

GENDER DIFFERENCES CORRELATIONS BETWEEN LOGICAL REASONING AND HIV/AIDS KNOWLEDGE AMONG MOI UNIVERSITY STUDENTS IN ELDORET, KENYA

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ABSTRACT: The aim of this investigation was to examine Gender Differences Correlations Between Logical Reasoning and HIV/AIDS Knowledge and Awareness among Moi University Students in Eldoret, Kenya. The sample comprised 102 students consisting 51 females and 51 males with mean age of 23 years & a standard deviation of 5. Two instruments were administered to them to assess their logical reasoning and HIV/AIDS knowledge and awareness. The participants were split into two groups, namely females and males on basis of their performance on a logical reasoning comprising ten multiple questions and an HIV/AIDS . A Pearson Product-Moment Correlation was used for determining the relationship between the two variables. In addition, a t test was used to assess mean differences between males and females. The correlation for females was .24; whereas for boys it was .22. Both correlation were rather slightly statistically. In terms t-test mean difference, females had a mean of 9.8 compared to males who scored a mean of 7.8. The mean difference was 4,7 which was significant $p < .001$ with females having outperformed males. Thus confirming the hypothesis, that education remains the social vaccine in the absence of a cure for HIV/AIDS, which remains the most effective means for combating the enormously dreadful disease in recent human history. It is important therefore, that education be given the highest priority in combating HIV/AIDS; given that it is controllable, manageable and preventable, all of which can be realized through education.

KEYWORDS: Logical reasoning, HIV/AIDS, university students, education transmission, gender difference, contracting HIV/AIDS, research, Sub-Saharan

I. INTRODUCTION

Education in any given society is considered very important and as such it is accepted as a social determinant of health (Wikipedia, 2020; McGill, 2011) In other aspects, it is referred to as a social vaccine against contracting HIV/AIDS (Pradhan, Suzuki, Martinez,, Schaferhoff& Jamison, 2017}. In fact, research has shown that there is a correlation between the level of education one has attained with the chances of contracting HIV/AIDS. This is particularly so in the case of females when compared between those who have had secondary and those who have not in terms of contracting HIV/AIDS (UNESCO, 2020).

Education is very vital in improving population health through developing people's capacity in the processing and comprehending risks HIV/AIDS, leave alone combatting corona virus. Given that in early stages of HIV/AIDS, those who had a high level of education had a positive correlation. But the 1990s, the direction changed in favour of those who had a higher level of Education had a rather low chance of contracting HIV/AIDS (Hosseinzadeh, Hossain & Syeda, 2011).

Similarly, in the late 1980 and early 1990, it was observed that in Sub-Saharan Africa that, there was a significant decline in the contracting of HIV/AIDS among more educated population. This was attributed to their having at their command greater cognitive skills required to sift through level of accuracy and amount more effective response (Smith, Salinas & Baker, 2012).

Increased motivation needed to analyse personal risks and behavioural choices

Were increased, cognitive abilities enhanced by formal education, suggesting a

Direct correlation
Consequently, UNESCO has focused its attention on ensuring that all individuals in or out of formal Education

are exposed to comprehensive HIV/AIDS Education (UNESCO, 2020). In Sydney, Australia 236 aged 20-65 respondents showed concern about risks of HIV/AIDS transmission compared to those whose level of Education was rather low.

Similarly, a study of more than half million people in Sub-Saharan Africa clearly indicated that women completing secondary school Education was correlated to their being less likely to contract HIV/AIDS (Lucas & Wilson, 2019). In other words, their level of Education was positively correlated to their being HIV/AIDS free. According to the World Food Programme (2020) recent review of studies among girls in sub-Saharan Africa showed a correlation to their being less vulnerable to contract HIV/AIDS (Baird, Ahner-McHaffie & Ozler, 2018). The Education provided to them was inclusive of the following: cash transfer to families; educational support in the form of school fees, savings accounts and microcredit, vocational training. In both Zambia and Ghana research has revealed that women of child-bearing age had a good correlation between their level of education and their being prepared to be tested for HIV/AIDS

Moreover the World Food Programme points out that children aged 5-14 years are free of HIV virus in contrast to adolescents aged 15-24 years. For this reason, the former are referred to “window of hope”; as they limit the spreading and mitigating the damage being wreaked by HIV”. With the latter HIV/AIDS continues spreading rapidly in Africa and Asia, particularly for adolescents aged 15-24 years!

Education has been singled out as one of the most important factors protecting the 5-14-year olds from contracting HIV and AIDS. Given that school feeding and take home rations have had an impact on enrolments and attendance rates, particularly among girls, the WFP has addressed the needs of orphans and other needy children in the Third World by supporting access to Education.

Such Education is instrumental in being beneficial to individuals as it increases the ability to grasp HIV prevention information, better access to health services. Moreover, it also assists those who are socially and economically, especially women and those who vulnerable. As cited before, there was a time, when research had shown a correlation between higher Education and contracting HIV/AIDS (WFP 2020 & Wikipedia, 2020)

However, this is no longer the case. Studies carried out in Uganda and Zambia have shown that higher Education is associated with safe sexual behaviour and rather lower HIV/AIDS prevalence (Samba, Baatiema, Appia, Ameyaw, Budu, Ahinkorah, Oduro, Joseph & Seidu, 2020). This has been demonstrated in Secondary Schools, where those who remained in school had lower HIV prevalence than those who had dropped out of school. Studies carried out in Uganda and Zambia have shown that higher education is associated with safe sexual behaviour and rather lower HIV/AIDS prevalence. This has been among secondary schools where those who remained in school had lower HIV prevalence than those who for one reason or other had dropped out of school. Such success is attributed to effective HIV prevention education and awareness.

It can be reasonably argued that the window of hope generation being the most likely to be free of HIV/AIDS (Wikipedia, 2020). As such, it is the group that ought to be guaranteed primary school Education, “which provides the protective effects of increased knowledge and life skills”. These are important for rearing youths who will be able to grow and develop without being candidates for HIV/AIDS (Wikipedia, 2020; World Food Programme, 2020).

According to the World Bank (2002) “The only vaccine against HIV/AIDS we have is education” According to Kelly (2000) and World Food Programme (2020), Education mitigates the effect of HIV/AIDS in so far as it offers knowledge that informs self-protection, fosters development of personality, constructive value system; inculcating skills; fosters self-protection; simultaneously promotes behaviour which in most likelihood lowers infection inherent risks. Hence help others to protect themselves. Basing on A Global Campaign for Education Report (2004) Wikipedia (2020) “states that without Education, young people are less likely to understand the information regarding HIV/AIDS Education provided, and less confident in accessing services and openly discussing the HIV epidemic”

Moreover, Education is responsible for the development of both logical and various ways of engaging in thinking (Mwamwenda, 2020; Wikipedia, 2020). Such knowledge enhances educated people to take appropriate measures in the protection of their and others’ state of health (Mwamwenda, 2020; Wikipedia, 2020). Further research on the impact of Education on HIV/AIDS transmission has shown the following (Wikipedia, 2020; World Food Programme, 2020; Mwamwenda, 2020):

1 In Zambia AIDS spreads twice as fast among girls who hardly have had adequate Education. In a similar research, it was observed that there was a decline of HIV prevalence rates among 15-19-year old boys and girls

who had both medium and higher level Education, whereas there was an increase for those who had lower level of Education.

2 In Uganda, it was reported that young people with secondary school Education were three times less than those of no such level of Education.

3 In Kenya, girls remaining in school are four times likely to be virgins than those dropping out of school.

4 Zimbabwe secondary Education has effective protective effect against HIV infection for women which remained till early adulthood. On the other hand, girls aged 15-18 who dropped out of school were six times more likely contract HIV/AIDS compared to those who remained in school.

5 Young people without Education are 2.2 times more likely to contract HIV/AIDS compared to those who have education.

Given that HIV/AIDS stands as global health problem, particularly in Africa and Asia; it is crucially important that comprehensive knowledge and positive attitudes serve as cornerstones for the prevention, control and management of HIV/AIDS (Mwamwenda, 2020; Iqbal, Maqsood, Zafar, Zakar, Zakar, and Fischer, 2019). The study aimed at exploring women's knowledge and attitudes in relationship with HIV/AIDS in PKIATAN. The sample comprised 13,558 ever-married women whose age ranged from 15-49 years based on 2012-13 Pakistan Demographic and Health Survey. The sample was administered a questionnaire soliciting their knowledgeability on HIV/AIDS transmission, preventive measures and their attitudes and their attitudes towards people living with AIDS. The results showed that women who were rich; had exposure to mass media, "had high overall knowledge and positive attitudes towards people living with HIV/AIDS" (Iqbal et al. 2019). Such results, the authors attribute them to women's autonomy, education and access to the mass media. Thus confirming the role of Education and other institution in the management and control of HIV/AIDS in the seriously affected parts of the Globe.

Education level and HIV/AIDS knowledge in Kenya investigated secondary and university students' HIV/AIDS knowledge in the City of Nairobi, Kenya (Mwamwenda, 2014). This was motivated by research findings in Sub-Saharan Africa and Asia, showing a correlation between education level and knowledge of HIV/AIDS. The method employed was that of descriptive statistics consisting of frequency, percentage, t-test and probability in the analyses of data. The sample comprised 259 female and male participants drawn from several schools and universities in Nairobi. The results showed that both male and female participants from both schools and universities had a very high knowledge of HIV/AIDS. In terms of comparison between secondary and university respondents, the latter's performance was superior, as the mean difference was statistically significant. Thus confirming what other researchers have reported in their research findings. In conclusion, it was argued that education remains the social vaccine in the absence of a cure for HIV/AIDS, which remains the most effective means for combating the enormously dreadful disease in recent human history. It is important therefore, that education be given the highest priority in combating HIV/AIDS; given that it is controllable, manageable and preventable, all of which can be realized through education.

In view of what has been presented in literature review, it is crystal clear, that Education plays a significant role in enhancing people being responsible in guarding against contracting HIV/AIDS. Stated differently, there is a statistically significant correlation between one's Education and the way an individual relates to HIV/AIDS cognitively. It was with such understanding that, the current investigation sought to establish whether gender performance in logical reasoning is related to their performance on HIV/AIDS questionnaire. This investigation is based on University students studying at Moi University in Eldoret, Kenya.

II. MATERIALS AND METHODS

Sample

The sample of the study comprised 102 (51 males and 51 females) Moi University students registered in Education in preparation for a Teaching career at secondary school level in Kenya.. Their age ranged from 19 to 70 years, with a mean of 23 years and standard deviation of 5.8.

Questionnaire and Procedure

The respondents were simultaneously administered an HIV/AIDS questionnaire of 15 statements/questions to which they were asked to tick the most correct response on the basis of the three options provided, which were "Yes", "No" "Do not know". The second questionnaire comprised a logical reasoning ten

multiple questionnaire where they were to tick the correct one from four given answers. The two questionnaire were simultaneously administered by one of the researchers lecturing in Educational Psychology. All protocol

observed, necessary permission was sought and granted from the senior management of the Department of Educational Psychology. Similar consent was solicited from participants.

For confidentiality purpose, respondents were asked not to write their names on the questionnaire. For biographical information, they were requested to indicate their date of birth and gender in the space provided on the questionnaires. The Researcher administered the questionnaires to the participants. This was preceded by briefing students on what the questionnaires were all about, and that responding to the questionnaires was voluntary. As such, they were free to either respond to the questionnaires, or choose not to respond to the questionnaires. There was no report of some of the potential participants refraining from responding to the questionnaires.

III. RESULTS

The analysis of data was carried out by the use of Pearson Moment Product correlation Coefficient to determine the relationship between logical reasoning and HIV/AIDS knowledge and awareness. In addition, respondents' gender differences in means were assessed by a t-test. Table 1 displays the statistical analysis of female participants' on logical reasoning and HIV/AIDS questionnaire.. The correlation for females is .24 which is considered slight statistically slight. This is evidence, that there is correlation between Education and HIV/AIDS knowledge and awareness. Thus confirming other researchers' findings that there exists a correlation between Education and HIV/AIDS knowledge and awareness. The implication of such finding is that, those who have had access to Education have less likelihood of contracting HIV/AIDS.

Table 1: Pearson Momentum-CorrelaionsonGender Differences Performance of University Students on Logical Reasoning and HIV/AIDS Knowledge and Awareness

N 51 Females

N		X	Y		X	Y		X ²	Y ²		XY			
1		36	2		28.2	1.8		795	3		50.8			
2*														
3		9	1		1.2	1.2		1.4	1.4		1.4			
4		9	1		1.2	1.2		1.2	1.2		1.4			
5		1	4		6.8	2.04		46	4		13.9			
6		4	1		3.8	1.2		9	1.4		3.6			
7		0	3		0	.8		.0	.64		.0			
8		4	4		3.8	1.8		14	3		6.8			
9		4	1		3.8	1.2		14	14		4.6			
10		4	3		3.8	0.8		14	.64		3			
11		1	3		6.8	0.8		46	.64		5.4			
12		9	1		1.2	1.2		1.4	1.4		1.4			
13	4	2		3.8	0.2		14		.4		.8			
14	9	2		1.2	0.2		1.4		.04		.24			
15	4	1		3.8	.2		14		.4		4.6			
16	4	1		3.8	1.2		14		1.4		4.6			
16	4	1		3.8	.2		14		1.4		0.4			
17	0	2		0	.2		0		.4		0			
18	1	3		6.8	.8		46		.64		5.4			
19	9	2		1.2	.2		1.4		0.4		1.4			
20	9	1		1.2	1.2		1.2		0.4		1.4			
21	4	1		3.8	1.2		46		1.4		4.6			

22	9	2	1.2	0.2	1.4		0.4				.24			
23	9	3	1.2	0.8	1.4		.64				.96			

24	1	3	6.8	0.8	46		.64			5.4			
25	1	3	6.8	0.8	46		6.4			5.4			
26	4	3	3.8	0.8	14		.64			3			
27	0	3	0	0.8	0		.64			0			
28	0	1	0	0.2	0		.4			0			
29	4	3	3.8	0.8	14		.64			5.4			
30	0	1	0	1.2	0		1.4			0			
31	4	2	3.8	0.2		14		.4		.76			
32	0	4	0	1.8		0		3		0			
33	4	1	3.8	1.2		14		1.4		4.6			
34	25	1	17	1.2		289		1.4		20.4			
35	0	1	0	0		0		1.4		0			
36	0	1	0	1.2		0		1.4		0			
37	0	6	0	3.8		0		14		0			
38	4	1	3.8	1.2		14		1.4		4.6			
39	4	3	3.8	0.8		14		.64		3			
40	1	3	6.8	0.8		46		.64		5.4			
41	1	3	6.8	0.8		46		.64		5.4			
42	49	2	41	.2		1681		0.4		8			
43	4	1	3.8	1.2		14		1.4		4.6			
44	9	1	1.2	1.2		1.4		1.4					
45	1	3	6.8	0.8		46		.64		24.8			

46	1	3	6.8	0.8		46		.64		5.4			
47	0	0	0	0		0		0		0			
48	0	3	0	0.8		0		.64		0			
49	0	5	0	2.8		0		7.8		0			
50	16	1	8.2	1.2		67		1.4		9.8			
51	1	4	6.8	1.8		46		3		12			
2*	9	1	1.2	1.2		1.4		1.4		1.4			
51	399		112			3541		141		168			

Table 2 displays the males’ performance on logical reasoning and HIV/AIDS questionnaire. The statistical analysis shows a similar pattern of results as the females. The correlation coefficient is .22 which is also statistically slight

thehigh, though a little less than the participants who fell under category one. The interpretation of their performance is similar to the first group. And that is Education is correlated to HIV/AIDS knowledge and awarenessN summary, while the performance of the two groups is similar in terms of correlation; it falls short of being identical as reflected in the correlations coefficients of .90 and .70 The means of the two groups is statistically significant in favour of the first group. This means that comparatively the first group would be more unlikely to contract HIV/AIDS than the second group. Thus maintaining the argument that the more Education one has, the less likely is such person will contract HIV/AIDS.

Table 2 displays the performance of those who performed less well on logical reasoning. The statistical analysis shows a similar pattern of results as the first group. The correlation coefficient is .70 which is also high, though a little less than the participants who fell under category one.

The correlation for females was .24; whereas for males it was .22. Both correlations were rather slight statistically.

In addition, a-ttest was used to assess mean differences between males and females In terms t-test mean difference, females had a mean of 9.8 compared to males who scored a mean of 7.8. The means difference was 4,7 which was significant p<.001 with females having outperformed males

Table 2: Pearson Momentum-Correlaionson Gender DifferencesPerformance of University Students on Logical Reasoning and HIV/AIDS Knowledge and Awareness

N 51 Males

N		X	Y		X	Y		X ²	Y ²		XY			
1		49	2		39	0.5		1521	.25		19.5			
2		4	2		5.8	0.5		33.6	.25		2.9			
3		0	2		0	0.5		0	.25		0			
4		0	3		0	0.5		0	.25		0			
5		4	5		5.5	2.5		30	6		13.8			
6		0	3		0	0.5		0	.25		0			
7		1	3		8.8	0.5		77	.25		4.4			
8		4	1		5.8	1.5		33	2.3		8.7			
9		4	4		5.8	1.5		33	2.3		8.7			
10		1	4		8.8	1.5		77	2.3		8.7			
11		4	1		5.8	1.5		33	2.3		8.7			
12		0	4		0	1.5		0	2.3		0			
13		0	3		0	0.5		0	2.5		0			
14		9	6		0.8	3.5		.64	12		2.8			
15	0	2		0	0.5		0	.	.25		0			
16	4	1		5.8	1.5		33		2.3		8.7			
17	1	0		8.8	0		.77		0		0			
18	4	2		5.8	0.5		33		.25		2.9			
19	9	2		0.8	0.5		.64		.25		0.4			
20	0	2		0	0.5		0		0.25		0			
21	0	2		0	0.5		0		0.25		0			
22	1	3		8.8	0.5		77		0.25		4.4			
23	4	2		5.8	0.5		33		0.25		2.9			
24	0	2		0	0.5		0		0.25		0			
25	0	1		0	1.5		0		2.3		0			
26	220	9		210	0.8		44100		.64		168			
27	1	3		8.8	0.5		77		.25		4.4			
28	16	3		6	0.5		36		.25		3			
29	4	1		5.8	1.5		33		2.3		8.7			
30	1	2		8.8	0.5		77		.25		4.4			
31	4	3		5.8	0.5		30		.25		2.9			
32	1	4		8.8	1.5		77		2.3		13			
33	1	2		8.8	0.5		77		.25		4.4			
34	87	2		77	0.5		5929		.25		38.5			

35	9	2		0.8	0.5		.64		.25		.4			
36	1	3		8.8	0.5		77		.25		4.4			
37	1	2		8.8	0.5		77		.25		4.4			
38	1	2		8.8	0.5		77		.25		4.4			
39	9	1		0.8	1.5		.64		2.3		1.2			
40	1	2		8.8	0.5		77		.25		4.4			
41	0	3		0	0.5		0		.25		0			
42	1	1		8.8	1.5		77		2.3		13			
43	4	2		5.8	0.5		30		.25		2.9			
44	4	2		5.8	0.5		30		.25		2.9			
45	9	1		0.8	1.5		.64		2.3		1.2			
46	4	2		5.8	0.5		30		.25		2.9			
47	4	1		5.8	0.5		30		.25		2.9			

48	4	2		5.8	0.5		30		.25		2.9			
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49	4	2		5.8	0.5		30		.25		2.9			
50	9	5		0.8	2.5		.64		6		2			
51	1	3		8.8	0.5		77		.25		4.4			
51	500	127		51131	43.8		53171		60		401			

contract HIV/AIDS. Thus lending support tThe implication being that those who

have had Education are less likely to o previous findings that reported such correlation between Education and HIV/AIDS knowledge and awareness

In conclusion, it has been argued that, education remains the social vaccine in the absence of a cure for HIV/AIDS, which remains the most effective means for combating the enormously dreadful disease in recent human history.

IV. SUMMARY

The aim of this investigation was to examine Gender Differences Correlations Between Logical Reasoning and HIV/AIDS Knowledge and Awareness among Moi University Students in Eldoret, Kenya. The sample comprised 102 students consisting 51 females and 51 males with mean age of 23 years & a standard deviation of 5. Two instruments were administered to them to assess their logical reasoning and HIV/AIDS knowledge and awareness. The participants were split into two groups, namely females and males on basis of their performance on a logical reasoning comprising ten multiple questions and an HIVAIDS . A Pearson Product-Moment Correlation was used for determining the relationship between the two variables. In addition, a-ttest was used to assess mean differences between nales and females. The correlation for females was .24; whereas for boys it was .22. Both correlation were rather slightly statistically. In terms t-test mean difference, females had a mean of 9.8 compared to males who scored a mean of 7.8. The meas difference was 4,7 which was significant p<.001 with females having outperformed males

V. DISCUSSION

In view of what has been presented in the literature review, it is crystal clear, that Education plays a significant role in enhancing people being responsible in guarding against contracting HIV/AIDS. Stated differently, there is a statistically significant correlation between one’s Education and the way an individual relates to HIV/AIDS cognitively. It was with such understanding that, the current investigation sought to establish whether one’s performance in logical reasoning is related to their performance on HIV/AIDS questionnaire. This investigation is based on University students studying at Moi University in Eldoret, Kenya.

In fact, research has shown that there is a correlation between the level of education one has attained with the chances of contracting HIV/AIDS. This is particularly so, in the case of females when compared between those who have had secondary Education and those who have not in terms of contracting HIV/AIDS (UNESCO, 2020). This has been confirmed in the present investigation.

Education is very vital in improving population health through developing people’s capacity in the processing and comprehending risks HIV/AIDS, leave alone combatting corona virus. Given that in early stages of HIV/AIDS, those who had a high level of education had a positive correlation. However, in the 1990s, the direction changed in favour of those who had a higher level of Education had a rather low chance of contracting HIV/AIDS (Wikipedia, 2020; WFP, 2020; Hosseinzadeh, Hossain &Syeda, 2011). Such recent findings have been confirmed in the current findings.

Moreover, a study of more than half million people in Sub-Saharan Africa clearly indicated that women completing secondary school Education was correlated to their being less likely to contract HIV/AIDS (Lucas & Wilson, 2019) . In other words, their level of Education was positively correlated to their being HIV/AIDS free. According to the World Food Programme (2020) recent review of studies among girls in sub-Saharan Africa showed a correlation to their being less vulnerable to contract HIV/AIDS (Baird, Ahner-McHaffie&Ozler, 2018). The Education provided to them was inclusive of the following: cash transfer to families; educational support in the form of school fees, savings accounts and microcredit, vocational training. In both Zambia and Ghana research has revealed that women of child-bearing age had a good correlation between their level of education and their being prepared to be tested for HIV/AIDS This fining is confirmed by the findings of the present investigation.

Studies carried out in Uganda and Zambia have shown that higher education is associated with safe sexual behaviour and rather lower HIV/AIDS prevalence. This has been observed among secondary schools where those who remained in school had lower HIV prevalence than those who for one reason or other had dropped out of school. Such success is attributed to effective HIV prevention education and awareness. In principle; this is what has been reported in the analysis of data for the current investigation.

It can be reasonably argued that the window of hope generation being the most likely to be free of HIV/AIDS (Wikipedia, 2020; Mwamwenda, 2014). As such, it is the group that ought to be guaranteed primary school Education, “which provides the protective effects of increased knowledge and life skills”. These are important for rearing youths who will be able to grow and develop without being candidates for HIV/AIDS (Wikipedia, 2020; World Food Programme, 2020; Mwamwenda, 2020).

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Education level and HIV/AIDS knowledge in Kenya investigated secondary and university students’ HIV/AIDS knowledge in the City of Nairobi, Kenya (Mwamwenda, 2014). This was motivated by research findings in Sub-Saharan Africa and Asia, showing a correlation between education level and knowledge of HIV/AIDS. The method employed was that of descriptive statistics consisting of frequency, percentage, t-test and probability in the analyses of data. The sample comprised 259 female and male participants drawn from several schools and universities in Nairobi. The results showed that both male and female participants from both schools and universities had a very high knowledge of HIV/AIDS. In terms of comparison between secondary and university respondents, the latter’s performance was superior, as the mean difference was statistically significant. Thus confirming what other researchers have reported in their research findings. The findings of the present study lend support to what has been reported in preceding research findings. In conclusion, it was argued that education remains the social vaccine in the absence of a cure for HIV/AIDS, which remains the most effective means for combating the enormously dreadful disease in recent human history. It is important therefore, that education be given the highest priority in combating

HIV/AIDS; given that it is controllable, manageable and preventable, all of which can be realized through education.

VI. CONCLUSION

In view of what of what has been presented in the **Discussion** and overall Paper, it is evident, that Education plays a significant role in enabling individuals being responsible in guarding against contracting HIV/AIDS. Stated differently, there is a statistically significant correlation between one’s Education and the way an individual relates to HIV/AIDS cognitively.

.It is important therefore, that education be given the highest priority in combating HIV/AIDS; given that it is controllable, manageable and preventable, all of which can be realized through education.

VII. REFERENCES

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