JOSTMED 11(1), APRIL, 2015 ISSN: 0748 – 4710

JOURNAL OF SCIENCE, TECHNOLOGY, MATHEMATICS AND EDUCATION (JOSTMED)

website: www.futminna.edu.ng
E-mail: jostmedscience@yahoo.com, jostmed@futminna.edu.ng
Phone: +234-816-680-7534

PUBLISHED BY:
DEPARTMENT OF SCIENCE EDUCATION
FEDERAL UNIVERSITY OF TECHNOLOGY, MINNA,
NIGERIA, AFRICA

EDITORIAL BOARD

Editor-in-Chief	-	Dr. T. O. Alabi
Managing Editor	-	Dr. A. I. Gambari
Assistant Managing Editor	-	Mr. A. A. Yaki
Associate Editor	-	Mr. U. S. B. Idris
Associate Editor	-	Mr. O. C. Falode
Account Editor	-	Dr. (Mrs.) R. G. Wodu
Business Editor	-	Dr. (Mrs). A. Umeh

EDITORIAL ADVISERS

NAME	SUBJECT	ADDRESS
Prof. (Mrs.) V. I. Ezenwa	Chemistry Education	F.U.T. Minna
Prof. Afolabi Ayo Samuel	Chemistry Education	University of South Africa
Prof. M. O. Yusuf	Civil & Chemical Engineering,	University of Ilorin
Prof. (Mrs.) R. Uyanga	Educational Technology	University of Uyo
Prof. P. A. O. Okebukola	Science Education	L. A. S. U., Lagos
Prof. I. O. Inekwe	Biology	A.B.U. Zaria
Prof. Sanjay Mistra	Mathematics Education	F.U.T. Minna
Prof. C. Ugodulunwa	Computer Cyber Security,	UniJos
Prof. (Mrs.) U.N.V. Agwagah	Test and Measurement	Uiversity of Nigeria Nsukka
Prof. J. M. Baba	Science Education	F.U.T., Minna
	Geography	

SUSCRIPTION RATES

Nigeria Rate (Personal) N1,000.00
Rate (Institutions) N2,000.00
Other Countries Rate (Personal) $25.00 / £15.00
Rate (Institutions) $35.00 / £22.00

All Cheques should be made payable to:

The Managing Editor, JOSTMED, Department of Science Education,
Federal University of Technology, Minna, Nigeria.
Subscription must be pre-paid and must include 10% handling charges

Copyright ©

Journal of Science, Technology, Mathematics and Education
All rights reserved

ISSN 0748-4710

15. Integrated Collocation Methods for Solving Fourth Order Integro-Differential Equations. **Jimoh, A. K. & Taiwo, O. A.....151**

16. Construction and Implementation of Some Hybrid Schemes for Solution of Ordinary Differential Equations (ODEs). **Idris, L.; Yahaya, Y. A. & Muhammad, R.....162**

17. Effects of Cognitive Reasoning Ability and Prior Exposure to Content on Basic Science Achievement of Upper Basic Two Students in Plateau State. **Prof. Emmanuel, E. Achor, Peter, O. Agogo & Ayuba, P. Duguryil 170**

18. Roles of Mathematics Education in Good Governance and National Sustainability in Nigeria: A Case Study of National Confab. **Kehinde, A. Adeniji & Maruf, O. Ibrahim. 185**

19. Psychosocial Consequences of Stigmatization of People Living With Hiv/Aids as Perceived by Undergraduates of University of Ilorin, Kwara State Nigeria. **Foluke N. Bolu-Steve (Ph.D) & Peleowo, D. O. 195**

20. Awareness of Autism Among Teachers and Health Workers in Agaie and Lapai Local Government Area of Niger State: Counselling Implication. **Usman, I. G. (Ph.D.) 206**

21. Effects of Automated Map Software on Achievement and Retention of Map Construction by Secondary School Geography Students in Minna Metropolis. **Alabi, T. O. & Ndatsu, A. 217**

22. Impact of Hands-On Learning Activities on Academic Achievement of Senior Secondary Biology Students in Zaria, Kaduna State. **Ibrahim Sukola Tambaya. 227**

23. Academic Human Resources Situation in Kwara State Polytechnic, Ilorin Nigeria. **Murtala, A. T.; Lawal, A. A; Oduwaiye, R. O. (Ph.D); & Omosidi, A. S. 233**

PSYCHOSOCIAL CONSEQUENCES OF STIGMATIZATION OF PEOPLE LIVING WITH HIV/AIDS AS PERCEIVED BY UNDERGRADUATES OF UNIVERSITY OF ILORIN, KWARA STATE NIGERIA

FOLUKE N. BOLU-Steve (Ph.D) & PELEOWO, D. O.
Department of Counsellors Education
University of Ilorin, Ilorin, Nigeria
E-mail: bolusteve2002@yahoo.com **Phone No.:** +2348033749768

Abstract

The main focus of this study was to investigate the psychosocial consequences of Stigmatization on people living with HIV/AIDS as perceived by undergraduate of University of Ilorin, Kwara State, Nigeria. In other to achieve this objective, a questionnaire titled PsychosocialConsequences of Stigmatization of PLWA Questionnaire (PCSPQ) was administered to 500 undergraduate students of University of Ilorin.Items on this instrument were adapted. The questionnaire was divided into two sections. Section A contained the demographic data while section B was designed to elicit information on the Psychosocial Consequence of Stigmatization of People Living with HIV/AIDS. The Four-Point Likert type response format was adopted for use in section B as thus; Strongly Agree - 4points, Agree - 3 points, Disagree - 2 points and strongly Disagree-1 point. A reliability co-efficient of 0.60 was obtained; hence the instrument was statistically reliable.The descriptive survey method was adopted for this study.The age range were 16-21 years and above. Five faculties were randomly selected out of the fourteen (14) faculties in the University, using the dip-hart method. They include; Faculties of Education, Business and Social Sciences, Art, Science and Communication and Information Science.Simple random sampling technique was employed in selecting one hundred respondents from each of these Faculties. In carrying out the research, five null hypotheses were generated and tested using the t-test and Analysis of Variance (ANOVA) statistical methods at 0.05 alpha level of significance. Frequency counts, item by item analysis, rank order, simple percentages and mean score of items were also used in the data analysis. The finding of this study shows that the psychosocial consequence of stigmatization on people living with HIV is frustration.From the testing of the hypotheses, it was found that, there was no significant difference in the perception of male and female respondents on the psychosocial consequences of stigmatization of PLWA. Also respondents did not differ in their perception on the basis ofclass level, ethnicity and religion. However,a significant difference was found on the basis of age.Based on these findings, it was recommended thatSchool authorities should provide adequate education to students on facts about stigmatization as well as the consequences of stigmatization on PLWA. This can be done through the organization of seminars and conferences on the campus.

Keywords: Psychosocial, Stigmatization, PLWA, HIV/AIDS, Gender

Introduction

HIV is an acronym for Human Immune-deficiency Virus, while AIDS means Acquired Immune-deficiency Syndrome. HIV/AIDS is one of the most complex and complicated health problems confronting the world today. Over 36 million people are said to be living with HIV infection and 21.8 million people have died as a result of HIV/AIDS (Peltzer, Mpotu, Baguma & Lawal, 2002). HIV/AIDS remains a topical disease condition that has afflicted man in recent times. The search

for a definite cure still continues even as varying statistical data continue to expose the devastation caused by the disease worldwide. A significant proportion of the worlds' population is burdened by the disease. In the AIDS pandemic, Sub Saharan Africa is heavily affected than other parts of the world. An average estimated number of 24.5 million people are living with HIV infection (UNAIDS, 2006). It has been reported that more than 3.8 million Nigerians are living with the HIV virus, out of which over 1 million people have developed clinical symptoms (Kio-Olayinka & Idogho, 2005). Perception is the way a person interprets an event or information from his/her own perspective. Our perceptions affect our emotions, behaviour and in turn helps shape our environment. The perception of an event creates our experience which allows us to act within our environment. Through this process, we experience the world around us and act within our environment (Alan & Gary, 2011). (Dimkpa, 1999) explained that the fundamental position of attribution theory is that we behave or react according to our perceptions and understanding. One of the psychological traumas that HIV victims go through is the way they are perceived by the society (Mbwambo, 2004).

Stigmatization is the action of discriminating against people living with HIV/AIDS. Schweitzer, Michael and Rose (2011) noted that people with HIV are stigmatized because the disease is incurable; many people regard it (HIV) as a death sentence while others are afraid of acquiring the disease from people that are infected.Stigmatization reaction can be negative (e.g avoidance or discrimination) and positive (e.g kindness and sympathy). According to Okechukwu (2007) HIV/AIDS related stigma refers to unfavourable attitudes, beliefs, and polices directed towards people perceived to have HIV/AIDS. This includes prejudice, discounting, discrediting, and discrimination directed at people perceived to have HIV or AIDS. Stigmatization could also be inform of rejection and avoidance of People Living with HIV/AIDS (PLWHA). This could also include discrimination against PLWHA, compulsory HIV testing without prior consent and violence against persons who are perceived to have HIV/AIDS infection. Children may be ostracized at school if it is known that they have an HIV-infected family member. HIV-infected children may be denied school services for fear that they might spread the virus through casual contact (Merson, 1993). Psychosocial is the combination of the psychological and social factors. It is a term referring to the minds ability to consciously or unconsciously adjust and relate the body to its social environment. The psychosocial consequences of stigmatization on People with HIV is negative due to the common perception that an individual is to be blamed or held responsible for their condition (Peltzer, Mpotu, Baguma & Lawal, 2002).In the years between infection and eventual death, victims are plagued by physical pain and exhaustion. In addition, those infected are faced with many psychological and psychosocial issues that make surviving this disease even more difficult. One of the most common causes of psychological trauma among the PLWHA is the impact of social stigma on the infected individual. Stigmatization can lead to psycho-social problems such as depression, guilt shame, anxiety and suicidal attempt.

Statement of the Problem

HIV/AIDS infection creates emotional imbalance, threatens one's life goals and expectations. UNAIDS (2001) revealed that AIDS kills ten times more people in a year than war. Desmond (2002) explained that the infection is probably the greatest plague that ever to hit the world. HIV infection attacks the immune system and makes a person susceptible to all forms of disease. UNAIDS (1999) reported that HIV/AIDS is a catastrophe in slow motion and this threatens the educational system as well as undermines the economy of the country. This is because, the HIV infected employee might no longer be efficient due to ill health and this can lead to reduction in productivity of the establishment. The implication of stigmatization is that

the individual lose his/her social status and at the same time they face a lot of emotional trauma. The stigmatized person might develop defensive attitude against the presence of the infection which can lead to delay in treatment. The fear of rejection does not allow the victims to disclose to friends and relatives about their HIV status. This increases the risk of infection for the sexual partner of the HIV positive person (Merson, 1993).

Stigma can be defined as "an act of identifying, labelling, or attributing undesirable qualities towards those with HIV/AIDS infection (UNAIDS, 2001). The consequences of stigmatization include psychosocial problems such as emotional distress, aggressiveness, shock, withdrawal from others, anger and guilt. This emotional conundrum may leave such an individual uncertain about life. Previous researchers like Okechukwu (2007) worked on the impact of Stigma on the Prevention of HIV/AIDS, Mbwambo (2004) carried out a study on HIV/AIDS related stigma in Tanzania. They discovered that majority of people have negative attitude towards people with HIV/AIDS. In this study, the researcher investigated thepsychosocial consequences of stigmatization of PLWHA as perceived by undergraduates of university of Ilorin. The purpose of this study is to investigate the psychosocial consequence of stigmatization of PLWHA as perceived by undergraduates of university of Ilorin. The result of this study would be of benefit to parents, school administrators, government and Non-Government Organisation (NGOs) educational planners, guidance counsellors and the society at large.

Purpose of the Study

The purpose of this study is to investigate the psychosocial consequences of stigmatization of people living with HIV as perceived by undergraduates of University of Ilorin. Also the study investigated whether age, gender, religion, class level and ethnicity have profound influence on the perception of the undergraduates.

Research Question

1. What is the psychosocial consequence of stigmatization of people living with HIV/AIDS?

Research Hypotheses

1 There is no significant difference in thepsychosocial consequences of stigmatization of people living with HIV/AIDS as perceived by undergraduates of University of Ilorin on the basis of age.

2 There is no significant difference in thepsychosocial consequences of stigmatization of people living with HIV/AIDS as perceived by undergraduates of University of Ilorin on the basis of gender.

3 There is no significant difference in thepsychosocial consequences of stigmatization of people living with HIV/AIDS as perceived by undergraduates of University of Ilorin on the basis of religion.

4 There is no significant difference in thepsychosocial consequences of stigmatization of people living with HIV/AIDS as perceived by undergraduates of University of Ilorin on the basis of class level.

5 There is no significant difference in thepsychosocial consequences of stigmatization of people living with HIV/AIDS as perceived by undergraduates of University of Ilorin on the basis of ethnicity.

Methodology

Research Design: The research design adopted for this study is descriptive survey.

Daramola (2006) opined that descriptive survey is a method that is frequently used within empirical research methodology models. It is also a systematic description of an event in a factual manner. Based on this the researcher considered the method as appropriate for this study.

Population: This comprised of undergraduate students of University of Ilorin Kwara State Nigeria. Thepopulation of the students in the University was 26,000. They are made up of students from 100- 400 levels in the various departments.

Sample and Sampling Procedure: Samples of 500 respondents were selected from the population, using the sample size determination table (Research Advisor, 2006). According to the tablea sample size of 26,000 should have a sample size of 378 at 99% confidence interval and 2.5 margin error. This was the justification for the sample of the study.The age range were 16-21 years and above. Five faculties were randomly selected out of the fourteen (14) faculties in the University, using the dip-hart method. This include; Faculties of Education, Business and Social Science, Science, Arts and Communication and Information Science. Simple random sampling technique was employed to select one hundred respondents from each of these Faculties.

Instrumentation: The instrument used in gathering data for this study was titled "Psycho-social Consequences of Stigmatization of PLWA Questionnaire (PCSPQ)"The psychometric property of the instrument was established by the researchers. Items on this instrument were self-designed questionnaire derived from the review of related literature. These items were adapted. The questionnaire was divided into two sections. Section A contained the demographic data such as gender, class level, religion, age and ethnicity. While section B was designed to elicit information on the Psychosocial Consequence of Stigmatization of People Living with HIV/AIDS. The Four-Point Likert type response format was adopted for use in section B as thus; Strongly Agree – 4 points, Agree - 3 points, Disagree - 2 points and strongly Disagree-1 point. The researcher used both descriptive and inferential statistics for the data analysis. The t-test and ANOVA statistics were employed to test the research hypotheses at 0.05 alpha level of significance.The analysis was done using the SPSS package.

According to Hassan (1995) validity is the extent to which a test instrument measures what it purports or set out to measure. In determining the validity of the instrument, the questionnaire was scrutinized by five lecturers in the related field of study. The experts affirmed that the instrument covered the intended contents and therefore valid for use.

The reliability of the instrument used for the study was established using test-retest method within an interval of four weeks. The instrument was administered to 20 undergraduates Students of Kwara State University who did not form part of the final respondents used for the study. The Pearson Product Moment Correlation Coefficient was used to compute the correlation co-efficient of the instrument. A reliability co-efficient of 0.60 was obtained. Hence the instrument was statistically reliable.

Method of Data Analysis

The data collected were analyzed using frequency counts, percentages and mean ranking. The t-test and Analysis of Variance (ANOVA) statistical tools were employed to test the research null hypotheses at 0.05 alpha level of significance.

Results

The findings of this study are presented in tables.

Table 1: Distribution of respondents by personal data

Variables		Frequency	Percentage
Age	16 – 21 years	110	22.0
	22 – 25 years	314	62.8
	26 years and above	76	15.2
	Total	500	100.0
Gender	Male	307	61.4
	Female	193	38.6
	Total	500	100.0
Class Level	100	131	26.2
	200	139	27.8
	300	128	25.6
	400	102	20.4
	Total	500	100.0
Religion	Christianity	246	49.2
	Islam	254	50.8
	Total	500	100.0
Ethnicity	Yoruba	215	43.0
	Hausa	162	32.4
	Igbo	123	24.6
	Total	500	100.0

Table 1 show the distribution of respondents who participated in the study. This revealed that 110 (22%) of the respondents were between 16 – 21 years, 314 (62.8%) of the respondents were 22 – 25 years, while 76 (15.2%) of the respondents were 26 years and above. 307 (61.4%) were males, while 193 (38.6%) of the respondents were females. 131 (26.2%) were in 100 level, 139 (27.8%) of the respondents were in 200 level, 128 (25.6%) were in 300 level, while 102 (20.4%) were in 400 level. 246 (49.2%) were Christians, while 254 (50.8%) were Muslims. 215 (43%) were of the Yoruba ethnicity, 162 (32.4%) were of the Hausa tribe, while 123 (24.6%) were of the Igbos.

Table 2: Rank order of the means of psychosocial consequences of stigmatization

Item No.	Psychosocial consequences of stigmatization on PLWHA are:	Mean	Rank
11	frustration.	3.31	1st
13	denial of promotion at work.	3.25	2nd
3	worries.	3.21	3rd
16	loss of job.	3.20	4th
20	decrease in interpersonal and social relationships.	3.18	5th
15	deprived of participation in organizational affairs.	3.16	6th
4	feeling of bringing shame upon the family.	3.13	7th
14	subject to gossip by colleagues in the school.	3.12	8th
10	unhappiness in the home.	3.11	9th
17	deprivation of the use of their talent for fear of spread.	3.10	10th
5	refusal of having physical contact with neighbours.	3.07	11th
1	inappropriate emotional response to people and situations.	3.04	12th
7	isolation by relatives.	3.03	13th
2	decrease in self-esteem.	3.02	14th
12	loss of opportunity for marriage.	2.97	15th
9	refusal to eat together on the same table with family members.	2.96	16th
19	deprivation of rights.	2.96	16th
8	separation and rejection by friends or family members.	2.94	18th
6	refusal of handshake by family or friends.	2.93	19th
18	neglects to the needs of PLWHA.	2.91	20th

Table 2 shows the item-by-item analysis of the psychosocial consequences of stigmatization. The table indicated that Item 11 ranked 1st with a mean score of 3.31. Ranked 2nd is Item 13 with a mean score of 3.25. Ranked 3rd is Item 3 with a mean score of 3.21, while ranked 20th is Item 18 with a mean score of 2.91.

Hypotheses Testing

Five null hypotheses were generated and tested for this study. The researcher used t-test and Analysis of Variance (ANOVA) to analyze the hypotheses. The results of the analysis are presented in Tables 3 – 7.

Hypothesis One: There is no significant difference in the psychosocial consequences of stigmatization of PLWHA as perceived by undergraduate of University of Ilorin on the basis of age.

Table 3: Analysis of variance comparing respondents on the basis of age

Source	df	SS	Mean Square	F	P-value
Between Groups	2	519.675	259.83	7.15*	0.02
Within Groups	497	18039.437	36.29		
Total	499	18559.112			

*Significant, $p<0.05$

Table 3 shows significant difference in the psychosocial consequences of stigmatization of PLWHA based on age. The analysis yielded F = 7.15, which is significant at $p<0.05$. The result indicates that a significant difference exist in the psychosocial consequences of stigmatization of PLWHA based on age. Therefore, hypothesis 1 is rejected $F(df = 2, 497) = 7.15$; $p<0.05$.

In order to determine the mean value(s) that caused the significant difference observed in the ANOVA results of Table 3, the Duncan Multiple Range Test (DMRT) was used as a post-hoc test. The results of the DMRT procedure are displayed in Table 4.

Table 4: Duncan's multiple range test (DMRT) showing the difference in the psychosocial consequences of stigmatization of PLWHA based on age

Duncan Groupings	N	Means	Group	Age
A	76	60.07	3	26 years and above
B	314	59.68	2	22 – 25 years
B	110	59.64	1	16 – 21 years

Table 4 showed the Duncan Multiple Range Test indicating the significant difference noted in the ANOVA on Table 3. Group 3 (26 years and above) with a mean score of 60.07 slightly differed from Group 2 (22 – 25 years); and Group 1 (16 - 21 years) with mean scores of 59.68 and 59.64 respectively. All the groups differed from one another but the significant difference noted was as a result of the mean of Group 3 (26 years and above). This thus implies that respondents who are 26 years and above have a different perception of the psychosocial consequences of stigmatization of PLWHA based on age, hence the significant difference noted in the ANOVA on Table 3 and thus, the hypothesis is rejected.

Hypothesis Two: There is no significant difference in the psychosocial consequences of stigmatization of PLWHA as perceived by undergraduate of University of Ilorin on the basis of gender.

Table 5: The t-test showing the psychosocial consequences of stigmatization of PLWHA based on gender

Gender	N	Mean	SD	Df	t	P-value
Male	307	59.87	6.05	498	0.20	0.75
Female	193	59.99	6.19			

Table 5 shows the t-test output for significant difference in psychosocial consequences of stigmatization of PLWHA based on gender. The result indicates that there is no significant difference because the calculated t-value is 0.20 at the p-value of 0.75 which is not significant at $p<0.05$. This implies that male and female undergraduates of University of Ilorin share a similar perception of the psychosocial consequences of stigmatization of PLWHA. Therefore, the null hypothesis is accepted.

Hypothesis Three: There is no significant difference in the psychosocial consequences of stigmatization of PLWHA as perceived by undergraduate of University of Ilorin on the basis of religion.

Table 6: The t-test showing the psychosocial consequences of stigmatization of PLWHA based on religion

Religion	N	Mean	SD	df	t	P-value
Christianity	246	59.95	6.13	498	0.09	0.85
Islam	254	59.89	6.07			

Table 6 shows the t-test output for significant difference in psychosocial consequences of stigmatization of PLWHA based on religion. The result indicates that there is nosignificant difference because the calculated t-value is 0.09 at the p-value of 0.85 which is not significant at $p<0.05$. Therefore, the null hypothesis is accepted.

Hypothesis Four: There is no significant difference in the psychosocial consequences of stigmatization of PLWHA as perceived by undergraduate of University of Ilorin on the basis of class.

Table 7: Analysis of variance comparing respondents on the basis of class

Source	df	SS	Mean Square	F	P-value
Between Groups	3	66.200	22.06	0.59	0.62
Within Groups	496	18492.912	37.28		
Total	499	18559.112			

Table 7 shows significant difference in the psychosocial consequences of stigmatization of PLWHA based on class. The analysis yielded $F = 0.59$, which is not significant at $p<0.05$. The result indicates that no significant difference exist in the psychosocial consequences of stigmatization of PLWHA on the basis of class level. Therefore, hypothesis 4 is accepted $F(df = 3, 496) = 0.59; p<0.05$.

Hypothesis Five: There is no significant difference in the psychosocial consequences of stigmatization of PLWHA as perceived by undergraduate of University of Ilorin on the basis of ethnicity.

Table 8: Analysis of variance comparing respondents on the basis of ethnicity

Source	df	SS	Mean Square	F	P-value
Between Groups	2	15.168	7.58	0.20	0.81
Within Groups	497	18543.944	37.31		
Total	499	18559.112			

Table 8 shows significant difference in the psychosocial consequences of stigmatization of PLWHA based on ethnicity. The analysis yielded $F = 0.59$, which is not significant at $p<0.05$. The result indicates that no significant difference exist in the psychosocial consequences of stigmatization of PLWHA based on ethnicity. Therefore, hypothesis 5 is accepted $F(df = 2, 497) = 0.20; p<0.05$.

Discussion

Respondents ranked Item 11 highest. This means that majority of the students agreed that one of the major psychosocial consequences of stigmatization is frustration. According to Ipadeola (2000) frustration is assumed to produce aggression which can led to negative feelings. The PLWHAs experience an overwhelming long term psychological imbalance which could be frustrating.

The perception of the age groups that participated in this studydiffered on the psychosocial consequences of stigmatization of PLWA. This might be because age has a way of influencing reactions to challenging situations. Kalichman (2004) found that adults with HIV/AIDS feel isolated, guilty, dirty and discredited. On the other hand, Shifts (1987) revealed that infected teenagers stated that since they were going to face rejection as a result of HIV/AIDS infection, they will do everything to make sure the infection spreads. Ipadeola (2000) stated that HIV/Aids is not the real killer but stigmatization and rejection which is often experience by people (PLWHA) irrespective of their age. Aluede, Imhonde, Maliki and Alutu (2005) pointed out that HIV/AIDS infection has created panic, fear and hysteria all over the world as it affects person of all ages.

Irrespective of the respondents gender the perception of University of Ilorin students on the psychosocial consequences of stigmatization among PLWA is the same.This result is inconsistent with the previous study conducted by Skinner and Mfecane (2004) that high level of stigmatization is common among HIV/AIDS infected females than their male counterparts. Alubo, Zwander, Jolayemi and Omudu (2002) reported that negative attitudes towards HIV infected individual were common among male and female Nigerian students. The fear of stigmatization and discrimination among the students has undermined the ability of individual to provide support and reassurance to those infected with HIV on the campus.

Despite the fact that the students are of different religious affiliations, their perceptions are the same. This is in line with Alao (2004) who stated that the consequences of stigmatization on people living with HIV/AIDS cut across the three religions (Africa traditional religion, Christianity and Islam), socioeconomic and educational groups.

Also, the class level of the students notwithstanding, they all agreed in their view on the psychosocial consequences of stigmatization among PLWA. This might be because through education these students have been exposed to facts about HIV infection. McDaniel Isenberg, Moris and Swift (1997) reported that school age children are knowledgeable about HIV/AIDS and that they claimed that they got their information from school, magazines and love novels.

On the basis of ethnicity, respondents did not differ in their perceptions. Alubo, Jolayemi and Omudu (2000) stated that HIV/AIDS infection is a global disease that goes with stigmatization irrespective of one's background. This is in line with Alao (2004) who opined that the consequences of stigmatization on people living with HIV/AIDS cut across the socioeconomic and the three major ethnic groups (Yoruba, Hausa and Igbo) in the country.

Conclusion

The following conclusions were drawn:

(i). There is significant difference in the perception of University of Ilorin students on psychosocial consequences of stigmatization of PLWA on the basis of age.

(ii). There is no significant difference in the perception of University of Ilorin students on psychosocial consequences of stigmatization of PLWA on the basis of gender.

(iii). There is no significant difference in the perception of University of Ilorin students on psychosocial consequences of stigmatization of PLWA on the basis of religion.

(iv). There is no significant difference in the perception of University of Ilorin students on psychosocial consequences of stigmatization of PLWA on the basis of class level.

(v). There is no significant difference in the perception of University of Ilorin students on psychosocial consequences of stigmatization of PLWA on the basis of ethnicity.

Counselling Implication

Counsellors should strengthen their efforts by organising seminars, workshops on HIV/AIDS and the negative impact of stigmatization among people living with HIV. The psychosocial impact of stigmatization could be so derogatory on the client as such; they need psychological support, which only counsellors could provide through the use of his /her skill.

Recommendations

It is therefore recommended that:

(I) School authorities should provide adequate educationto students on facts about stigmatization as well as the consequences of stigmatization on PLWA. This can be done through the organization of seminars and conferences on the campus.

(ii) University authorities should incorporate HIV/AIDS programmes in the curriculum; this will enhance the students' knowledge and behaviour change, which can in turn help toreducing stigmatization among students who are infected with HIV.

(iii). Since counsellors are trained to help people with emotional problems, University authorities should employ the services of professional counsellors in order to help students with HIVinfection to deal with psychosocial trauma as a result of stigmatization.

References

Alan, S. & Gary, J. (2011). Perception, attribution, and judgment of others: Organizational Behaviour. *Understanding and Managing Life at Work*, 1, 34 - 37.

Alao, S. A. (2004). *Knowledge and attitude HIV/AIDS among students of tertiary institutions in Ilorin metropolis.* Unpublished M.Ed., University of Ilorin, Nigeria.

Alubo O. A., Zwander, T., Jolayemi, O. & Omudu, E. (2002). Acceptance and stigmatization of PLWHA in Nigeria. *AIDS Care, 14*, 117 – 126.

Beck R., Carlton, T. & Allen, H. (1993). *Understanding and counselling special population with HIV seropositive diseases. American Rehabilitation*, 19 (3), 30 - 39.

Aluede .O., Imhonde, H. O., Maliki, A. E. & Alutu, A. N. G. (2005). Assessing Nigerian university students' knowledge about HIV/AIDS. *Journal of Social Sciences, 11* (3), 207 – 212.

Barnett, T. & Whiteside, A. (2002). *AIDS in the twenty-first century: Disease and globalization.* London: Palgrave MacMillan.

Daramola, S. O. (2006).*Research and statistical methods in education for students and researchers in tertiary institutions*. Ilorin: Bamitex Printing and Publishing.

Desmond, C. (2002). *The hidden battle on HIV/AIDS.* Research division (HEARD) Durban: University of Natal research protect. Enforced Isolation of AIDS patients Dropped, Xinhua, 7 April, 2004.

Dimkpa, D. I. (1999). *Attributions of maternal and infant mortality among working-class women in Nigeria.* Unpublished doctoral thesis submitted to the Department of Guidance and Counselling, University of Ilorin, Ilorin, Nigeria.

Hassan, J. (1995). *Understanding research in education.* Lagos: Merrifield Publishing Company.

Kalichman, S. C., Carey, M. P. & Carey, K. B. (2004). Human immunodeficiency virus (HIV) risk among the seriously mentally ill. *Clinical Psychology Science Practical,* 3,130-143.

Kio-Olayinka, F. & Idogho, O. (2005). *Situational analysis of support group for people living with HIV/AIDS in Nigeria:* Report of field survey conducted in six states. Abuja: Action AID International.

Mbwambo, J. (2004). *Understanding HIV and AIDS related stigma in Tanzania.* Dares Salham: MUCHS.

McDaniel J. S., Isenberg, D. J., Moris, D. G. & Swift, R. Y. (1997). Delivering cultural sensitive AIDS education in rural communities. In D.C. Umeh (Ed.) *Confronting the AIDS epidemic: Cross cultural perspectives in AIDS/HIV education* (Pp.169 – 179). Trenton: N. J. Africa World Press.

Merson M. (1993). *Discrimination against HIV infected people or people with AIDS* WHO/GPT Speech to Commission on Human Right, General.

Okechukwu, K. (2007).*The impact of stigma on the prevention of HIV/AIDS. Journal of Obstetrics and Gynaecology,* 9, 1 - 7.

Peltzer, K., Mpotu, E., Baguma, P. & Lawal, B. (2002). Attitude towards HIV antibody testing among university students in four African countries. *International Journal for the Advancement of Counselling,* 24, 193 – 203.

The Research Advisors (2006). *Sample size table.* Retrieved March 11, 2012 from http://www.research-advisors.com

Ipadeola, T. (2002). Being HIV positive is no sentence. *Nigerian Tribune,* p. 13.

Shifts, R. (1987). *And the band played on: Politics, people and the AIDS epidemic.* New York: Martin Press.

Skinner, D., & Mfecane, S. (2004). Stigma, discrimination and implications for people living with HIV/AIDS in South Africa. *Journal of Social Aspects of HIV/AIDS,* 1 (3), 164 - 173.

UNAID (2000). *HIV/AIDS related stigmatization, discrimination and denial:* Form contents and determinants. Retrieved May 15, 2012 from http://www/unaids.org/

UNAIDS/WHO (1999). *AIDS epidemic update.* Retrieved May 15, 2012 from http://www/unaids.org/

UNAIDS (2001). *HIV/AIDS in Africa.* Retrieved May 15, 2012 from http://www/unaids.org/factssheets/files/fs.Africa.htm

UNAIDS (2006) *Report on the Global AIDS Epidemic,* Geneva

Moore, Brian C. J. (15 October 2009). "Audition". In Goldstein, E. Bruce. *Encyclopedia of Perception.* Sage. pp. 136–137. ISBN 978-1-4129-4081-8. Retrieved 26 March 2011.