normally the white cells fight off and kill any germs which enter our bodies. They do this by eating up the germs and producing chemicals called antibodies which kill them. In this way our bodies fight off many different germs and we stay healthy. Sometimes we have symptoms of illness when our white cells are fighting the germs, but usually the white cells win and we get better, HIV weakens this immune system by entering and finally destroying our white blood cells, the body becomes less and less able to fight off

the many different germs which live around our bodies all the time. Finally people with AIDS die from one of a number of serious and rare diseases which their bodies cannot resist (International Planned Parenthood Federation, 1988).

2.5 SYMPTOMS AND MANIFESTATIONS OF AIDS

The name AIDS applies only to the last stage of HIV. At this stage there are a number of clear indicators which show that the illness is certainly AIDS.

2.5.1 Clinical Indicators of AIDS:

They are the signs in the body that reveal the presence of AIDS even without a blood test. The World Health Organisation (WHO) (1993), gave a number of clinical indicators of Full Blown AIDS. Three major sign and six minor signs are given as:

Fever: Persistent, unexplained, lasting over a month.

Weight Loss: Unexplained, Loosing of 100% of body weight.

Diarrhoea: Persistent, lasting more than a month.

The Six Minor Signs Are:

Thrush: A milky white rash on the tongue and mouth and also of the throat and oesophagus, that is the 'pipe' leading from the mouth to the stomach.

Skin Rash: Extensive, Itchy (Scratching) persistent.

Cough: Persistent, may be pneumonia or T.B. (as well as AIDS).

Herpes: A blister rash of the mouth or genial area.

Shingles: A very painful rash on a strip of skin on one side of the body.

Glands: Small lumps under the skin on different parts of the body.

The World Health Organisation, (1993) further went on to identify other single signs of AIDS. According to them there are a few single clinical indicators

which by themselves allow full blown AIDS to be diagnosed without the presence of any major or minor signs. AIDS can be diagnosed if one of the single sign is present. The Aggressive Kapossi Sarkoma (AKS). It is a sort of cancerous growth beginning with blood vessels under the skin or mucous membrane. It starts as a rash consisting of blush/brown nodules of the skin and ends up with ulcerated growths. Do not think of AIDS if someone has sarcoma of the feet only, especially people over 35 years, Sarcoma of the feet only is not AIDS, unless it occurs in younger men or women. But when it occurs in younger men and women and not just on the feet but also on the hands, a round the face, the mouth, or the oesophagus then those signs alone are enough to diagnose AIDS.

According to the Secretaries of State of Education and Science, Wales, Scotland and Northern-Ireland, (1987). It is not possible to give a full description of the symptoms which can result from HIV infection; the commonest symptoms of AIDS related conditions are:-

Swollen gland, especially in the neck and armpit.

Profound fatigue, which lasts several weeks, with obvious cause.

Unexpected weight loss - more than 4.5kg in two months.

Fever and night sweats lasting for several weeks.

Prolonged diarrhoea, with no obvious cause.

Prolonged shortness of breath and a dry cough.

Skin disease - newly formed pink or purple blotches, appearing on the skin, including the mouth or on the eyelids.

The World Health Organisation, (1987) identified the major clinical features of AIDS in Africa as in:

ADULTS	and	CHILDREN
Weight Loss		Failure to Thrive
Diarrhoea		Weight Loss
Fever		Diarrhoea
Cough		Fever
Dermatoses		Pneumonia
Kaposis Sarcoma		Bacterial Infection

When these sicknesses occur in a person whose body's defence system is breaking down they can be referred to as "opportunistic infections". The infected person responds to treatment quite well in the beginning and may then appear to be in good health, but the sickness soon returns. It is the recurrent or persistent nature of it that lead to the suspicion of AIDS. Recovery from each attack is increasingly slow. A year or two after these "opportunistic infections" begin to appear, the body's defence finally collapses and the person dies.

According to the publication of the Federal Ministry of Health, Lagos, (1991). If one notices any of the signs and symptoms below in one's self or one's sexual partner, report to the nearest clinic or hospital should be made. The signs are:-

Fever on and off for more than one month.

Diarrhoea of more than one month.

Sudden unexplained weight loss of more than 10% of body weight.

Hard and dark skin lumps.

General tiredness.

Oral candidiasis or white spots in the mouth.

Enlarged painless glands in the neck or armpits.

Night sweats.

Prolonged Cough.

Tuberculosis of the lungs.

Pneumonia.

They went further to say that, a person with HIV may have no signs or symptoms for months or years but may still carry and pass the virus to others without knowing it. In the publication of the Christian Medical Commission (1987), some persons pass through a first stage with fever and throat infection, they can then be without symptoms for a time period. To them before the final diagnosis can be made the person might have suffered from different symptoms of infection. The infection are group into what is called AIDS Related Complex (ARC). The manifestation of the disease varies widely in the world, some signs and symptoms are more common in certain parts than in others. "Slim disease", stressing weight loss, is most common in Africa, while pneumonia is common in the U.S.A. The symptoms of AIDS may be there but the final diagnosis can only be made by testing.

2.6 GENERAL PERCEPTION OF AIDS IN NIGERIA

According to the publication in This week, (1987) several opinions were found that many people see AIDS more as a Catalyst for a return to Biblical morality. "It is the cure for flirtation", said Sofowole. To the mother of three daughters, "AIDS might be a blessing as it is already uplifting moral standards. A 30 year old Benin Fashion Designer put it thus: "AIDS has been the most effective moral jingle since the inception of War Against Indiscipline (WAI). A young man in Kano stated: "If this thing (AIDS) is around, I had better hasten my plans and gotten married".

Many people still doubt the existence of AIDS in Nigeria. Onyemelukwe, (1993), said that even hospital workers are very much afraid of getting infected in their high risk set up. Despite this, young people have false perception concerning this disease (AIDS). They believe that considering their younger age, there is no way they can contact AIDS. Considering the fact again that they are old enough to have sex, they therefore forget that they can equally contract HIV. (Health waves, 1995).

A young man was met saying: "If I get AIDS and die, that's my luck, why spoil my young life now by thinking about AIDS? Let me forget about AIDS and have a good time while I can, I have never seen anybody with that disease and in any case we all have to die one way or the other", (Mc Sweeney, 1991:14).

Mc Sweeney,(1995) said to some people, intercourse has become something fearful, they are also reluctant to have themselves tested. The uncertainty increases their anxiety and suffering.

Onyemelukwe, (1993), in his research on youths and AIDS in Zaria from a randomly selected sample of 140 subjects comprising 76 males and 64 females, found out that more female youths than male ones are concerned and worried about AIDS. The findings also revealed that AIDS instils fear into the youths. Youths, generally entertain the fear of catching and dying of AIDS.

It has been reported in Healthwaves, (1995) that, the disease is always being pre-occupied with the thought of illness, how to get a cure for it and the fear of likely death. Guilt is entrenched in the heart especially if AIDS was contracted sexually or as a result of illicit acts as in exchange of needless in the case of drug users. The victims now lack the courage of staying together with others. They plunge into a morass of uncertainty. The despair gets blown up, and for many, suicide becomes their ultimate end. Healthwaves, went further to say that, youths believe that adults are using AIDS to scare them away from sexual activities. Moreover some of them believe that pills/contraceptives that they take can equally prevent AIDS.

From the review made, opinions remain mixed, while the adults tend to believe absolutely that AIDs is real, the youths tend to cast doubts on its existence. However, the existence of AIDS' patients and victims points clearly to the existence of the scourge called AIDS.

2.7 HOW AIDS IS SPREAD

The basis of HIV spread is the same everywhere, though some differences exists as to its mode of spread. In whatever way, it spreads by passing directly from one human being to another without passing through any animal or insects.

In the words of McSweeney, (1991), HIV spread when the blood semen, (male seminal fluid) or female vaginal secretion of an infected person (carrier come in contact with the blood or mucus membrane (the inner lining of the vaginal, anus) of a healthy person. This can happen in the following circumstances:-

During Sexual Behaviour:- Either man with man (homosexuals) or man with woman (heterosexuals) which is by far the commonest way of spreading AIDS in Africa. Men and women having sexual intercourse outside of marriage or in a polygamous marriage where one member is unfaithful.

By sharing injection needles without first sterilising them as it happens with intravenous drug addicts.

By injections or cuts given by quack medicine men and women.

By sharing blades when bleeding has occurred.

When HIV carriers give their blood for transfusion, where the blood is not tested for HIV.

The virus can also pass through the placenta of a pregnant woman and may sometimes infect the unborn baby. The incidence of babies developing AIDS from an infected mother is between 20 and 40%, but recent reports suggests that with HIV-2 the chances of the baby being infected is not much (Fifth International Conference on AIDS, Montreal, 1989).

Oral drug addicts, even those who do not use intravenous drugs often contact AIDS because of the lack of self control due to the effects of such drugs on the brain leading to promiscuity.

Malnutrition leaves people more open to AIDS if they are exposed to infection. It also shortens the incubation period.

McSweeney, (1995) added these to the ones he earlier gave in 1991: Heterosexual Spread - In Africa, 90% of the spread is heterosexual from man to woman and woman to man. It is 3 to 5 times easier for a woman to get it from a man than a man to get it from a woman. Included in the heterosexual spread are those who practise 'oral sex' which a small number of people use instead of vaginal intercourse, some use their mouth to avoid pregnancy. There is a serious risk of getting AIDS in this way, because semen contacts the mucous membrane of the mouth.

In addition to what McSweeney said, the Post Graduate Doctor, (1991) said, Heterosexual transmission is the major mode of transmission of the HIV in many developing countries, mainly in African countries.

Mc Sweeney, (1995), went on to say that AIDS could be spread from mother to child that is from a pregnant woman to the unborn child, the woman been first infected by a man. World Health Organisation, (1992), supported this by saying that there is also some risk of transmission through breast milk.

Homosexual spread: Homosexual practise between males involves the penis passing into the narrow anus and into the rectum, the delicate lining of the anus (the mucous membrane) is overstretched and often torn. Bleeding may occur, the contact of semen with blood makes the passage of infection very likely. This is supported by the Secretaries of State of Education and Science in Wales, Scotland and Northern Ireland, (1987), that most cases of AIDS in the U.S.A. and U.K. have been homosexuals.

Unsterilised Intravenous Injections: In this dangerous practise, drugs are put into the veins of different people using the same unsterilised needles and syringe for each person.

The needle gives direct contact between the blood of one person and the blood of another, this is a powerful way of spreading HIV. Untested Blood Transfusion. Infected blood is another quickest way of spreading HIV. The reason why it is far from being the most common source of infection is that all over the world, sexual intercourse is a great deal more common than blood transfusion.

2.8 HOW AIDS IS NOT SPREAD

It is not easy to convince people even those who are well educated that there are many serious diseases, far easier to catch than AIDS. According to McSweeney, (1995), AIDS cannot be got from drinking cups, eating utensils, or by eating from the same plate or cooking pot. There is no danger in shaking hands, hugging, ordinary kissing or playing football with an AIDS patient. It will be unbelievable if you tell people that mosquitoes do not spread AIDS. It is known that mosquitoes suck up blood and this way passes on malaria, it sucks up blood and injects only saliva. The virus, HIV, cannot develop in the acid of the mosquitoes stomach. The virus can only multiply in human cells. (AIDS Newsletter, 1992).

World AIDS, (1995), confirmed the fact that AIDS cannot be spread through mosquitoes due to the fact that all adults in the Eastern African countries are bitten by mosquitoes and they get only malaria, likewise their children. In Nigeria, with so many mosquitoes buzzing around us, if they were able to spread AIDS, most of the people by now would certainly be HIV positive.

WHO, (1992) stated that you cannot give or get HIV by sharing combs, bed sheets, towels or clothes, sharing of toilets or latrines is also safe. The Christian Medical Commission, (1987), listed these as ways the virus is not spread. Through everyday social contact such as: shaking hands, living together, playing together, eating together. It is also not spread by sharing food, drinking from the same cup, insect bites and toilet seats.

Gordon and Klouda, (1988), reported the following as to how HIV cannot enter the body, through; holding together, swimming, sneezing, dancing together, sharing clothes and flies/mosquito bites. According to the publication by the Federal Ministry of Health, (1991) AIDS is not spread through:- hugging, hand shakes, kissing, sharing toilet/classroom, offices, bedrooms. Ignorance has made people afraid of every possible contact with a HIV positive person, which can only be contracted through blood and fluids exchange medium.

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2.9 CARING FOR AIDS VICTIMS

People with full blown AIDS are sick and often dying and they should never be abandoned or treated as social outcasts. The best care can be given in their homes. They need love, compassion and understanding from their relatives, friends and health workers, who should help them take part in their daily activities. They need someone to talk to and to play with. According to WHO, (1992), families are very important for people with HIV/AIDS. The home can be a shelter where victims can be rest assured that they are loved, accepted and cared for. According to WHO, if someone has AIDS, you should assist AIDS patients in many ways like; allowing them to rest while you do their households jobs for them. Also provide

them with nutrition and balanced diet. You can also help to make them dispel their fear by making them feel loved. For instance in Central and East Africa, where so many people give much of their time caring for such people. There is no need whatsoever to isolate them. McSweeney, (1991).

Besides, there are some who have AIDS due to no fault of theirs. Some have it due to infected blood transfusion, or because their husbands, or wives were unfaithful, many babies are born with the infection as such they need maximum attention and care. According to the Federal Ministry of Health, (1992), a person with AIDS is in need of both psychological support and physical care. People with AIDS should be helped with their personal hygiene. People who are suspected to be infected with HIV needs counselling apart from the other necessary assistance.

According to WHO, (1992), AIDS patients needs counselling to enable them get through the emotional shock without resulting to suicide. Partners and relatives who are taking care of AIDS victims also need counselling so that they are able to accept, support and re-assure the victims.

2.10 Research Studies on AIDS

Curtis and Tripp, (1989), conducted a research on Teenage Sexuality: Implication for controlling AIDS. They found that teenagers know how AIDS is transmitted, but only one third of the respondents indicated personal concern about the epidemic. Significantly, more girls than boys planned to have fewer partners as a control measure against AIDS. Also three quarters of the respondents mentioned the use of condoms as a means of controlling AIDS. The researcher therefore concluded that if education is to be effective in reducing the AIDS epidemic, it

must be sufficiently relevant to create and maintain changes in life style and must also educate teenagers before they have established partners of behaviours.

Ford, (1991), surveyed, the sexual behaviour of young people and directions for promotion of safer sex. The findings suggested that most young people in the South West of England have a fairly high or moderate level of knowledge about HIV/AIDS. Given that those respondents with a low level of knowledge about HIV/AIDS hold the most condemnatory attitudes to HIV carriers AIDS sufferers. Further improvement in knowledge levels through pertinent education may be expected to foster more enlightened views. The most preferred forms in which HIV/AIDS information could be presented are small settings and official printed materials. Clearly, an appropriate and appealing HIV education strategy has to involve different approaches like information dissemination by Health Authorities with local discussion groups. As young people become increasingly knowledgeable about HIV/AIDS peer information 'Cascade' strategies become feasible.

Carr and Maclachlan, (1994), sampled Family Health Care in Malawi: In the study 175 male and female undergraduates at the University of Malawi were sampled. Their ages ranged from 17 to 23 years. The findings showed that the family is a highly rated source of advice by University students. This shows the Institution of the family as widely respected and trusted in the region, as such they contribute a great deal to health promotion and illness prevention including AIDS.

Masha, (1993), wrote on parental and family roles in AIDS counselling. To her today's parents although more enlightened face series of problems concerning the role and behaviour expectations of their children. It is in view of this that a lot

of measures can be adopted to assist parents deal with AIDS issues within the family context. Masha (1992), Okon (1986) outlined some of these measures as:

Teaching, guiding and encouraging parents and other family members to set positive examples to their children.

Encouraging them to share ideas, about the best ways to use the extended family in a positive way.

Teaching working parents through Seminars, Workshops and Conferences the best ways to use time with family members.

Assisting parents and youths to identify the responsible behaviour necessary for total personal health including their sexual behaviour.

Encourage parents to develop interest in their children's activities.

Encouraging the parents to try and supervise television with children, young people should not be exposed to immoral video films at home. Masha concluded that "the tasks ahead for parents and counsellors are enormous, but it is not unsurmountable".

Carricaburu and Pierret, (1995) conducted an indepth interview with 44 HIV positive men infected through homosexual relations. The results revealed that men considered their status to mean they had AIDS, despite their efforts to live normal lives. Most of the studies reviewed in other countries and Nigeria, are on youths and AIDS, though not particularly on the psychosocial effects. A study on AIDS has not been conducted in Benue State University, Makurdi, neither has it been carried out in College of Education, Katsina-Ala. The researcher therefore, focused on students of these institutions to enable her identify their views on psychosocial effects of AIDS and how these views are influenced by their self-esteem. The

findings will also help in generating counselling strategies that will help clients whose perception of these effects may urge them into the acts that will lead to their contracting of the disease. Onyemelukwe (1993) conducted a research on Psychosocial Reactions of Adolescents and youths to perceived AIDS issue. The researcher found out that shock came top of the list (Frequency of Psychosocial Reaction of 56, followed by Fear of Death (FPR of 40). Resignation of fate (FPR of 39), asking God, parents, relations and friends to forgive one's misconduct (FPR of 38), feelings of disgrace and shame (FPR of 35), confession of ones sins to God (FPR of 34), feeling of guilt (FPR of 31), fear of God's wrath (FPR of 30). Last on the list is the " reaction of still holding on to one's faith in God; thanking and praising God" (FPR of 5).

The result of this research shows that more female youths than male ones were concerned and worried about the AIDS scourge. The findings revealed that AIDS instils fear into the youths. The result of the research also revealed that many adolescents and youths lack vital information they need to know about the AIDS epidemic. For example, some of the reasons advanced for certain reactions in this study believe the possession of relevant knowledge. This findings has implication for social psychologists, guidance counsellors, health workers. Frustration, stress and strain, sense of failure, partly explains the persistent and frightening weight loose experienced by the AIDS patient. The researcher concluded that AIDS education and counselling will help arm the public especially the youths with the vital ingredients with which to build an AIDS-free society.

2.11 SUMMARY

The chapter has reviewed various literature on AIDS, most of which were of the opinion that AIDS is fast spreading due to ignorance, lack of communication about its existence. Some people even doubted the existence of AIDS, while the adults tend to believe that AIDS is real, youths cast doubts on its existence. It was also discovered from the literature review that self-esteem has influence on youths psychological and social thoughts of AIDS. From the literature review. it was discovered that HIV/AIDS, the latest world epidemic has neither cure nor vaccine but can be prevented by avoiding the high risk behaviours, practices and other predisposing factors, which generates amaze of psychosocial reactions to youths and others in the society.

Chapter 3

METHODOLOGY AND PROCEDURE

3.1 Introduction

This chapter deals with the methodology employed in the study. It describes the research design, population, the samples size and procedure, the instrument used for collecting data, the administration of the instrument and the statistical procedure used in analyzing data.

3.2 THE DESIGN

The survey design was used in this study because the study gathered information about self-esteem and how it affected perceived psychosocial effects of AIDS among youths in two tertiary institutions. This type of study need no manipulation of any variable before gathering the data. This is why survey design was conceived as more appropriate. Survey design involves gathering of data from a target population through the sample and generalising the findings obtained from an analysis of the sample to the entire population,(Afolabi 1993).

According to Bell, (1987:8), "the aim of a survey is to obtain information which can be analyzed and pattern extracted and comparisons made". To Bell, all respondents will be asked the same questions as far as possible, under the same circumstances. Information can be gathered by means of questionnaires. Schedules or checklists administered by the researchers.

In the words of Babbie, (1973), there are three objectives survey may aim at achieving:-

1. Description: Surveys are frequently conducted for the purpose of making descriptive assertions about some population, discovering the distribution of certain traits or attributes. In this regard, the researcher is not concerned with why the observed distribution exists, but merely what that distribution is.

2. Explanation: While most surveys are aimed at least in part, at description, many have the additional objective of making explanatory assertions about the population. The explanatory objective always requires diverse analysis, the examination of two or more variables.

3. Exploration: Survey methods can also provide a "search" device when the researcher is only beginning his inquiry into a particular topic.

Survey method is more appropriate for this study because survey emphasises fact - finding and this study was out for facts on self-esteem and perceived psychosocial effects of AIDS among youths. Also going by Bells, (1987) assertion of survey methods of obtaining information, analyzing and comparing the information, the study obtained information from the youths, and a comparison of the responses from College of Education and Benue State youths was made. For these reasons, the survey design is a more appropriate design for this study than others.

3.3 POPULATION OF THE STUDY

The population for the study were the Nigerian Certificate in Education (NCE) students of College of Education Katsina-Ala and undergraduates of Benue-state University, Makurdi, that were youths.

The breakdown of the students are as shown in table 3.1 below.

Table 3.1 Population of Students at College of Education, Katsina-Ala

LEVELS	POPULATION		
	MALE	FEMALE	TOTAL
N.C.E. I	485	199	684
N.C.E. II	449	170	619
N.C.E. III	380	128	508
TOTAL	**1,314**	**497**	**1,811**

The College of Education, Katsina-Ala comprised of a total of 1,811 students the total number for males is 1,314 and 497 female students as shown in table 3.1.

The Benue-state University has a population of 937 as shown in table 3.2.

Table 3.2 Population from Benue-State University, Makurdi

LEVELS	POPULATION		
	MALE	FEMALE	TOTAL
100	284	91	308
200	440	67	549
300	68	12	80
TOTAL	**767**	**170**	**937**

Out of this total population 767 are males, while 170 are females. The entire population targeted in this study therefore is 2,748.

3.4 Sample Size

Ten percent (10%) of the population was drawn as sample size from the total population of the two institutions. There were 278 respondents, out of these number drawn as sample size, 254 responded, while 24 respondents did not return their questionnaires. The procedure of getting the total sample size is described below.

The sample size from College of Education Katsina-Ala was 182, the number for males was 132 and 50 female students. Ten percent (10%) of the total population had been used as sample size. This position is supported by Roscoe, (1969), as a sample of ten percent of the population is quite adequate for behavioural research such as this.

Boll and Gall cited Adetero, (1986) in Afolabi, (1993) also viewed that a sample size of 10% from a population of 5,000, is enough to ensure representation of the population of the sample. The use of 10% from a population of 2,748 as a sample size can then be justified as having fallen in the range of 5,000 as postulated by Boll and Gall.

Table 3.3 Sample Size from College of Education, Katsina-Ala

LEVELS	Sample Size		
	MALE	FEMALE	TOTAL
N.C.E. I	49	20	69
N.C.E. II	45	17	62
N.C.E. III	38	13	51
TOTAL	**132**	**50**	**182**

In the case of Benue State University the sample size was 96, comprising of 79 males and 17 females students as shown in table 3.4

Table 3.4 Sample Size from Benue State University, Makurdi

LEVELS	Sample Size		
	MALE	FEMALE	TOTAL
100	28	9	37
200	44	7	51
300	7	1	8
TOTAL	**79**	**17**	**96**

3.5 Sampling Procedure

The sampling procedure that was used was random sampling procedure which gave opportunity to all the members of the target population to be selected as the sample size. Random sampling is the method which allows every member in the population an equal opportunity of being selected. The method requires that the exact size of the population be known. The required sample size is then selected using table of random selection. (Afolabi, 1993).

3.6 Instruments

The researcher made use of two main instruments for data collection. These are Index of Self-esteem Scale (ISS) by Hudson 1977. The second instrument was Psychosocial Effects of AIDS Questionnaire (PEAQ) developed by the researcher. While the ISS measured the self-esteem aspects of the respondents, the PEAQ measured the perception of the

respondents of the effects of AIDS. Each of these instruments is briefly described below.

3.6.1 Index of Self-Esteem Scale

This is a twenty-five (25) items scale which is to be rated on a 5 point scale. To Hudson (1982:vii) the scale is to measure the magnitude of clients problem on self-esteem. This means that the scale measures the extent to which a person has a negative or positive self-esteem.

The reliability of the scale is said to be .96 using a sample size of 1,803 (Hudson, 1982:91). This to Hudson, (1982:91) "provide strong and convincing evidence to support the claim that the scale is a highly reliable measurement device". Also construct, content and factorial validities have been established for the IS. Also a discriminant validity of .52 was established for the scale (Hudson, 1982:98). The scale is simple enough for administration. It had been used by Kolo with postgraduate students in Guidance and Counselling in the class for teaching to make his students acquinted with the use of the instrument, to enable them have more knowledge of the instrument.

3.6.2 The Psychosocial Effects of AIDS Questionnaire (PEAQ)

The questionnaire designed for use is aimed at getting information such as age, sex, name of school, level, marital status and religion.

The questionnaire is designed in form of Likert scale for respondents to indicate how strong they feel about each statement in terms of the psychosocial effects. The questionnaire is divided into two parts, ten (10)

questions on the psychological effects and ten (10) on the social effects. The responses are 1-5 in each item, the respondents are to put an X on each statement. The reliability of this questionnaire lies in the fact that the instrument was an extension of findings from a research conducted by Onyemelukwe, (1993) of which the items were what was found to be the perceived effects of AIDS by the respondents.

3.7 ADMINISTRATION OF THE INSTRUMENTS

Index of self-esteem and the psychosocial Effects of Aids questionnaire were administered to the respondents by the researcher.

The respondents were required to place the appropriate responses by each item as carefully as possible. The respondents were given a definite time to complete the instruments and return same to the researcher. Assistance of Guidance Counsellors in these institutions were sought by the researcher. Where it became impossible to reach the respondents personally with the instruments,the researcher briefed the assistants adequately on all areas of doubts in the instruments.

3.8 STATISTICAL PROCEDURE

This study made use of three statistical procedures that helped in analysing the data. The procedures were X^2-square, point Biserial and t-test statistical techniques. Chi-square (X^2) was used to test hypotheses 2,3 and 4 point Biserial was used to test hypothesis 1 and t-test was used to test hypothesis 5.

Garret, (1956) recommends the use of Chi-square for testing the divergence of observed results from the hypothesis and or research questions of equal probability.

Spence et al, (1976) recommends the use of chi-square as a statistical technique by which we can determine whether or not the frequency observed in a sample differs significantly from expected frequencies.

Point biserial is used to describe relationship, and is denoted by rpb. Both the name and rationale for this coefficient are due to Karl Pearson. The expression product movement biserial is sometimes used instead of point-biserial. (Glass and Stanley, 1970). This statistic was used to test hypothesis one, t-test was used to test hypothesis 5 because two groups means were compared, that is youths with self-esteem problems and those without self-esteem problems.

3.9 Summary

The Chapter has described the research design that was used in the study, it went further to describe the population, the sample size and the sampling procedure. It has also described the instruments that was used for collecting data. The index of self-esteem scale by Hudson (1982) and the Psychosocial Effects of AIDS questionnaire developed by the researcher were described and how they were administered. The statistical procedures that were used to test the hypotheses were described in this chapter which included X (Chi-square), point Biserial Statistic and t-test. Each hypothesis was tested using a related statistic to analyse the data.

CHAPTER 4

4.0 RESULTS AND DISCUSSION

4.1 Introduction

An attempt is made in this Chapter to present and discuss the results obtained from the data collected in this study. The results relate to the students responses to the statements contained in the instrument administered on them.

The presentation of the results has been in accordance with the hypotheses stated in Chapter One. In testing each of the hypotheses, the level of significance has been set at 0.05.

A total of 278 questionnaires were served to the respondents out of this number 254 were returned. This constituted about 92%. Hence the mortality rate is just about 8%. Out of the 254 respondents from both College of Education, Katsina Ala and Benue State University, Makurdi,181 students responded from the College while 73 responded from the University. Out of these 56 were found to be free from self-esteem problem which is about 22% of the sample under study.

4.2 The Hypotheses Testing

Null Hypothesis 1

The hypothesis states that there is no significant relationship between the youths self-esteem scores and those on the perceived psychosocial effects of AIDS.

To test this hypothesis a point Biserial Statistic was used. A coefficient of correlation of 0.24 was observed. At degrees of freedom = 254 with $\propto$ = 0.05,

the computed r = value was not significant, (r critical = 0.14). Hence the null hypothesis is rejected. It can therefore be concluded that there is a significant relationship between the youths self-esteem scores and those on the perceived psychosocial effects of AIDS.

Null Hypothesis 2

The second hypothesis states that there is no significant difference in the self-esteem problem between the male and female respondents used in this study. To test this hypothesis ax^2 square statistic was used. Out of 188 males 66 were randomly selected since there were only 66 females. From the analysis of the frequency of students with self-esteem problem, 53 males and 47 females were found to have self-esteem problem. The summary of the x^2 square computations is contained in Table 4.1

Table 4.1 A chi-square analysis of self-esteem problems between male and female:

Subject	N	Number Selected	Number Observed	Number Expected	X^2-value	df	X^2	Percent
Male	188	66	53	50	0.36	1	3	3
Female	66	66	47	50				

Not significant $P>0.05$.

From Table 4.1, the observed X^2 square value was not significant. Hence the null hypothesis is retained.

Hypothesis 3

Hypothesis three states that, there is no significant difference in the frequency of self-esteem problem between youths of College of Education and Benue State University students.

The respondents were sorted out into two categories, those with self-esteem problem from College of Education, Katsina Ala and Benue State University, Makurdi. Table 4.2 indicates that a total of 181 respondents were from College of Education, while 73 were from Benue State University. Out of this, 73 were randomly selected from each institution. From the 73, selected respondents from College of Education, 58 were found to have self-esteem problem and 53 from Benue State University of similar level of self-esteem problem. The results of the analysis using a chi-square statistic indicated that no significant difference existed in their perception of psychosocial effects of AIDS. Thus, the null hypothesis is retained (Table 4.2).

Table 4.2 A chi-square analysis of self-esteem problem between College of Education and Benue State University, Makurdi.

Institution	TOTAL	Number Selected	Number Observed	Number Expected	X^2	df	X^2	P
COE	181	73	58	55.5	0.2252	1	3.84	0.48
BSU	73	73	53	55.5				

Not significant, $p > 0.05$

Hypothesis 4

This hypothesis states that there is no significant difference in the distribution of students who are free from self-esteem problems and those that have self-esteem problems. The respondents were sorted out into two categories, those with self-esteem problem and those that are normal. A chi-square was used

to analyse those with self-esteem problem and those that do not have self-esteem problem. Table 4.3 indicated that 56 respondents were normal whereas 198 were found non-normal. It is therefore concluded that there is a significant difference in the distribution of those that have self-esteem problem and those that are normal as shown in Table 4.3.

Table 4.3 A chi-square analysis of status on self-esteem.

Status	Observed	Expected	X^2 value	d	X^2	P
Normal	56	127	79.39	1	3.84	0.004
Non-Normal	198	127				

Significant $P < 0.05$

Hypothesis 5

In this hypothesis, the researcher intends to find out whether youths with self-esteem problem differ significantly from those without problems in their perception of psychosocial effects of AIDS. The mean scores of the two groups were compared using t-test statistic. The result is presented in Table 4.4.

Table 4.4 T-test on Perceived Psychosocial Effects of AIDS by Youths

		N	X	SD	df	t.	P
1.	Normal Youths	56	53.36	2.002	252	-7.63	0.000
2.	Youths with S.E. Problems	198	65.15	5.934			

Significant $p < 0.05$

From Table 4.4, it is seen that a significant difference exist between the two groups of youths as regards their perception of psychosocial effects of AIDS. The conclusion is that self-esteem has a significant influence on the youths perception.

4.4 Discussions

The first hypothesis was rejected because it was found that there is a significant relationship between youths self-esteem scores and scores of their perception on psychosocial effects of AIDS. This result means that the way an individual looks at him or herself has a strong influence on how that individual evaluates issues, situations before him or her. Therefore the way the youths used in this study see themselves greatly influenced the way they perceived the effects of AIDS on their thinking and interaction. A way of explaining this finding may be the approach taken by Coppersmith (1967) who said that self-esteem may come from either of the following sources.

1. success-failure
2. acceptance-rejection
3. power-powerless
4. moral self-acceptance-guilt

To the researcher any of these sources could have influenced the youths self-esteem hence their perception of the effects of AIDS on them has psychological and social effects also.

The second and third hypotheses were retained because no significant difference was found in the distribution of youths with self-esteem problem between the sexes and the two institutions. The result is so likely because the

youths are in a similar environment. Both institutions are within the same geographical location and also all the youths are in tertiary institutions owned by the same government. The similarity of the environment can be said to be responsible for this result. Also it can be explained that the economic depression is acting on a similar level on the youths. This economic crisis has negative effects on the youths consequently having a low evaluation of themselves irrespective of their sex and institution they attend.

The fourth hypothesis was rejected because there was a difference in distribution between those with self-esteem problem and those without among the youths. It is found that more youths have self-esteem problems than youths who do not. As explained earlier, it may be because these youths are in higher institutions which possibly are not conducive enough. They think that the government of the State who owned the institutions is not giving them enough facilities that will make them price themselves adequately. This explanation follows the O'brien and Epsteen's (1974) observation that self-esteem of individual correlates with changes in everyday life...

The fifth hypothesis was also rejected for a significant difference was found between the perception of those youths with no self-esteem problem and those who have problems of self-esteem. This finding points to the fact that those with self-esteem problem are regarded by Hudson (1982) as those with self-esteem disorders. It therefore means that they have negative self-esteem hence their perception of the psychosocial effects is more negative than those youths whose self-esteem is normal. A possible explanation for this may be that self-esteem as defined by Coppersmith (1967) is a person's judgement about his own capabilities;

talents, powers and self worth. If one therefore judges himself negatively, his judgement of others and issues are likely to reflect the judgement of himself. This is why the present finding is such.

4.5 Implications For Counselling

The present findings have some implications for counselling in the higher institutions where youths are in Benue State. Firstly, the study revealed that majority of the youths have self-esteem problem. By this it means that the way the youths even evaluated themselves is negative. This negative self-evaluation has a need to be changed. The process of changing individual's negative evaluation to a positive self-evaluation involves a process of counselling. This counselling has to be done professionally because an attitude formed is difficult to change. If counselling services are not rendered to these youths now, such an attitude of theirs can be carried on to adulthood. It will consequently affect their personal development, their families and the society at large. The need for counselling is therefore created by the self-esteem problem evident among the youths.

Secondly, it is also found that the self-evaluation of the youths has significant effect on the way they evaluated the effects of AIDS on them. This is why it is more serious to have intensive counselling services because the way an individual evaluates his or her self influences the way such a person will assess issues. This is why Albert Ellis in his theory said that there is nothing good or bad except what our thinking makes it. If our thinking is good it then implies that one will evaluate issues in the right way. To have our thinking in a right perspective, youths with negative self-esteem must be assisted through counselling.

A good technique to be used in this counselling approach may be cognitive restructuring. This will help the youths to redirect their thinking to have a positive regard for themselves than for the issues to be evaluated. It can also be emphasised here that the counselling services to be provided should be first and foremost focused on changing the self-esteem of the youths. It should not be counselling for subjects selection, career decisions because even these areas could be affected by the negative self-esteem the youths have about themselves.

The findings also have implication for counsellors. Since counsellors are the ones to do the counselling, they must be aware that youths problems are not only career, educational problems but also fundamentally a self-worth problem. A person who is not confident in his or herself can not be realistic in the choice of career or perform well academically. So the counsellors must be able to look beyond the surface problems of the youths. Counsellors should also be educated enough in the skills and techniques of counselling to succeed with the youths. They should demonstrate a lot of patience with these youths and use a variety of data collection methods to be able to get into their real problems.

4.6 Summary

The results to test and answer the research questions were presented in this Chapter. It is established that hypothesis 1 was rejected because it was found that there is a significant relationship between youths self-esteem scores and scores of their perception on psychosocial effects of AIDS. The second and third hypotheses were retained because no significant difference was found in the distribution of youths with self-esteem between the sexes and the two institutions, the

result is so because the youths are in a similar enviroment. The fourth hypothesis was rejected because there was a difference in distribution between those with self-esteem problem and those without among the youths. This may be so due to the fact that those youths are in higher institutions which possibly are not conducive enough. The fifth hypothesis was also rejected for a significant difference was found between the perception of those youths with no self-esteem problem and those who have problems of self-esteem. This finding points to the fact that those with self-esteem problems are regarded by Hudson, (1982) as those with self-esteem disorders.

The findings have a lot of implications for counselling; (1) The self-esteem problem identified means the way the youths evaluated themselves is negative, this negative self evaluation needs to be changed and this involves a process of counselling, this can only be done professionally because an attitude formed cannot be easily changed. (2) The self evaluation has negative effects on the way they evaluated the effects of AIDS on them, that is why it will be better to have intensive counselling the good technique to use is the cognitive restructuring. It can therefore be concluded that youths in Benue State tertiary instituions have self-esteem problems which also affected the way they perceived psychosocial effects of AIDS.

CHAPTER 5

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This Chapter presents the summary, conclusions and recommendations. The recommendations were discussed based on the findings and suggestions for further studies were also made. The study is on influence of self-esteem on perceived psychosocial effects of Acquired Immune Deficiency Syndrome Among Youths in College of Education, Katsina-Ala and Benue State University, Makurdi. The sample size is 278 students drawn from the two institutions. The hypotheses were tested with point Biserial technique and X^2 square, t-test statistical methods. The acceptance or rejection level was set at 0.05 level of significance.

5.2 Summary

The main objectives of this study is to identify the perceived psychosocial effects of AIDS by the youths. Also to identify how the state of self-esteem influence their perception; so as to recommend counselling strategies based on the findings of the study. It is assumed in this study that the rate at which youths of these two tertiary institutions relate sexually alerts the researcher's imagination, it also makes the researcher to think that possibly these youths are not aware of the effects AIDS will have on them.

Five null hypotheses were tested. The literature review focused on definitions of concepts such as AIDS, HIV and self-esteem. The historical development of AIDS was also traced, the general perception of AIDS in Nigeria was also discussed, a look was also taken at other research studies on AIDS.

The study made use of index of self-esteem scale, which is designed to measure how one sees himself/herself, by placing a number on one of the items that best suits him/her. It also made use of the psychosocial effects of AIDS questionnaire (PEAQ) which was designed for the respondents to indicate how strong they feel about each statement in terms of the psychosocial effects by placing an X as it appeals to him/her. The result show that hypotheses one, four and five were significant and rejected while two and three were not significant thus retained.

5.2.1 Summary of Findings

A number of findings emanated from the study. These are:

1. A significant relationship was established between the scores on self-esteem and scores on psychosocial effects of AIDS of the youths.
2. Youths in the tertiary institutions used in Benue State have self-esteem problems.
3. The problem of self-esteem among the youths in Benue State cut across sex and the two institutions.
4. A significant difference exist in the perception of psychosocial effects of AIDS between youths with self-esteem problems and those who have no self-esteem problems.

5.3 Conclusion

From the findings the following conclusions can be made:

1. That self-esteem of youths as a personality trait can be adequately researched on and should therefore be an important area of research for counsellors.
2. That youths have problems with their self-evaluation. About 80% of the youths who responded to the questionnaire have self-esteem problem.
3. Counselling is seriously needed in the tertiary institutions to correct the negative self-worth of youths. This is so because their negative self-evaluation has a significant influence and relationship to their assessment of issues.

5.4 Recommendations

Based on the findings and the implications drawn from the findings, the researcher makes the following recommendations:

1. The management of the two tertiary institutions in Benue State, i.e. College of Education, Katsina-Ala and Benue State University, Makurdi should establish functional counselling centres in these schools. Such centres will be in a position to handle with professional care, the counselling needs of the students especially in self-esteem.
2. Materials should be provided to the counselling centres to enable them do researches into other psychological problems of the students materials like psychological tests conducive furniture and office.

3. The counsellors should launch into more psychological problems of the youths rather than sitting down in their offices waiting for students to come and complain about poor academic performances.

4. Enlightenment campaigns on the effects of AIDS should be embarked upon as part of education of the youths. Such campaigns can be organized by the counselling centres in collaboration with other agencies like Ministry of Health.

5. AIDS counselling programme can be specifically designed for youths. Experts on this area can be called upon to handle cases that may come up for counselling.

6. A more intensive research on self-esteem of youths can be conducted in Benue State. This will help in having an overview of the seriousness of the problem among the youth. Also such studies on self-esteem can be carried out in other States and relate it to other spheres of life like marital, family, career live.

7. Counsellor educators should try to train their counsellors to understand the concept of self-esteem and how it can influence people's assessment of issues in their lives.

5.5 Summary

A brief summary of the entire work is provided in this Chapter. Summary of the findings are also indicated, among the main findings are,

(1) A significant relationship was established between the scores on self-esteem and scores on psychosocial effects of AIDS of the youths.

(2) Youths in the two tertiary institutions in Benue State have self-esteem problems. Some recommendations for action both for the schools management, counsellors and counsellor educators were identified, among such recommendations were;

(1) The Management of the two tertiary institutions in Benue State, i.e. College of Education, Katsina-Ala and Benue State University, Makurdi should establish functional counselling centres in these schools. Such centres will be in a better position to handle with professional care, the counselling needs of the students especially in self-esteem.

(2) Counsellor educators should try to train their counsellors to understand the concept of self-esteem and how it can influence people's assessment of issues in their lives. A recommendation for further research both in Benue State and other areas was given in this Chapter.

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QUESTIONNAIRE FORMAT

Dear Respondent,

RESEARCH PROJECT ON INFLUENCE OF SELF-ESTEEM ON PSYCHOSOCIAL EFFECTS OF AIDS AMONG YOUTHS IN TWO-TERTIARY INSTITUTIONS OF BENUE STATE.

I am conducting this research in partial fulfilment of my Master's Degree on the above topic. I therefore request you to be a party of the research by kindly filling the questionnaire in this package.

The questionnaire is divided into (3) three sections, they are sections A and B and C, whereas, section A & B research into the psychological and social effects of Youth Victims of AIDS, Section C researches into the self-esteem of respondents.

There are instructions as to how you should respond to the statements in each section. Please read carefully the instructions and honestly respond to the statements. All information provided by you will be used exclusively for the purpose of this research.

You can be assured that your response will be maintained in the strictest confidence.

Thank you for your cooperation.

Shabu, Lydia T. (Mrs)

SECTION A

Background information (Tick as applicable)

Institution: (a) College of Education, Katsina-Ala

(b) Benue State University, Makurdi.

Sex of Respondent: (a) Male (b) Female

Age: (a) 10-12 (b) 13-15 (c) 16-18 (d) 19-21 (e) 22-24 (f) 25 & above.

Present Level: (a) Pre NCE (b) N.C.E I (c) N.C.E. II (d) N.C.E. III

(e) 100 (f) 100 (g) 200 (h) 300

Religion: (a) Christian (b) Muslim (c) Traditionalist

Marital Status (a) Married (b) Single (c) Divorced

SECTION 'B'

Reflect your opinions on the following psychological/social effects of AIDS on youths. The respondent has to check the responses rated 1-5 in each item and place correctly as it appeals to him, an X on each statement.

1. Strongly Agree (SA)
2. Agree (A)
3. Strongly Disagree (SD)
4. Disagree (D)
5. Undecided (U)

S/NO	PSYCHOLOGICAL EFFECTS	SA	A	SD	D	U
1.	Youths who are identified as AIDS victims normally have feelings of guilt.					
2.	Youths attempt to commit suicide when they discover that they have AIDS.					
3.	Youths who are identified as AIDS victims resort to aggressive behaviour.					
4.	Youths who are identified as AIDs victims loose pride of themselves.					
5.	Youths who are identified as AIDS victims become so much worried in life.					
6.	Youths who are identified as AIDS victims become stressful in life in most occasions.					
7.	Youths who are identified as AIDS victims always lack interest in whatever they do.					
8.	AIDS victim youths show more signs of intelligence in school work.					
9.	Youths with AIDS feel more satisfied with their lives.					
10.	There is more emotional disorders in youths who are AIDS victims.					

Social Effects

1.	Having AIDS creates feelings of social disgrace for the youths from his/her peers.					
2.	Being an AIDS victim leads to social isolation from others.					
3.	Youths have poor relationship with victims of AIDS in their respective schools.					
4.	AIDS victims are valued high by his/her peers in society.					
5.	Youths AIDS victims receive no assistance from his/her peers.					
6.	Youths AIDS victims cannot hold position of responsibility in the society.					
7.	No youth AIDS victim can get married in the society.					

NO	SOCIAL EFFECTS	SA	A	SD	D	U
8.	Youths AIDS victims are so proud of themselves, understanding the fact that they know the cause of their death.					
9.	Youths who are identified as AIDS victims are concerned about his/her fate.					
10.	AIDS victim youths resort to withdrawal syndrome.					

SECTION C

Instructions:

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows: The meanings of the numbers are as follows:

1 = Rarely or none of the time

2. = A little of the time

3. = Some of the time

4. = A good part of the time

5. = Most or all of the time

Please Begin:

1. I feel that people would not like me if they really know me well . . . . . .

. . . . . .

2. I feel that others get along much better than I do . . . . . .

3. I feel that I am a beautiful person. . . . . .

4. When I am with other people I feel they are glad I am with them . . . . .

. . . . . .

5. I feel that people really like to talk with me . . . . . .

6. I feel that I am a very competent person . . . . . .

7. I think I make a good impression on others . . . . . .

8. I feel that I need more self-confidence . . . . . .

9. I think that I am a dull person . . . . . .

10. When I am with strangers I am very nervous . . . . . .

11. I feel ugly . . . . . .

12. I feel that others have more fun than I do . . . . . .

13. I feel that I bore people . . . . . .

14. I think my friends find me interesting . . . . . .

15. I think I have a good sense of humour . . . . . .

16. I feel very self-conscious when I am with strangers . . . . . .

17. I feel that if I could be more like other people I would have it made .

. . . . . .

18. I feel that people have a good time when they are with me . . . . . .

19. I feel lovely when I go out . . . . . .

20. I feel I get pushed around more then others . . . . . .