Adult Education Programmes For Awareness Creation And The Prevention Of HIV/Aids Among Youths In Portharcourt City Local Government Area Of Rivers State

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Abstract- The study was based on adult education programmes for awareness creation and the prevention of HIV/AIDs among youths in Portharcourt City Local Government Area. Three research question and two null hypotheses were formulated to guide the study. The descriptive survey design was adopted for the study. The population of the study comprised of 2,000 youths of community-based youth organizations in Portharcourt City Local Government Area. The sample size of the study was 600 youths (30% of the population) from eleven selected youth organizations using simple random sampling technique. The questionnaire on Adult Education programmes for Awareness Creation and the Prevention of HIV/AIDs Questionnaire was the instrument for data collection. The instrument was validated by three research experts. The reliability coefficient of 0.783 was obtained in a trial test using the Pearson Product Moment Correlation Coefficient. The mean and standard deviation were used to analyze the data obtained from the field to analyze the research questions, while ztest statistical tool was used to test the hypotheses at 0.05 level of significance. The findings of the study revealed that the adult education programmes for awareness creation and the prevention of HIV/AIDs among youths include literacy education, sex education, health education and peace education. The null hypotheses were accepted based on statistical analysis. Based on the finding of the study the researchers recommended among others that: Government should establish adult education centres and develop health related curriculum for citizens, Individuals should be made to understand that they have to be of good behvioural life styles to maintain good health and prevent HIV/AIDs and finally, Federal, State and Local Government should conduct quarterly campaign for awareness creation and the prevention of HIV/AIDs programmes.

Index Terms- Adult Education Programmes, Prevention, HIV/AIDs

I. Introduction

T he attainment of the millennium development goals (MDGS) has remained the top global development agenda. The year 2015 when the goals are expected to be met, African countries have pursued these goals at a very slow pace (UNAIDS 2006). There is no doubt that the goals are meant for the betterment of the future of the respective developing African countries. One of the goals was to Combat HIV/AIDs

HIV/AIDs is one of the epidemics that continue to ravage the human race. No country in the world is absolutely speared by the scourge of this epidemic. The UNAIDS/WHO (2005) estimated that between 39 and 40 million people around the world were living with HIV/AIDs and every year, there are 25 million death (Idoko, 2009). Documentary evidence revealed that sub-Saharan Africa is more heavily affected by HIV/AIDs than any other region of the world. The AIDs epidemic claims the lives of an estimated 1 to 5 million African youth yearly and more than 25 million children have been orphaned by AIDs. The prevalence rate rates between African countries.

The person-to-person spread of HIV is called HIV transmission. HIV is transmitted (spread) only in certain body fluids from a person who has HIV: Blood, Semen, Pre-seminal fluids, rectal fluids, vaginal fluids, Breast milk (WHO, 2011). HIV transmission is only possible if these fluids come in contact with a mucous membrane or damaged tissue or are directly injected into the bloodstream (from a needle or syringe) (WHO, 2011). Mucous membranes are found inside the rectum, the vagina, the opening of the penis, and the mouth. In the United States, HIV is spread mainly by: Having anal or vaginal sex with someone who has HIV without using a condom or taking medicines to prevent or treat HIV, sharing injection equipment ("works"), such as needles, with someone who has HIV. According to World Health Organization (WHO, 2011), HIV can also spread from a woman with HIV to her child during pregnancy, childbirth (also called labor and delivery), or breastfeeding. This spread of HIV is called motherto-child transmission of HIV. In the past, some people were

infected with HIV after receiving a blood transfusion or organ or tissue transplant from a donor with HIV. Today, this risk is very low because donated blood, organs, and tissues are carefully tested. One cannot get HIV from casual contact with a person who has HIV, for example from a handshake, a hug, or a closed mouth kiss. And you cannot get HIV from contact with objects such as toilet seats, doorknobs, or dishes used by a person who has HIV.

In Nigeria, cases of HIV are on the increase every day. Every year, there are 350,000 to 370,000 HIV infected cases. It is estimated that about 24 million Nigerians are living with HIV (Idoko, 2009). This has implication for action. Apart from the persons or victims, suffering from HIV/AIDs, the AIDs epidemic in some states threatens to the whole communities. The high level of HIV infections, reflect on the difficulty that has been faced by prevention campaigns. It appears that efforts made by several governments through relevant agencies, foreign embassies, ministries, religious organizations and non-governmental organizations have not in any way yielded the desired results. It is the alarming state of HIV epidemic that necessitated the study to examine adult education programmes for awareness creation and the prevention of hiv/aids among youths through adult education programmes such as; Literacy education, Sex education, Health education and Peace education

Literacy Education despite various challenges has contributed positively in diverse ways over the years to community development. Nigeria's success in literacy education found expression in the UNESCO literacy prizes which are awarded in recognition of the services of organizations and individuals. According to UNESCO in Dokubo (2013), there is direct relationship between development and the rate of growth of adult literacy. This implies that the higher the rate of literacy, the higher the level of development of the nation that has to do with individuals and nations in general in the areas of effective communication, political awareness, economic community development and higher quality of health care delivery., the capacity to use information in health care delivery. Health literacy empowers people to act appropriately in new and changing health-related circumstances through the use of advance cognitive and social skills. The defining attributes of health literacy are reading and numeracy skills of health literacy include improved self-reported health status, lower healthcare costs, increased health knowledge, shorter hospitalizations and less frequent use of health care services (Dokubo, 2013).

Other aspects of literacy education include: basic literacy and functional literacy. Basic literacy involves the skills of reading, writing, computing, understanding and applying figures in the day-to-day functions of an individual. Ihejirika (2009) asserted that a person is literate when he has acquired the essential knowledge and skills which enable him to engage in all those activities in which literacy is required for effective functioning in his group or community in which HIV/AIDs prevention strategy education is paramount.

Functional literacy on the other hand is a combination of literacy education and socio-economic activities. It is usually selective and is primarily designed for a group of people who have the same or identical socio-economic activity. It may be organized for a group of community leaders, a group of rice-growers, cocoa farmers, market women, yam farmers, furniture makers, etc (Ihejirika, 2009). According to him the selected group must have

the same social or economic activity. According to Imhabekhai (2009) the desire and ability to read, write and compute materials in the vocation will motivate the learners for better participation. Following the saying "health is wealth", the utmost functionability of a person is dependent on his health status. It therefore implies that through literacy education the youth is equipped with the skills of reading, writing, computing and applying materials to understand written lines about HIV/AIDs risks factors and prevention strategies and coping measures for HIV/AIDs victims. Another intervening factor to preventing HIV/AIDs is sex education. The need for comprehensive sex education is evident in the United Nations Development Programme (UNDP, 2004) report which thus says, "the emergence of the AIDs epidemics has overshadowed the effects of other sexually transmitted diseases which are equally serious and devastating. According to World Health Organization (WHO, 2000) approximately 333 million new cases of curable sexually transmitted diseases occurring per annum out of which 65 million are in sub-Sahara Africa while 150 million occur in South-East Asia. The link between HIV/AIDs and other sexually transmitted diseases calls for a comprehensive approach that integrates HIV/AIDs education with other STD prevention methods.

According to Achalu (2008) young people (youths) are extremely at risk of acquiring and transmitting STDs because of their sexual behavior. Youths are maturing early due to improved standard of living resulting in early involvement in sexual activities and experimentation. Literature revealed that most of the people affected by AIDs are young men and women. This is because young people are more likely to engage in highrisk behaviours, such as having unprotected sexual intercourse, many sexual partners and abusing drugs. The issue of experimentation with drugs, such as alcohol and tobacco (smoking) are among the behavioural factors that place youths at risk of STDs, and HIV/AIDs. Some of the socio-cultural factors that make young people vulnerable to AIDS and other STDs include lack of knowledge and access to HIV/AIDs information, negative attitudes about HIV/AIDs, epidemic of other STDs that facilitates HIV infection and failure to seek treatment, widespread prostitution among youths especially the female folks, societal attitude toward sex and acceptance of male promiscuity and sexual preference for young girls, peer group influence, drug abuse, poverty and deprivation among youths (Achalu, 2008). The obvious problems identified by Achalu is evidence that appropriate government agencies, authorities, non-governmental organizations (NGOs) well-meaning Nigerians should through all available means educate the youths and adolescents sex education to prevent the frequent occurrences of sexually transmitted diseases and HIV/AIDs in Nigeria and the world.

Apart from sex education, another programme to consider in the prevention of HIV/AIDs is health education. Health education is one important activity that is commonly undertaken to promote health. It is the communication of information that enables people to make informed decisions about their health. Health education is a profession that educates people about their health and the human body and environment. (Mckenzie, Neifer, and Thackeray, 2009).

According to Donatella (2009) health education is the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance or

restoration of their health. The joint committee of Health Education and Promotion Terminology of 2001 defined health education as a combination of planned learning experiences based on sound theories that provide individuals, groups, families and communities with the opportunity to acquire information and the skills needed to make quality health decisions. Furthermore, the World health Organization (WHO, 1998) defined health education as comprising of consciously constructed opportunities for learning involving some form of communication designed to improve health. The importance of health education as a means of preventing HIV/AIDs and controlling other sexually transmitted diseases is widely accepted, since it is increasingly recognized that their prevention, transmission, diagnosis and treatment are influenced to a large extent by the behavioural and socio-cultural factors involved WHO in (Achalu, 2008). This is why it is important to put into consideration the cultural factors that might influence health behavior in the development of health education programmes. Explaining the role of health education in the control of sexually transmitted diseases and HIV/AIDs, Achalu (2008) asserted that health education remains the single most important option that we have in the absence of a cure or vaccine. According to (Okeeffe, 1990), because there is no cure for AIDs or vaccine or a medical preventive measure against the HIV (AIDs virus), immediate attention has turn to behavior change as a means of controlling and preventing AIDs. The fear of AIDs which is incurable has resulted in behavior change. The sexual behavior to be changed is often pleasurable and therefore difficult to change. Peace education according to UNICEF (1999) refers to the process of promoting the knowledge, skills, attitudes and values needed to bring about behaviour changes that will enable children, youth and adults to prevent conflict and violence, both overt and structural; to resolve conflict peacefully; and to create the conditions conducive to peace, whether at an intrapersonal, interpersonal, intergroup, national or international level. The 1990 World Declaration on Education for All (the Jomtien Declaration) clearly states that basic learning needs comprise not only essential tools such as literacy and numeracy, but also the knowledge, skills, attitudes and values required to live and work in dignity and to participate in development. It further states that the satisfaction of those needs implies a responsibility to promote social justice, acceptance of differences, and peace (Inter-Agency Commission, WCEFA, 1990). It promotes the development of a wide range of skills that help children and young people cope effectively with the challenges of everyday life, enabling them to become socially and psychologically competent. Life skills can include cooperation, negotiation, communication, decision-making, problem-solving, coping with emotions, self-awareness, empathy, critical and creative thinking, dealing with peer pressure, awareness of risk, assertiveness, and preparation for the world of work (Baldo and Furniss, 1998).

Life skills such as knowing how to carry out a job interview or being able to assess the risk of contracting HIV/AIDS are a part of peace education. But conflict resolution skills, which are componenst of many peace educations programmes, are an important category of life skills. Many life skills are 'generic', in that they can be applied to a number of specific contexts. For example, negotiation skills may be used in resolving a conflict between peers; they may also be used in discussing wages or working conditions during a job interview. Decision-making skills

can be used in arriving at a mutually agreeable solution to a dispute between two people, or in making health-related choices such as deciding whether to smoke or engage in a sexual relationship. The 1990 World Declaration on Education for All (the Jomtien Declaration) clearly states that basic learning needs comprise not only essential tools such as literacy and numeracy, but also the knowledge, skills, attitudes and values required to live and work in dignity and to participate in development. It further states that the satisfaction of those needs implies a responsibility to promote social justice, acceptance of differences, and peace (Inter-Agency Commission, WCEFA, 1990).

However, it should be highlighted that peace keeping in conflict situations has in one way or the other contributed to the increase of the spread of HIV/AIDS through the military officers that are also youths. Uniformed services, including peacekeepers, frequently rank among the population groups most affected by sexually transmitted infections (STIs), including HIV. Military personnel are two-to-five times more likely to contract STIs than the civilian population and, during conflict, this factor can increase significantly. However, soldiers may also become important agents for behavioural change in reversing the spread of HIV within the army and beyond. If equipped with the right information, knowledge and tools, the military can achieve lower HIV prevalence rates than the national average, as can be seen from the experiences among the armed forces of Ethiopia and Uganda. HIV/AIDS poses a particular threat to peacekeeping, which is a pillar of the international security system. Conflict and post-conflict situations represent high-risk environments for the spread of HIV/AIDS. One-third of the officers and soldiers under UN command are stationed in Africa, which is home to 70% of people living with HIV. As early as 1995, the US State Department noted, "worldwide peacekeeping operations may pose a danger of spreading HIV... peacekeepers could both be a source of HIV infection to local populations and be infected by them, thus becoming a source of the infection when they return home". For example, the HIV infection rate was 11% among Nigerian peacekeepers who returned home from duty in Sierra Leone and Liberia in 2000, when the rate in the civilian adult population in Nigeria was 5% (UNAID, 2003).

II. PREVENTING SEXUAL VIOLENCE AND HIV RISK IN PEACEKEEPING AND PEACEBUILDING

In Resolution 1325, the UN Security Council recognized the centrality of women and gender issues for international peace and security. Resolution 1820 (2008) recognized that sexual violence in war further exacerbates conflict and impedes the restoration of peace and security. The associated risk of HIV creates an even more devastating and potentially deadly threat, with impacts unfolding over decades, through impaired physical and psychosocial recovery, orphaned children and fractured communities. Although political will, policy commitments and rhetorical outrage have never been clearer, the realities on the ground have yet to change. Too little has been done in operational terms to better utilize peacekeepers to improve the protection of those vulnerable to sexual violence and reduce HIV risk.

According to Kobani and Mba (2021) sustaining peace thus encompasses an array of interventions, including strengthening the rule of law, promoting sustainable economic growth, poverty

eradication, social development, sustainable development and national reconciliation. Some of the means and principles by which these interventions are pursued are inclusive dialogue and mediation, access to justice and transitional justice, accountability, good governance, democracy, accountable institutions, respect for human rights and gender equality. Although HIV prevention has always been a first-line response for those working with survivors of sexual violence, sexual violence itself has yet to be a first-line entry point for HIV prevention. The UNAIDS decision that sexual violence is one of nine priorities for 2009–2011 signals a heartening though belated recognition of the urgent need for intensified action (UNAIDS, 2009). International efforts to stop sexual violence in war should also include increased attention to HIV.

One example, UN Action (UN Action Against Sexual Violence in Conflict), is a concerted effort by the UN system to improve coordination and accountability, amplify programming and advocacy, and support national efforts to prevent sexual violence and respond effectively to the needs of survivors. To prevent wartime rape from becoming a peacetime norm, UN Action has begun to highlight the linkages between Security Council Resolutions 1820 and 1308 to address HIV and sexual violence in peace processes, ceasefire monitoring and DDR (Stop Rape Now, 2009). It has recommended training to sensitize uniformed servicemen and women on prevention of sexual violence and HIV prior to deployment on peacekeeping missions. It has also called for improved data quality on the extent, intent and impact of war-related sexual violence and the need for armed/security forces to vet for sexual violence perpetrators. Effective coordination between military, police and other protection stakeholders is needed. UN Action and the UN Development Fund for Women together with the United Kingdom Department for International Development are developing strategies for utilizing military and civilian assets to increase women's protection from violence. They are developing guidelines on mandate interpretation to clarify responsibilities for sexual violence response and are addressing pre-deployment and mission-specific training, gender-sensitive security assessments and the deployment of more women as uniformed and civilian peacekeepers. As a matter of priority, HIV prevention and response strategies should be aligned closely with these efforts. Banking on these backdrops, the study seeks to examine adult education programmes such as literacy education, sex education, health education and peace education for the prevention of HIV/AIDs in Port Harcout City Local Government Area of Rivers State.

III. STATEMENT OF THE PROBLEM

There is a great concern over the high rate of HIV/AIDs among youths in Port harcout City Local Government Area of Rivers State. This is because the estimated rate of infection has increased by the day and has left our youths vulnerable to death. The epidemic has dented negatively the image of the youth; the epidemic has caused series of unhealthy health challenges and death, thus, reducing the population rate. The lack of proper awareness and timely programmes such as; literacy education programmes, sex education programmes, health education programmes, family planning programmes and peace education

have also led to the increase of HIV/AIDs. Youths in the area needs to be properly educated so as to know how to engage in preventive and precautionary social behavior. This has necessitated the need to create awareness among the youths through adult education programmes as the most vulnerable group in the population. Thus, this study is designed to examine adult educational programmes for awareness creation and the prevention of HIV/A1Ds among youths in Port Harcout City Local Government Area of Rivers State.

IV. PURPOSE OF THE STUDY

The purpose of the study is to examine adult education programmes for awareness creation and the prevention of HIV/AIDs among youths in Port harcout City Local Government Area of Rivers State. Specifically, the objectives of the study are to:

- 1. Determine the extent literacy education programmes enhance awareness creation and the prevention of HIV/AIDs among youths in Port harcout City Local Government of Rivers State.
- 2. Examine the extent sex education programmes enhance awareness creation and prevention of HIV/AIDs among youths in Port harcout City Local Government of Rivers State.
- 3. Investigate the extent health education programmes enhance awareness creation and the prevention of HIV/AIDs among youths in Port harcout City Local Government Area of Rivers State.
- 4. Determine the extent peace education programmes enhance awareness creation and the prevention of HIV/AIDs among youths in Port harcout City Local Government Area of Rivers State.

V. RESEARCH QUESTIONS

The following research questions were used to guide the study.

- 1. To what extent does literacy education programmes enhance in the prevention of HIV/AIDs among youths in Port harcout City Local Government Area of Rivers State?
- 2. To what extent does sex education programmes enhance awareness creation and the prevention of HIV/AIDs among youths in Port harcout City Local Government Area of Rivers State?
- 3. To what extent does health education programmes help in awareness creation and the prevention of HIV/AIDs among youths in Port harcout City Local Government Area of Rivers State?
- 4. To what extent does peace education programmes enhance awareness creation and the prevention of HIV/AIDs among youths in Port harcout City Local Government Area of Rivers State.

VI. HYPOTHESES

The following null hypotheses guided the study.

Ho₁: There is no significant difference between the mean rating of male and female youths on the extent literacy education

programmes help in awareness creation and the prevention of HIV/AIDs among youths in Port Harcout City Local Government Area of Rivers State.

Ho₂: There is no significant difference between the mean rating of male and female youths on the extent sex education programmes enhance awareness creation and the prevention of HIV/AIDs among youths in Port Harcout City Local Government Area of Rivers State.

Significance of the Study

The findings of the study will be of importance to educational institutions, corporate bodies, government and non -governmental organizations as well as individuals in the society by aiding them to solving issues related to HIV/AIDs in the society using adult education programmes.

The study will be of benefit to educational institution, it will enable the institutions to organize educative programmes on HIV/AIDs that will educate the youths on measures to prevent the Virus.

The study will be of benefit to government and non-governmental organizations, it will enable the government to make financial provisions to the state hospitals and health centre to be able to get available medications that can help to sustain affected youths, and it will also enable the government to employ more health workers. Also, the study will be of benefit to the non-governmental organizations, it will enable them to organize seminars that can help reduce the rate of affected youths and also make provisions of supportive measures to the affected youths.

The study will be of benefit to the youths, it will enlighten them on sex education and the various ways to prevent HIV/AIDs. The study will also be of benefit to adult education practitioners, it is expected that the results of this study would aid adult education practitioners, government and other agencies for proper planning of health awareness programmes for youths.

Finally, the study will be of great benefit to scholars in the field of health education as it will serve as guide or reference point for researchers who may want to embark on similar study

VII. METHODOLOGY

This study adopted the descriptive survey research design. It involves making a survey aimed at determining how adult

education programmes prevents HIV/AIDs among youths in Obalga (Obio-Akpor Local Government. The population of the study consists of 2000 youths in 11 community-based organizations in Port harcout City Areas of Rivers State. The research had a sample size of 600 youths randomly selected from 11 youth associations in Port harcout City community. From the target population, 30% of the population of each of the association was selected as a sample for the study. The instrument for data collection was the questionnaire. A total of 600 copies of the questionnaire was administered to youths in selected associations. The rating scale of Very High Extent, (4-points), High Extent (3point), Low Extent (2-points) and Very Low Extent (1-point) was adopted for the questionnaire. The instrument was validated by two Measurement and Evaluation experts in the Rivers State University, Port Harcourt using Face and Content validity to test the internal consistency of the instrument. The reliability of the instrument was established using 20 respondents outside the study area. The test-retest method was adopted to collect the data and the Pearson Product Moment Correlation Coefficient (r) was used to analyze the data and the reliability coefficient of 0.783 was obtained. The researchers with the assistance of two research assistants administered the instrument to the respondents in the various youth-based community organization meeting venues. The instruction guiding respondents' response was explained and the questionnaire was retrieved at the spot. The mean and standard deviation was used to answer the research question. The criterion mean of 2.50 was used as accepted as item below the mean score of 2.50 will be rejected. The z-test statistic was used to test the null hypotheses at 0.05 level of significance. The null hypothesis was accepted if the calculated probability value is greater than or equal to the table value, but rejected if the calculated value is less than or equal to the table value at 0.05 level of significance of 598 degree of freedom.

VIII. ANALYSIS OF DATA AND RESULT

Research question 1: To what extent do literacy education programmes enhance awareness creation and the prevention of HIV/AIDS Portharcourt City Local Government Area of Rivers State?

Table 1: Mean responses on Extent Literacy Education Programmes Enhance Awareness Creation and the Prevention of HIV/AIDS Portharcourt City Local Government Area of Rivers State

S/N	S/N		Male N = 268			Female N = 332		
	Item	Mean	Std	Decision	Mean	Std	Decision	
1.	Basic literacy teaches the youths the skills of reading, writing and computing figures	3.16	0.99	Agree	3.03	0.87	Agree	
2.	The youths now have the ability to read health related materials, obtain and apply information related to health matters	3.22	0.91	Agree	2.71	0.63	Agree	
3.	The youths have skills and competence including reading	3.27	0.89	Agree	3.02	1.04	Agree	

and understanding medication labels, calculating medication intervals and following basic healthcare instructions.

Grand mean	3.22	0.93	Agree	2.92	0.85	agree			

The table above shows that male respondents have accepted means scores of 3.16, 3.22, and 3.27 and standard deviation of 0.99, 0.91, and 0.81 with female respondents mean scores of 3.03, 2.71 and 3.02 and standard deviation of 0.87, 0.63 and 1.04 that youth agreed basic literacy teaches the youths the skills of reading, writing and computing figures, that ability to read health related materials, obtain and apply information related to health matters, that skills and competence including reading and understanding medication labels, calculating medication intervals and following

basic healthcare instructions. The grand mean for male and female respondents (3.22 and 2.92) respectively, indicated that literacy education programmes enhance the prevention of HIV/AIDs in Portharcourt City Local Government Area of Rivers State to a very high extent.

Research question 2: To what extent does sex education enhance awareness creation and the prevention of HIV/AIDS Portharcourt City Local Government Area of Rivers State?

Table 2: Mean responses on Extent Sex Education Enhances Awareness Creation and the Prevention of HIV/AIDS

Portharcourt City Local Government Area of Rivers State

		Male N	= 268		Female N = 332		
S/N	Item	Mean	Std	Decision	Mean	Std	decision
4.	Obio/Akpor youths use condom all the time during sex with their partner because of sex education	3.43	0.73	Agree	2.84	0.85	Agree
5.	Withholding information about sexuality and reproduction from youths will not persuade them from becoming sexually active	3.02	0.70	Agree	2.83	0.76	Agree
6.	Sex education has made Obio/Akpor youths have scientific knowledge and healthy attitude toward sex	3.04	0.71	Agree	2.87	0.69	Agree
	Grand mean	3.16	0.71	Agree	2.85	0.77	agree

The table above shows male respondents mean scores 3.43, 3.02, and 3.04, and the standard deviation of 0.73, 0.70, and 0.71 with female respondents mean scores 2.84, 2.83 and 2.87 and standard deviation of 0.85, 0.76 and 0.69 that Port Harcourt City youths use condom all the time during sex with their partner because of sex education, withholding information about sexuality and reproduction from youths will persuade them from becoming sexually active, sex education has made Port Harcourt City youths have scientific knowledge and healthy attitude toward sex. The grand mean for male and female respondents (3.16 and 2.87)

respectively, indicated that sex education programmes enhance awareness creation and the prevention of HIV/AIDs in Portharcourt City Local Government Area of Rivers State to a very high extent.

Research question 3: To what extent does health education enhance awareness creation and the prevention of HIV/AIDS Portharcourt City Local Government Area of Rivers State?

Table 3: Mean Responses on Extent Health Education Programmes help in Awareness Creation and the Prevention of HIV/AIDS Portharcourt City Local Government Area of Rivers State

		Male N = 268			Female N = 332		
S/N	Item	Mean	Std	Decision	Mean	Std	Decision
7.	Health education has created in Obio/Akpor the creation and maintenance of a healthy environment	2.87	0.85	Agree	2.86	0.97	Agree

8.	Health education has revealed to the youths in Obio/Akpor the measures of controlling communicable or transmittable diseases	3.06	0.71	Agree	2.75	0.82	Agree
9.	Health education has made Obio/Akpor youths learn to behave in a manner conducive to the promotion, maintenance and restoration of their health	3.06	0.68	Agree	2.79	0.78	Agree
	Grand Mean	3.00	0.75	Agree	2.80	0.85	agree

The table above shows that male respondents mean score of 2.87, 3.06, and 3.06 and standard deviation of 0.85, 0.71 and 0.68, female respondents mean scores of 2.86, 2.75 and 2.79 and standard deviation of 0.97, 0.82 and 0.75 that youths agreed that health education has enhanced in Port Harcourt City the creation and maintenance of a healthy environment, health education has revealed the measures of controlling communicable or transmittable diseases, health education has made Port Harcourt City youths learn to behave in a manner conducive to the

promotion, maintenance and restoration of their health. The grand mean for male and female (3.00 and female 2.80) respectively, indicated that health education programmes enhance the prevention of HIV/AIDs in Portharcourt City Local Government Area of Rivers State to a very high extent.

Research question 4: To what extent does peace education enhance awareness creation and the prevention of HIV/AIDS Portharcourt City Local Government Area of Rivers State?

Table 4: Mean Responses on Extent Peace Education Programmes help in Awareness Creation and the Prevention of HIV/AIDS Portharcourt City Local Government Area of Rivers State

		Male N :	= 268		Female 1		
S/N	Item	Mean	Std	Decision	Mean	Std	Decision
10.	Peace education will make youths understand that taken advantage of the vulnerable in a conflict situation is a way to increase HIV/AIDs	3.25	0.81	Agree	2.80	0.93	Agree
11.	Peace education brings about a positive change in the sexual lives of youth for HIV/AIDs prevention	2.75	0.89	Agree	3.44	0.85	Agree
12.	Peace edu cation teaches youth diplomatic ways of resolving conflicts that can create room for unhealthy sexual behaviour for prevention of HIV/AIDs	3.31	0.68	Agree	2.91	0.78	Agree
13.	Youths who do not have access to peace education and health care are more prone to HIV/AID than those with education	3.07	0.83	Agree	3.33	0.81	Agree
	Grand Mean	3.10	0.80	Agree	3.2	0.85	agree

The table above shows that male respondents mean score of 3.35, 2.75, 3.31 and 3.07 and standard deviation of 0.81, 0.89, 0.68 and 0.80 female respondents mean scores of 2.80, 3.44, 2.91 and 3.33 and standard deviation of 0.93, 0.85, 0.87 and 0.81 that peace education will make youths understand that taken advantage of the vulnerable in a conflict situation is a way to increase HIV/AIDs, peace education brings about a positive change in the sexual lives of youth for HIV/AIDs prevention, Peace education teaches youth diplomatic ways of resolving conflicts that can create room for unhealthy sexual behaviour for prevention of

HIV/AIDs and Youths who do not have access to peace education and health care are more prone to HIV/AID than those with education. The grand mean for male and female (3.10 and female 3.02) respectively, indicated that peace education programmes enhance the prevention of HIV/AIDs in Portharcourt City Local Government Area of Rivers State to a very high extent.

Test of Hypotheses

Ho1: There is no significant difference between the mean rating of male and female youths on extent literacy education

programmes help in the prevention of HIV/AIDS among youths in Portharcourt City Local Government Area of Rivers State

Table 4: Summary of z-score on the Difference between the Mean Rating of male and Female Youths on Extent Literacy Education Programmes help in Awareness Creation and the Prevention of HIV/AIDS among Youths in Portharcourt City Local Government Area of Rivers State

Sex	N	\overline{X}	Std	Df	z-cal	z-crit	Decision
Male	268	3.15	0.84	598	0.591	1.96	Not Significant
Female	332	3.17	0.81				Accept

The table above shows that the t-calculated value is 0.591 while the t-critical value is 1.96. Since t-calculated value (0.591) is less than t-critical value (1.96), this means that there is no significant difference between the mean responses of male and female youths on extent literacy education programmes enhance awareness creation and the prevention of HIV/AIDS among youths in Portharcourt City Local Government Area of Rivers

State. Hence the null hypothesis one is retained at 0.05 level of significant of 598 degree of freedom.

Ho2: There is no significant difference between the mean responses of male and female youths on extent sex education programmes enhance awareness creation and the prevention of HIV/AIDS among youths in Portharcourt City Local Government Area of Rivers State

Table 5: Summary of z-score on the Difference between the Mean Rating of Male and Female Youths on Extent Sex Education programmes help in Awareness Creation and the Prevention of HIV/AIDS among Youths in Portharcourt City Local Government Area of Rivers State

Sex	N	\overline{X}	Std	Df	z-cal	z-crit	Decision
Male	268	3.00	0.89	598	0.55	1.96	Not Significant
Female	332	2.96	0.89				Accept

The table above shows that the t-calculated value is 0.55 while the t-critical value is 1.96. Since t-calculated value (0.55) is less than t-critical value (1.96), this means that there is no significant difference between the mean responses of male and female youths on extent sex education programmes enhance awareness creation and the prevention of HIV/AIDS among youths in Portharcourt City Local Government Area of Rivers State. Hence the null hypothesis two is accepted at 0.05 level of significant of 598 decree of freedom.

4.3 Discussion of Findings

The discussions of findings are carried out based on the issues relevant with the research questions and null hypotheses that guided the study.

Influence of literacy education on awareness creation and prevention of HIV/AIDs. The result of these finding as summarized in table 1 (one), showed that youths overwhelmingly agree that literacy education is an adult education programme for awareness creation and the prevention of HIV/AIDs. The findings of the study tend to agree with the opinion of Adana (2004) that education is a purposive, conscious, unconscious, psychological, sociological, scientific and philosophical process which brings about the development of the individual to the fullest extent and

also contributes to the maximum development of society in such a way that both enjoy maximum happiness and prosperity.

Influence of sex education on awareness creation and the prevention of HIV/AIDs. With reference to research question two, it is the view of male and female respondents (youths) that sex education made the youth to practice safe sex. Withholding sexuality and reproductive information will not persuade them from becoming sexually active and that sex education has made youths have knowledge and healthy attitude towards sex. This is in live with the opinion of Mmari and Blum (2009) that school based sex education is an intervention that has been promoted to increase HIV-related knowledge and shape safer sexual behaviours to help prevent new infections among vulnerable group (youth). As sexual debut is common in adolescence and youth, so are the associated risks of engaging in transactional sex, having multiple concurrent partnerships and experience sexual violence and coercion, all of which increase HIV-related risks. To this end, Gallant and Maticka-Tyndale (2004) posited that school-based intervention are logically well suited to educate youths about sexual activities given their ability to reach large numbers of young people in an environment already equipped to facilitate educational lesson and group learning.

Influence of health education for awareness creation and the prevention of HIV/AIDs. With regard to the third research

question, the youths (respondents) agreed that health education has influenced the creation of awareness and prevention of HIV/AIDs in that the youths now maintain a healthy environment, know the measures of controlling communicable diseases and have learnt to behave in a manner that is conducive for the promotion, maintenance and restoration of a healthy living in the environment. This is in conformity with Achalu (2008) who opined that the goal of health education is to provide information that individuals or groups can use to enhance their health status. Generally, the purpose of health education is to inform people and help them make intelligent decisions and take actions that will improve or promote their health. The importance of health education as a means of controlling sexually transmitted diseases (HIV/AIDs is widely accepted, since it is increasingly recognized that their prevention, transmission, diagnosis and treatment are influenced to a large extent by the behavioural socio-cultural factors (World Health Organization (WHO) in Achalu (2008). That is why it is important to put into consideration the cultural factors that might influence health behavior in the development of health education programmes.

Influence of peace education for awareness creation and the prevention of HIV/AIDs. With regard to research questions four, respondents have agreed that peace education will make youths understand that taken advantage of the vulnerable in a conflict situation is a way to increasing HIV/AIDs, peace education brings about a positive change in the sexual lives of youth for HIV/AIDs prevention, Peace education teaches youth diplomatic ways of resolving conflicts that can create room for unhealthy sexual behaviour for prevention of HIV/AIDs and Youths who do not have access to peace education and health care are more prone to HIV/AID than those with education. This finding is in agreement with the opinion of Freire (2006) that "peace education is a mechanism for the transformation from a culture of violence to a culture of peace through a process of 'conscientization'. Dewey in Biwas (2018) opined that Peace Education is grounded in active citizenship, preparing learners for assiduous participation in a democracy, through problem-posing and problem-solving education and a commitment to transformative action in our societies. Therefore, peace education is holistic. It embraces the physical, emotional, intellectual, and social growth of children within a framework deeply rooted in traditional human values. It is based on philosophy that teaches love, compassion, trust, fairness, co-operation and reverence for the human family and all life on our beautiful planet (Schmidt and Friedman, 1988, as cited in Abebe et. al., 2006). Peace education is an attempt to

as cited in Abebe et. al., 2006). Peace education is an attempt to respond to problems of conflict and violence on scales ranging from the global and national to the local and personal. It is about exploring ways of creating more justice and sustainable futures (R. D. Laing, 1978, as cited in Abebe, et. al., 2006) for all people i.e. both men and women.

IX. CONCLUSION

From the findings of the study, it was concluded that;

(1) Literacy education programmes influence awareness creation and the prevention of HIV/AIDs in Portharcourt City Local Government Area. And such, basic literacy education teaches youths the arts of reading, writing and computing, youths,

as a result of being through adult literacy programme can now read health related materials, obtain and apply information related to health issues, literacy education has made the youths to have the skills of reading and understanding medication, labels, calculating mediation interval and following basic health instructions and influence of sex education on awareness creation and prevention of HIV/AIDs.

- 2. Sex education made Port Harcourt City youths to practice protected sex. Withholding sexuality and reproduction information from the youth will not persuade them from becoming sexually active, Sex education has made youths have basic knowledge and healthy altitude towards sex and Influence of health education on awareness creation and the prevention of HIV/AIDs.
- 3. Health education has created sense of maintaining a healthy environment among youth, Health education has revealed the measure of controlling and managing sexual transmitted diseases, Health education has made youth learn to behave in a manner that is conducive to the promotion, maintenance and restoration of their health and The acceptance of the hypotheses was based on the result of statistical data from the field.
- 4. Peace education will make youths understand that taken advantage of the vulnerable in a conflict situation is a way to increasing HIV/AIDs, peace education brings about a positive change in the sexual lives of youth for HIV/AIDs prevention, Peace education teaches youth diplomatic ways of resolving conflicts that can create room for unhealthy sexual behaviour for prevention of HIV/AIDs and Youths who do not have access to peace education and health care are more prone to HIV/AID than those with education

X. RECOMMENDATIONS

Based on the findings of the study, the researcher made the following recommendation:

- 1) Government should establish many adult education centres and develop health related curriculum for citizens
- 2) Individuals should be made to understand that they have to be of good behvioural life styles to maintain good health and prevent HIV/AIDs.
- 3) Federal, state and local Government should conduct quarterly campaign for awareness creation and the prevention HIV/AIDs programmes.

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