

## LIFESTYLE AND PREVALENCE OF HIV/AIDS IN RIVERINE COMMUNITIES IN AKWA IBOM STATE, NIGERIA

F. S. Ekpu<sup>1</sup>, I. E. Obioesio<sup>2</sup>

Department of Physical and Health Education, University of Uyo,  
NIGERIA.

<sup>1</sup> [franzatare@gmail.com](mailto:franzatare@gmail.com)

### ABSTRACT

*This study was designed to assess lifestyle and prevalence of HIV/AIDS among riverine communities in Akwa Ibom State. Five Local Government Areas with 500 randomly selected respondents were picked from systematic sampled households. One hundred respondents represented each of the five community's. Researchers-constructed questionnaire titled Lifestyle and Prevalence of HIV/AIDS among Riverine Communities Questionnaire (LIPHARCQ) was administered to the respondents. Responses were analysed using the descriptive statistics of simple percentages for research questions and inferential statistics of  $\chi^2$  to test the hypotheses at .05 level of significance. Findings revealed that 60% of the respondents believed that HIV/AIDS is caused by witchcraft, while 60% agreed to have more than one sexual partner. Recommendations include enlightenment campaign and voluntary counselling and testing on HIV/AIDS as well as the provision of health care services in all riverine communities of Akwa Ibom State.*

**Keywords:** HIV/AIDS, Health Care Services, Counselling

### INTRODUCTION

Shofoyeke (2006) painted a gloomy scenario of the African stage on declaring that Human Immuno-Deficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) constitute a serious health challenge in human history since daily, 14,000 people are newly infected in Africa. The impact on sustainable development devastates both the infected and the affected. What then is HIV/AIDS? HIV simply means Human Immuno Deficiency Virus, ie a virus which destroys the body's immune system. While AIDS is the term used to describe the full range of infections and diseases that manifest as the immune system is gradually destroyed. It is the end stage of HIV.

According to Nasidi and Harry (2006) HIV infection is spread by sexual contact with an infected person or by blood or body fluids exchanged through sharing of contaminated sharp instruments and transfusion of infected blood. They added that infant born to HIV infected women get it through mother to child transmission (MTC). There are some lifestyles and risky behaviours which predispose people to the disease and spread. Lifestyles are defined by Wehmeier (2000) as the way in which a person or a group of people live and work. According to Gbefwi (2004) it is the typical manner in which an individual conducts his life, such as; smoking, alcoholism and reckless behaviour.

A lifestyle that increases a person's risk of contacting HIV/AIDS is sexual promiscuity or having more than one sexual partner. Esiet (2000) asserted that the connection between increasing prostitution and increased incidence of HIV/AIDS is of considerable concern among health care providers. Uba, Nwosu and Tahir (2004) concluded that female prostitutes are at risk of acquiring HIV infection because of the different sexual partners who patronize them. They are therefore more likely to act as reservoirs of infection to the general public.

Some couples live apart as life style; this encourages sexual promiscuity thus serving as avenue for the spread of HIV/AIDS. Separation according to Wehmeier (2000) is the act of not living together with a spouse, a decision that a husband and wife make to live apart while they are still legally married. Adeokun (2006) stated that people especially men move from depressed economic areas to areas of economic prosperity for livelihood thus creating loneliness, and the need to have other women as sexual partners. Francour, Esiet and Esiet, (2000) noted that in the riverine communities like Bakassi, the husbands keep mistresses at fishing ports while their wives only visit them.

Some people take alcohol to arouse their sexual instinct which may lead to having casual sex, helping in the spread of HIV/AIDS. Alcoholism according to Okafor (2002) is a term used to describe a state in which an individual indulges in excessive drinking of alcohol and that this might make or influence a man to have unsafe sexual practices like rape. Metzger, Navaline and Woody (2001) asserted that alcohol consumption reduces social and sexual inhibitions which facilitate casual sex and increased number of sexual partners. Similarly, Iferi (2007) noted that alcoholic beverages increase sexual desire which could drive one into any type of sexual abuse.

Smoking and drug use are habit forming activities which make up an individual's lifestyle. Kumar, Mudaliar and Daniels (2000) postulated that smoking is a risk factor for HIV infection. Similarly, Hagan and Friedman (2002) highlighted that drug users have special patterns of sexual behaviours due to their elated mood with risk for HIV.

HIV infection is one of the sexually transmitted diseases as it is acquired sexually also. Ogbimi and Ajodi (2002) listed sexually transmitted diseases (STDs) otherwise referred to as sexually transmitted infections (STIs) to include gonorrhoea, candidiasis, syphilis, trichomoniasis, lympho-granuloma venereum, granuloma inguinale, chancroid and acquired immune deficiency syndrome (AIDS). Ogunsola (2006) stated that the presence of untreated STIs can increase the risk of both acquisition and transmission of HIV tenfold. Enwonwu (2006) also lamented that Nigeria, like many other sub-Saharan Africa is a country of bewildering contradictions where the majority are residing in the rural areas and in poor, overcrowded urban slums. He added that these people lack essentials of life, 70% of the population is estimated to be living on or below the poverty line, which causes the people to earn a living by any means with high risk sexual behaviours exposing them to high risk of HIV infection.

Prevalence as defined by Wehmeier (2000) is something that exists or is very common in a particular time. Kanki and Adeyi (2006) stated that a review of the states and the Federal Capital City (FCT) in Nigeria demonstrated tremendous diversity in the rates of HIV infection, ranging from 1% to 16.4%. They maintained that geopolitical zones and difference in ethnicity, religion and sexual networking are but a few of the many possible factors that contribute to the differences in the prevalence rate of HIV infection in Nigeria.

HIV/AIDS in Nigeria dates back to 1986. Thus for the past 27 years, Nigerians have "lived" with the virus and it keeps spreading unabated. A lot of lives have been lost to this disease, causing many children to become orphans and vulnerable. It has been observed that the riverine communities have traits of life that distinguish them from the hinterland. Their profession is predominantly fishing so the men would live their wives and family and go to fishing ports. While there, they keep a number of women as mistresses. Just as their husbands use other women in the fishing port, some women at home also go into same act. The children are not cared for and so go roaming around – exposing themselves to possible sexual abuse. The females are the worst hit as some even end up having unwanted pregnancies. The

negative behaviours such as are exhibited by the men and their wives as well as those of their children according to Rensberg (2002) make them vulnerable to adverse effects of HIV/AIDS. In Akwa Ibom State, there are many riverine communities such as; Oron, Mbo, Ebughu, Ibeno, Ikot Abasi, etc. The question is, do they operate within the ambience of the typical riverine community? It was from this baseline that this study was inspired to find out if lifestyle variants constitute risk to HIV/AIDS prevalence in riverine communities in Akwa Ibom State.

### **OBJECTIVES OF THE STUDY**

The following were the objectives of the study:

1. To determine the common lifestyles in the spread of HIV/AIDS in riverine communities.
2. To determine the prevalence of HIV/AIDS among riverine communities in Akwa Ibom State.

### **RESEARCH QUESTIONS**

The challenge of HIV/AIDS in our communities and nation at large raises many questions, some of which this research will attempt to provide answers:

1. To what extent are riverine communities aware of HIV/AIDS and its dangers?
2. What are the lifestyles of the dwellers of riverine communities that place them at risk of HIV/AIDS.?
3. Are there impacts of HIV/AIDS on the dwellers of riverine communities?

### **RESEARCH HYPOTHESES**

The following null hypotheses were formulated to guide the study:

1. There is no significant relationship between awareness and the spread of HIV/AIDS among dwellers of riverine communities in Akwa Ibom State.
2. There is no significant relationship between lifestyle and prevalence of HIV/AIDS in riverine communities in Akwa Ibom State.
3. There is no significant relationship between lifestyle and HIV/AIDS transmission among dwellers of riverine communities in Akwa Ibom State.

### **METHOD**

The descriptive survey design was used for the study. This design was considered appropriate for the study because of its suitability in describing data in normal settings. This type of research specifies the nature of a given phenomenon in a population. It gives a picture of a situation as it occurs in a given population (Udoh & Joseph, 2005).

The population for the study comprised all the Local Government Areas of the riverine communities in Akwa Ibom State with approximated population of 1,211,771. Out of all the riverine communities in Akwa Ibom State, 5 Local Government Areas were used as sample. They were Eket, Ibeno, Ikot Abasi, Mbo, and Oron. The population for these 5 areas was 571,433 (Federal Republic of Nigeria Official Gazette, 2007). Systematic sampling method was used to select the households in these communities. 100 respondents from each community were randomly picked, hence 500 (five hundred) respondents were used for the study.

A 20-item researchers- structured instrument titled Lifestyle and Prevalence of HIV/AIDS among Riverine Communities Questionnaire (LIPHARCQ) was used for the study. It was in two sections, A and B. Section A consisted of demographic information while B was made up of 20 Likert- type questions.

The issues were on the lifestyle of the respondents which was expressed by Strongly Agree, Agree, Disagree and Strongly Disagree. Validation of the instrument was done by two experts in Health Education and another two in Measurement and Evaluation in the University of Uyo. The reliability index was .72 established by using the test-retest method.

The researchers personally helped the respondents to fill the questionnaire. All completed questionnaire were collated and put into tables. The research questions were answered using percentages while the null hypotheses were tested using Chi-square ( $\alpha^2$ ) at .05 level of significance.

## RESULTS

### Research Questions 1

To what extent are riverine communities aware of HIV/AIDS and its dangers?

**Table 1. Percentage Distribution of Responses on Knowledge of HIV/AIDS among Riverine Communities**

<i>Items</i>	<i>SA</i>	<i>A</i>	<i>D</i>	<i>SD</i>	<i>Total</i>
HIV/AIDS is caused by witchcraft	150 (30%)	150 (30%)	100 (20%)	100 (20%)	500
HIV infection is contacted mostly through male and female relationship	100 (20%)	120 (24%)	150 (30%)	130 (26%)	500
Source of information could be radio, newspaper, television or someone	80 (16%)	110 (22%)	150 (30%)	160 (32%)	500
AIDS is real and has no cure	80 (16%)	120 (24%)	100 (20%)	200 (40%)	500

In table 1 above, 30% of respondents strongly agreed, 30% agreed that HIV/AIDS is caused by witchcraft. 30% disagreed while 26% strongly disagreed that HIV infection is contacted mostly through male and female relationship. Only 16% strongly agreed of having heard of HIV infection through one of the listed means. 40% strongly disagreed and 20% disagreed that AIDS is real and has no cure.

### Research Question 2

What are the lifestyles of the dwellers of riverine communities that place them at risk of HIV/AIDS?

**Table 2. Percentage Distribution of Responses on Lifestyle of Dwellers of Riverine Communities.**

<i>Items</i>	<i>SA</i>	<i>A</i>	<i>D</i>	<i>SD</i>	<i>Total</i>
I have more than one sexual partner	180 (36%)	120 (24%)	100 (20%)	100 (20%)	500
I offer sex for money	150 (30%)	100 (20%)	120 (24%)	130 (26%)	500
I take alcohol, tobacco and other drugs	200 (40%)	110 (22%)	90 (18%)	100 (20%)	500
I take the above for sexual enhancement	160 (34%)	100 (20%)	110 (22%)	120 (24%)	500

In table 2 above 36% strongly agreed, 24% agreed on having more than one sexual partner. 40% strongly agreed and 22% agreed on taking alcohol, tobacco and other drugs. 30% strongly agreed, 26% strongly disagreed respectively to offering sex for money. 34% strongly agreed and 20% agreed on taking alcohol, tobacco and drugs for sexual enhancement.

**Research Question 3**

Are there efforts or strategies by Government, community and other agencies in combating HIV/AIDS in riverine communities?

**Table 3. Percentage Distribution of Government/Community Intervention**

<i>Items</i>	<i>SA</i>	<i>A</i>	<i>D</i>	<i>SD</i>	<i>Total</i>
There is government health service facility in my community	40 (8%)	30 (6%)	180 (36%)	250 (50%)	500
I go to hospital when sick voluntarily	50 (10%)	100 (20%)	150 (30%)	200 (40%)	500
There is voluntary counselling and testing unit in my community	10 (2%)	30 (6%)	240 (48%)	220 (44%)	500
There is treatment service for HIV/AIDS in my community	60 (12%)	40 (8%)	150 (30%)	250 (50%)	500

In table 3 above 50% respondents strongly disagreed and 36% disagreed on having government health services facility in their community. 48% disagreed and 44% strongly disagreed on voluntary counselling and testing unit in their community. 50% strongly disagreed and 30% disagreed on treatment services for HIV/AIDS persons in their community.

**Research Question 4**

Are there impacts of HIV/AIDS on the dwellers of riverine communities?

**Table 4. Percentage Distribution of Responses on Impact of HIV/AIDS**

<i>Items</i>	<i>SA</i>	<i>A</i>	<i>D</i>	<i>SD</i>	<i>Total</i>
People infected with AIDS die living their children as orphan	200 (40%)	150 (30%)	70 (14%)	80 (16%)	500
Those infected cannot Do anything for themselves and others	190 (38%)	80 (26%)	70 (24%)	100 (12%)	500
Those infected spend a lot of money on the sickness	250 (50%)	80 (16%)	70 (14%)	220 (20%)	500
I have lost a close relation due to AIDS	100 (20%)	50 (10%)	200 (40%)	150 (30%)	500

In table 4 above 40% of the respondents strongly agreed that infected people die leaving their children as orphans while 30% simply agreed. 38% strongly agreed, 26% agreed that those infected cannot do anything for themselves and for others. 50% strongly agreed that those infected spend a lot of money on the sickness. 20% strongly agreed that they have lost a close relation due to AIDS.

**HYPOTHESIS 1**

There is no significant relationship between awareness and the spread of HIV/AIDS among dwellers of riverine communities in Akwa Ibom State.

**Table 5. Chi-square ( $\alpha^2$ ) Analysis of Relationship between Awareness and Spread of HIV/AIDS**

<i>Items</i>	<i>SA</i>	<i>A</i>	<i>D</i>	<i>SD</i>	<i>Total</i>	$\alpha^2_{cal}$	<i>df</i>	$\alpha^2_{crit}$
HIV/AIDS is caused by witchcraft	102.5 150	125 150	125 100	147.5 100	500	95.9	9	16.92
HIV infection is contacted mostly through male and female relationship	102.5 100	125 120	125 150	147.5 130	500			
Source of information could be radio, newspaper, television or someone	102.5 80	125 110	125 150	147.5 160	500			
AIDS is real and has no cure	102.5 80	125 120	125 100	147.5 200	500			
<i>Total</i>	<i>410</i>	<i>500</i>	<i>500</i>	<i>590</i>	<i>2000</i>			

In table 5 the critical  $\alpha^2$  at degree of freedom of 9 and .05 level of significance is 16.92. Since the computed  $\alpha^2$  is 95.9 which is greater than the critical value, the null hypothesis is rejected. Therefore there is significant relationship between awareness and the spread of HIV/AIDS in riverine communities of Akwa Ibom State.

**HYPOTHESIS 2**

There is no significant relationship between lifestyle and prevalence of HIV/AIDS in riverine communities of Akwa Ibom State.

**Table 6. Chi-square ( $\alpha^2$ ) Analysis of Relationship between Lifestyle and Prevalence of HIV/AIDS**

<i>Items</i>	<i>SA</i>	<i>A</i>	<i>D</i>	<i>SD</i>	<i>Total</i>	$\alpha^2_{cal}$	<i>df</i>	$\alpha^2_{crit}$
I have more than one sexual partner	172.5	107.5	105	112.5		21.2	9	16.92
	180	120	100	100	500			
I offer sex for money	172.5	107.5	105	112.5				
	150	100	120	130	500			
I take alcohol, tobacco and other drugs	172.5	107.5	105	112.5				
	200	110	90	100	500			
I take the above for sexual enhancement	172.5	107.5	105	112.5	172.5			
	160	100	120	120	500			
<i>Total</i>	<i>690</i>	<i>430</i>	<i>430</i>	<i>450</i>	<i>2000</i>			

In table 6 above the critical  $\alpha^2$  at degree of freedom of 9 and .05 level of significance is 16.92. Since the computed  $\alpha^2$  is 21.2 which is greater than the critical value, the null hypothesis is rejected. Therefore there is significant relationship between lifestyle and prevalence of HIV/AIDS in riverine communities of Akwa Ibom State.

**HYPOTHESIS 3**

There is no significant relationship between lifestyle and HIV/AIDS transmission among dwellers of riverine communities of Akwa Ibom State.

**Table 7a. Chi-square ( $\alpha^2$ ) Analysis of Relationship between Lifestyle and HIV/AIDS Transmission**

<i>Items</i>	<i>SA</i>	<i>A</i>	<i>D</i>	<i>SD</i>	<i>Total</i>	$\alpha^2_{cal}$	<i>df</i>	$\alpha^2_{crit}$
Sharing sharp objects with other people with other people increases risk of HIV infection	95	87.5	132.5	185		28.5	9	16.92
	100	90	150	160	500			
Having unprotected sex casually increases risk of HIV infection	95	87.5	132.5	185	95			
	110	90	120	200	500			

**Table 7b. Chi-square ( $\alpha^2$ ) Analysis of Relationship between Lifestyle and HIV/AIDS Transmission (...continued)**

<i>Items</i>	<i>SA</i>	<i>A</i>	<i>D</i>	<i>SD</i>	<i>Total</i>	$\alpha^2$ <i>cal</i>	<i>df</i>	$\alpha^2$ <i>crit</i>
Sharing sharp objects with other people with other people increases risk of HIV infection	95	87.5	132.5	185		28.5	9	16.92
Having unprotected sex casually increases risk of HIV infection	100	90	150	160	500			
I use condom during casual sexual relationship	95	87.5	132.5	185				
	90	100	130	180	500			
Being faithful to one's partner is one of the ways practiced in preventing HIV infection	95	87.5	132.5	185	95			
	90	100	130	180	500			
<i>Total</i>	<i>380</i>	<i>350</i>	<i>530</i>	<i>740</i>	<i>2000</i>			

In table 7 (part a, part b) above the critical  $\chi^2$  at degree of freedom 9, at .05 level of significance is 16.92. Since the calculated  $\alpha^2$  is 28.5 which is greater than the critical value, the null hypothesis is rejected. Therefore it can be concluded that there is significant relationship between lifestyle and HIV/AIDS transmission in riverine communities of Akwa Ibom State.

## DISCUSSION OF FINDINGS

In the course of this study findings revealed that lack of awareness and knowledge about HIV/AIDS increases the spread of HIV infection. 60% (300) of the respondents agreed that HIV/AIDS is caused by witchcraft while only 16% (80) strongly agreed that HIV/AIDS is real and has no cure. This was proved by using chi-square ( $\alpha^2$ ) on hypothesis 1 which stated that there was no significant relationship between awareness and spread of HIV/AIDS. This null hypothesis was rejected ( $\alpha^2$ -cal = 95.9,  $\alpha^2$  critical = 16.92, df = 9, P < .05). This is supported by Odumosu (2001) who stated that campaigns on HIV/AIDS have little or no results on rural dwellers as they believe that HIV/AIDS is

a problem of urban centres and can be cured. The study revealed that risky lifestyles increase prevalence of HIV/AIDS. 60% (300) of the respondents agreed they had more than one sexual partner. 62% (310) agreed on taking alcohol, tobacco and other drugs while 54% (260) respondents agreed they take them for sexual enhancement. These findings are supported by Metzger et al (2001) who stated that alcohol consumption facilitates casual sex.

Hypothesis 2 stated that there was no significant relationship between lifestyle and prevalence of HIV/AIDS. This null hypothesis was rejected ( $\alpha^2$ -cal = 21.2,  $\alpha^2$  critical = 16.92, df = 9, P < .05). The findings are supported by Ogbimi and Ajodi (2002) who stated that those with sexual promiscuous lifestyle are at risk of acquiring HIV infection because of having more than one sexual partner.



The study also revealed that risky lifestyles increase HIV/AIDS transmission ( $\alpha^2$ -cal =28.5,  $\alpha^2$  critical = 16.92, df = 9, P< .05). The above result rejected hypothesis 3 which stated that there was no significant relationship between lifestyle and HIV/AIDS transmission. This study confirmed the assertion by Uba et al (2004) who noted that prostitutes patronize more than one customer a day, hence transmitting the infection to these men who in turn infect their wives and unborn children.

## CONCLUSIONS

Based on the findings of the study, the following conclusions were made:

1. There is little or no awareness of HIV/AIDS among the dwellers of the riverine communities of Akwa Ibom State. They believe that HIV/AIDS is caused by witchcraft and that it can be cured.
2. The dwellers of the riverine communities take a lot of alcohol, tobacco and other drugs for sexual enhancement.
3. There are no government health facilities in the riverine communities, the sick ones are taken upland which contributes to their poor attitude in seeking medical care and voluntary counselling test.
4. Lifestyles of the people in the riverine communities contribute to the high prevalence of HIV/AIDS in these areas.

## RECOMMENDATIONS

Based on the findings and conclusions, the following recommendations are proffered:

1. There should be mass awareness campaign on facts about HIV/AIDS in all the riverine communities of Akwa Ibom State.
2. The use of safety precautions should be encouraged e.g. use of condom.
3. Government should provide health care facilities and services in the riverine communities and perhaps attach incentives to health workers who accept postings to those communities.
4. There should be voluntary counselling and testing in the fishing ports.
5. Government should provide treatment services for the infected persons.
6. The communities are encouraged to take care of the infected ones without stigmatization and they should be made to adhere to their treatment plan.
7. Ports and borders should be restricted or controlled for immigrants by government.
8. There should be poverty alleviation programmes for the people in the riverine communities with provision of good living environment.
9. The riverine dwellers should restrict themselves to one faithful sexual partner and reduce their level of alcohol consumption.

## REFERENCES

- Adeokun, L. (2006). *Social and cultural factors affecting the HIV epidemic*. Cambridge: Harvard Centre for Population and Development Studies.
- Enwonwu, C. (2006). Complex interactions between malnutrition, infection and immunity: Relevance to HIV infection/AIDS. *Nigerian Journal of Clinical and Biomedical Research*, 1(1), 8-14.

- Esiet, I. I. (2000). *Adult prostitution. An overview and a Christian perspective in Nigeria*. Federal Republic of Nigeria.
- Francoeur, R. T., Esiet, U. & Esiet, N. (2000). Ethnic views of sexuality in Nigeria. *SIECUS Report*, 28(4), 8-12.
- Gbefwi, N. B. (2004). *Health education and communication strategies*. Lagos: West African Book Publishers Limited.
- Hagan, H. & Friedman, D. (2002). Reduced risk of hepatitis among injecting drug users. *American Journal of Public Health*, 85, 1531-1537.
- Iferi, I. I. (2007). Drugs. In Iferi, I. I., & Wilson, D. (Eds.) (2007). *Citizenship education*. Uyo: MacGrace Academic Resource Publishers.
- Kanki, P. J. & Adeyi, O. (2006). *AIDS in Nigeria: A nation on the threshold*. Cambridge: Harvard Centre for Population and Development Studies.
- Kumar, M. S., Mudaliar, S. & Daniels, D. (2000). Community-based outreach HIV intervention madras. *Public Health Report*, 113, 58-66.
- Metzger, D. S., Navaline, H. & Woody, G. E. (2001). Drug abuse treatment as AIDS prevention. *Public Health Report*, 113, 97-106.
- Nasidi, A. & Harry, T. O. (2006). *The epidemiology of HIV/AIDS in Nigeria*. Cambridge: Harvard Centre for Population Studies.
- National Sentinel Survey (2005). *Prevalence of HIV/AIDS in Nigeria*. Abuja: Federal Ministry of Health.
- Odumosu, O. (2001) Knowledge, beliefs and attitudes to HIV/AIDS in South West Nigeria. *NISER Monograph Series*, 3(1), 50-52.
- Ogbimi, R. I. & Ajodi, N. N. (2002). Sexual behaviour, knowledge and information sources about sexually transmitted diseases: Case study of students of Ambrose Alli University, Ekpoma. *Mary Slessor Journal of Medicine*, 3(1), 47- 51
- Okafor, J. O. (2002). *Principles of healthful living*. Onitsha: Erudite Publishers
- Ogunsola, F. T. (2006). *The role of sexually transmitted infections in HIV transmission*. Cambridge: Harvard Centre for Population and Development Studies.
- Rensberg, V. (2002). *Strengthening local government and civic responses to the HIV/AIDS epidemic in South Africa*. Bloemfontein: University of the Free State.
- Shofoyeke, A. D. (2006). National family life and HIV/AIDS education curriculum in Nigeria Primary schools. *International Journal of Research in Education*, 3(2), 68-72.
- Uba, A., Nwosu, J. C. & Tahir, F. (2004). Awareness status about HIV/AIDS among female prostitutes in parts of Bauchi and Gombe States, Nigeria. *International Journal of Research in Education*, 1(1&2), 158-162.
- Udoh, A. O. & Joseph, E. U. (2005). *Foundations of Educational research* (Revised ed.). Ikot Ekpene: Joe Graphics publications
- Wehmeier, S. (2000). *Oxford advanced learners' dictionary*. New York: Oxford University Press.