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EDITORIAL

The international research review was established for the purpose of increasing the understanding of research

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that "research" as a springboard upon which other development (educational, technological, scientific, social,

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that we intend to publish bi-annually, empirical article from our able scholar/ contributors.

It is no/doubt that the continuation of this journal will depend on all our efforts to sustain it. We are doing our best in order to speed up the review process and publish the papers in a fast and timely manner to better suit you needs. we are looking forward to receiving your valuable contribution in the coming editions.

We express our sincere and profound gratitude to fellow scholars for their collective and several contribution in making this edition a success.

Professor S. O. A Olaniyonu
Editor-in-Chief

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**KNOWLEDGE AND HIV/AIDS AT RISK BEHAVIOUR OF
COLLEGIATE ATHLETES TO THE 2007 EDITION OF ZONE C
NICEGA PRELIMINARIES HELD AT COLLEGE OF EDUCATION,
ORO**

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ABSTRACT

This study was embarked upon to investigate the knowledge and HIV/AIDS At-Risk behaviour of Collegiate Athletes that participated in the 2007 Edition of the NICEGA Zonal Elimination Preliminaries held between 4th and 8th July, 2007 at College of Education, Oro. This study became necessary owing to the fact that despite several campaigns on the pandemic nature of HIV/AIDS many athletes are still observed exhibiting HIV/AIDS At-Risk behaviour during pre-camping, camping, competition, and even post competition periods. The study adopted descriptive survey research design, while quota or maximum variation sampling technique was used to select the respondents; simple random sampling technique was used to select 5 sports. Descriptive Statistics of frequency counts, percentage and inferential statistics were used to analyse the collected data at 0.05 level of significance. The findings from the study revealed that all the tested variables; Knowledge, Cohabitation, Unprotected Sex, and Sexual Networking were significant. Based on the finding of this study conclusions were drawn and useful recommendations were suggested.

INTRODUCTION

The United Nations (UN) and World Health Organisation have identified Acquired Immune Deficiency Syndrome (AIDS) as the world's biggest and challenging fatal disease and one of the biggest causes of death in the African region. From the first cases reported in the United State of America in 1981, and Uganda in 1983, the disease, which was also diagnosed in some wealthy Africans seeking medical treatment in Belgium and France in the early 80's, has spread to all continents, assuming a pandemic status (WHO, 2002).

Human Immuno-deficiency Virus (HIV) is the Virus that causes Acquired Immune Deficiency Syndrome (AIDS). HIV is a virus that enters and makes a mockery of the Immune System while it has the ability to cause persistent infections resulting to slowly progressive disease called AIDS (Soyinka, Daini, Federal Ministry of Health, 2002 and National Action Committee on AIDS (NACA) 2004.).

According to Department for International Development (DFID) (1998), there are two types of HIV. These are type 1 and 2 with several sub-types of both. The global epidemic is caused by HIV -1 and Africa is estimated to have the largest range of sub-type-1 (NACA, 2003 & UNAIDS, 2003) and for unknown reasons, HIV -1 is prevalent in Nigeria.

HIV is found in the blood stream, and the main cells that it infects are the lymphocytes of the CD4 type (T-Cells) (DFID, 1998). CD 4 T-Cells is critical in the immune system because they help other types of immune cells to respond to invading organisms. Unfortunately, CD 4 T- Cells are the most affected by HIV (Daini, 2002 and Soyinka, 2002).

Following infection, the natural history of HIV and stages of infection is of progressive Immuno-suppression with the infected individual passing through different stages of the disease. As Immuno-suppression develops, the CD4 count falls, while the viral load increases. This situation leads to increasing susceptibility to a small range of clinical problems and diseases (Family Health International (FHI)/AIDS Control Program, Nigeria 1997 and UNAIDS, 1997)

Young people are central in the fight against HIV/AIDS. Half of the 14,000 new infections that occur each day are in young people ages 15-24 (UNAIDS, 2002). Young females are

disproportionally affected by HIV/AIDS; rates of infection among girls in the hardest hit countries of Africa are 2-6 times higher than for boys of the same age (UNICEF, 2002). HIV/AIDS is one of the top causes of illness and death among young people (WHO, 2002).

Beyond these tremendous health concerns HIV/AIDS also has disastrous consequences for the general well being of young people and the broader society. As youths infected with HIV fall sick, they gradually lose their ability to provide for themselves and others. Young people from AIDS-affected families especially the estimated 14 million AIDS orphans (UNIADS, 2002) face severe economic problems. Many forgo schooling and other opportunities threatening their livelihood prospects and increasing their own chances of contracting HIV (Rosen, 2001).

Olokun (2007) postulated that HIV/AIDS epidemic poses a serious threat to all nations especially the developing ones of which Nigeria is among. She further stated that youths are the most infected in Nigeria: With rates of prevalence higher than the 4.4% obtained in the general population.

It was on this stunning realization that this study was premised to be carried out. Globally and locally several studies have been carried out on HIV/AIDS Risk behaviours but not very many have been tailored towards studying the risk behaviour of numerous college athletes, who represent their various institutions in major athletics meets such as NICEGA, NIPOGA, NUGA. Generally athletes (whether amateur or professional) are usually prone to exhibit several At-Risk behaviours ranging from drug abuse/misuse (doping), unhealthy sexual behaviours, Cardio-Vascular Heart Disease (CVD) risk behaviour to HIV/AIDS risk behaviour. Hence the reason why this study was carried out, to investigate the HIV/AIDS At-Risk Behaviour of Collegiate Athletes, who participated in the last 2007 edition of Nigeria, College of Education Games Association (NICEGA) Zone C elimination series held between 4th and 8th July 2007, at College of Education, Oro, Kwara State.

Four variables were selected in this study and these are; Knowledge (and risk behaviour of) Cohabitation, Unprotected Sex, and Multiple Sex Partnership. The HIV behavioural literature is dominated by reports on many large surveys of At-Risk behaviours and attitudes conducted in different countries. In an instance according to World Health Organisation (WHO), (2002) In the United States, most (59%) persons with AIDS have engaged in male homosexual behaviours. An increasing percentage (22%) of cases is related to Intra-Venous Drug Use (IVDU). Other high-risk behaviour includes heterosexual contact with sexual partners, unprotected sex, and unscreened blood or blood product transfusions with products infected with HIV. These and many more influence the selection of cohabitation, multiple sexual partnership, and unprotected sex as part of the variable to be tested in this study.

According to Pellet (1999) greater knowledge has a direct influence on one's personal ability to consider the risk of HIV, without adequate knowledge of HIV/AIDS, people are unlikely to see any advantage in knowing their status, knowing one's status makes the issue tangible and personal. He said further that personalization of knowledge is more likely to affect an individual's behaviour, family acceptance, and cultural traditions. Hence the justification for the inclusion of knowledge as a worthy variable to be studied in this research.

Cohabitation according to Santrock (2005) refers to living together in a sexual relationship without being married. Although cohabitation offers some advantages among older adults, it can also produce some problems among young adults (Cohan & Kleinbaum, 2002; Solot & Miller, 2002).

METHODOLOGY

The Descriptive survey research design was employed for this study.

This design was considered appropriated as the researchers' wishes was based on finding the relationships between variables of interest and of the fact that it is suitable for gathering data from a relatively large population.

The study was delimited to all athletes that participated in the Zonal Elimination Series of NICEGA held at College of Education, Oro between 4th and 8th July 2007. Quota or maximum variation sampling technique was used to select 50 respondents from 5 randomly selected sports. The total number of respondents used for this was 250.

INSTRUMENTATION

The researchers developed structured questionnaire, of which the draft was given to two senior colleagues for construct and content validity. Section A of the instrument dealt with demographic data, while section B which was in accordance with the 4-point likert scale sought data on the tested variables. The validated instrument was field tested and subjected to the statistics of Cronbach Alpha Coefficient to obtain the reliability coefficient, which stood at 0.84. The collected data were analysed with inferential statistics of chi-square at 0.05 level of significance

RESULTS AND DISCUSSION.

H₀: Athletes participating in the 2007 Edition of NICEGA Zonal Elimination Competition will not have significant low level of knowledge about HIV/AIDS.

Table 1: Analysis of Data on Knowledge

	KNOWLEDGE				TOTAL	X ² Crit.	X ² Cal.	Df	Rem ark
	SD	D	A	SA					
VARIABLE q ¹ Count	9	14	65	162	250	21.0	661.745	12	Sig.
% within VARIABLE	3.6%	5.6%	26.0%	64.8%	100%				
q ² Count	9	8	70	163	250				
% within VARIABLE	3.6%	3.2%	28.0%	65.2%	100%				
q ³ Count	128	74	28	20	250				
% within VARIABLE	51.2%	29.6%	11.2%	8.0%	100%				
q ⁴ Count	127	77	21	25	250				
% within VARIABLE	50.8%	30.8%	8.4%	10.0%	100%				
q ⁵ Count	139	61	25	25	250				
% within VARIABLE	55.6%	24.4%	10.0%	10.0%	100%				
Total Count	412	234	209	395	1250				
% within VARIABLE	33.0%	18.7%	16.7%	31.65	100.0%				

X^2 Crit. = 21.0 X^2 Cal. = 661.745, df = 12, 0.05 level of significance,

The information from table 1 above indicated that the chi-square calculated value of 661.745 is greater than the X^2 table value of 21.0 at 0.05 level of significance with 12 degree of freedom. Based on this finding H_0 1 is hereby rejected. This implies that participants in the 2007 edition of NICEGA Zonal Elimination Series held at College of Education, Oro have significant low-level knowledge about HIV/AIDS prognosis. This finding further confirms that inadequate knowledge about a particular disease is one of the greatest reasons why many At-Risk.

According to Brieger (2002) knowledge is the recollection of virtual information but that knowledge is culture-bound. For instance, it is possible for people to memorize facts given at a clinic-based health talk about a given disease, but at the same time know that the cause of the disease is what he/she has been told by the elders in the community. This level of knowledge is required in order for someone to begin to understand why they may be at risk.. Pellat (1999) stated that greater knowledge has a direct influence on one's personal ability to consider the risk of HIV, without adequate knowledge of HIV /AIDS, people are unlikely to see any advantage in knowing their status, which will make the issue more tangible and personal.

H_0 2: Attitudes and Practice of Cohabitation will not be a significant At-Risk behaviour of Athletes participating in the 2007 Edition of NICEGA Zonal Elimination Competition.

Table 2: Analysis of Data on Cohabitation

	COHABITATION				TOTAL	X^2 Crit.	X^2 Cal.	Df	Remark
	SD	D	A	SA					
VARIABLE q^1 Count	41	20	72	117	250	7.81	92.070	3	Sig.
% within VARIABLE	16.4%	8.0%	28.8%	46.8%	100%				
q^2 Count	114	47	54	35	250				
% within VARIABLE	45.6%	18.8%	21.6%	14.0%	100%				
Total Count	155	67	126	152	500				
% within VARIABLE	31.0%	13.4%	25.2%	30.4%	100.0%				

X^2 Crit. = 7.81, X^2 Cal. = 92.070, df = 3,

Table 2 above shows that the X^2 calculated value of 19.849 is greater than the X^2 table value of 7.81 at 0.05 level of significance with 3 degree of freedom. These findings led to the rejection of H_0 2. This implies that many of the athletes engage in cohabitation which directly or indirectly may predispose them to HIV/AIDS. This finding was in accordance with Jinadu (1999) findings that many adolescent students practice cohabitation. He stated further that those who practice cohabitation are at higher risk to contact and transmit HIV / AIDS. Those practicing cohabitation are not legally bound to there 'supposedly spouse'; hence many may not be faithful to their partners. Some practice it because of economic factors while their heart is actually with someone else.

H_0 3: Unprotected Sex will not be a significant At-Risk behaviour of Athletes participating in the 2007 Edition of NICEGA Zonal Elimination Competition.

Table 3: Analysis of Data on Unprotected Sex

	UNPROTECTED SEX				TOTAL	X ² Crit.	X ² Cal.	Df	Remark
	SD	D	A	SA					
VARIABLE q ¹ Count	83	60	57	50	250	7.81	19.849	3	Sig.
% within VARIABLE	33.2%	24.0%	22.8%	20.0%	100%				
q ² Count	126	55	28	41	250				
% within VARIABLE	50.4%	22.0%	11.2%	16.4%	100%				
Total Count	155	67	126	152	500				
% within VARIABLE	31.0%	13.4%	25.2%	30.4%	100.0%				

X^2 Crit. = 7.81, X^2 Cal. = 19.849, df = 3,

From the result shown in Table 3 above it can be deduced that H₃ was also not significant based on the fact that the X² calculated of 19.849 is greater than the critical value of 7.81 at DF of 3. Therefore the hypothesis was rejected. The most risky and most common way of getting infected, especially in sub-Saharan Africa is through sexual intercourse specifically unsafe and unprotected sex (FHI, 2005). 69% of the respondents stated that they didn't enjoy sex with condom, hence their dislike for its usage during intercourse. This attitudes alone is enough to predispose one to HIV/AIDS.

H₄: Sexual Networking will not be significant At-Risk behaviour of Athletes participating in the 2007 Edition of NICEGA Zonal Elimination Competition.

Table 4: Analysis of Data on Unprotected Sex

	MULTIPLE SEXUAL PARTNERS				TOTAL	X ² Crit.	X ² Cal.	Df	Remark
	SD	D	A	SA					
VARIABLE q ¹ Count	133	57	28	32	250	7.81	5.519	3	Sig.
% within VARIABLE	53.2%	22.8%	11.2%	12.8%	100%				
q ² Count	116	73	37	24	250				
% within VARIABLE	46.4%	29.2%	14.8%	9.6%	100%				
Total Count	155	67	126	152	500				
% within VARIABLE	31.0%	13.4%	25.2%	30.4%	100.0%				

X^2 Crit. = 7.81, X^2 Cal. = 92.070, df = 3,

From the result of the data analysed on the athletes' responses on H₄, it was revealed that X² calculated value of 56.519 is greater than the X² table value of 7.81 with DF of 3 at 0.05 level of significance. Therefore the hypothesis was rejected. The result implies that many of the athletes engage in the act of having multiple sexual partners or sexual networking.

In the opinion of Jinadu (1999) engaging in sexual networking or having multiple sexual partners is a guaranteed route to an infection with HIV. The probability rises when a person is exposed to many partners without protection.

CONCLUSION

Based on the finding of the study it could be concluded that:

- ∴ Collegiate athletes who participated in the 2007 edition of NICEGA Zonal Elimination Competition held at College of Education, Oro have significant low-level knowledge about HIV /AIDS prognosis .
- ∴ Attitude and practice of cohabitation is a significant HIV/AIDS At-Risk behaviour of athletes that participated in the 2007 edition of NICEGA Zonal Elimination Competition held at College of Education, Oro, Kwara State .
- ∴ Sexual Networking is a significant HIV/AIDS At-Risk behaviour of athletes that participated in the 2007 edition of NICEGA Zonal Elimination Competition held at College of Education, Oro, Kwara State .
- ∴ Unprotected Sex is a significant HIV / AIDS At-Risk behaviour of athletes that participated in the 2007 edition of NICEGA Zonal Elimination Competition held at College of Education, Oro, Kwara State.

RECOMMENDATION

In the light of the findings of this study, the following recommendations are made:

1. Each Institution, i.e. Colleges of Education as a matter of necessity should establish Desk officers who should be saddled with the responsibility of designing curriculum for HIV / AIDS Education to be taken by all students as a General Course.
2. The designed curriculum should be mainstreamed into core courses.
3. The NICEGA authorities (at the National and Zonal levels) should consider partnering with both Governmental and Non-Governmental Organisations in educating and sensitizing all athletes and others during the athletics meets.

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