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UNIVERSITY PRE-SERVICE TEACHERS' HIV RISK PERCEPTION AND ITS ASSOCIATION WITH INVOLVEMENT IN NON PROTECTIVE SEXUAL BEHAVIOURS

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ABSTRACT
The study was conducted on year three (final year) university pre-service teachers with the main objective of analysing the relationship between their HIV risk perception and their involvement in non protective sexual behaviours. Basing on the Theory of Planned Behaviour, HIV risk perception and non protective sexual behaviours are linked on the basis of unforeseen consequences. The study employed a purely quantitative approach, specifically percentages and Pearson Product Moment Correlation Coefficient. The findings revealed a generally high HIV risk perception and high involvement in non protective sexual behaviours but the relationship between the two was found to be negative and statistically significant ($p= 0.04$, $r= -.149$). This outcome therefore leads to a need for training of pre-service teachers at universities, and university students in general in HIV risks and life skills to avert the negative consequences of non protective sexual behaviours, especially HIV and other Sexually Transmitted Diseases (STDs).

Key Words: Pre-service teachers, HIV risk perception, Non Protective Sexual Behaviours.

INTRODUCTION
HIV risk perception is instrumental in regulating the negative outcomes of intimate sexual behaviour (Kobusingye, 2017). University students, by virtue of their age (emerging adults) and exposure (freedom of interaction) are aware of the consequences of sexual behaviour and involvement in sexual practices (EAC/EALP, 2010) which emanate from the onset and progression of intimacy and intimate relationships (Abional & Balugon, 2010). Finding oneself as a university student is a serious risk factor (Mkumbo, 2013). And this could partly be because of the existing freedoms and autonomy that culminates into sexual acts or behaviours (Kelly, 2001). Young adults, or emerging adults as they have sometimes been known, have continued to experience a high prevalence of HIV among the general populace (Dilorio, Dudley&Soet, 2007) and this can partly be attributed to low risk perception and engagement in sexual behaviours that are risky (Kobusingye, 2017). HIV knowledge and a clear interpretation of one's risk is identified as one of the major reasons why young people may choose to practice safer sex (Joint United Nations Programme on AIDS-UNAIDS, 2001) as one of the non risky sexual behaviours. Sexual behaviours of adolescents and emerging/young adults are of importance in the prevention of challenges such as HIV (Prata, Morris, Maziwe, Vahidnia & Stehr, 2006) because the earlier life is preserved and saved, the better and this is the stage best for sexual attitude and behaviour

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formation and sexual attitude and behaviour change (World Health Organisation-WHO, 2006). HIV knowledge as a marker for HIV risk perception is an indicator and precursor for lower HIV risk perception (Macintyre, Brown &Sosler, 2001)

Young people make up a considerable fraction of the urban population (UNAIDS, 2001) and the continuously worsening living conditions lead to the need to pay attention to their sexual behaviours (Prata et al., 2006; Whiteside, 2001) and particularly behaviours related to HIV (Macintyre et al., 2001). The HIV risk perception especially among females is not vital in determining their sexual behaviours since their living conditions do not leave them with any other safe options (Farmer, 1999).Young people may have adequate knowledge of the HIV risk but it is not clear how this knowledge and perception are linked to HIV risk perception and non protective sexual behaviours (Adebola, Omomlolu & Odutolu, 2007). One fact for sure is one's HIV risk perception is vital in driving risk-taking behaviours (Chard, Metheny & Stephenson, 2017) and according to the Health Belief Model, some young people such as those at university may have high HIV risk perception for four reasons, that is, perceived susceptibility, perceived severity, perceived benefits and perceived barriers (Kobusingye, 2017).

In particular, HIV risk perception has been known to influence factors such as HIV vulnerability and involvement in non protective sexual behaviours (Kibombo et al., 2007). It is the mental/cognitive assessment of one's possibility of being infected with HIV but can also be traced from the possibility of failure to acknowledge vulnerability in an effort to avoid anxiety and anxious feelings (Weinstein, 1982). This is what is known as unrealistic optimism (Kershaw et al., 2003). Individuals that focus on other issues rather than risk are less likely to experience stress and anxiety (Wiebe & Black, 1997). In regard to involvement in sexual behaviours, it should be noted that HIV risk perception greatly influences the practice or lack of HIV protective behaviours (Pligt, 1998) with two elements; possibility and seriousness of the behavioural outcome (Kobusingye, 2017). Emerging adults such as those in universities generally base their perception of HIV vulnerability on whether the relationships they are involved in are casual or committed in nature (East, Jackson, O'Brien & Peters, 2007). Young people with ages below 25 years do not view themselves as susceptible to HIV infection, that is, low HIV risk perception (Morojele et al., 2006). Non protective sexual behaviours increase emerging adults' risk, of among other consequences, catching HIV mainly because they under-estimate the importance of precautionary disease avoidance strategies (Center for Disease Control and Prevention-CDC, 2000). Non protective sexual behaviours are a major challenge to young adults in universities (Cochran &Peplau, 1991) whose behaviours have not changed favourably despite their possession of adequate HIV knowledge (Rotheram-Borus & Koopman, 1991). Young adults underscore the consequences of their non protective/risky behaviours (Hall et al., 2004) and this has a gender bias where females involve themselves in such sexual behaviours due to the fear of losing relationships that they perceive as loving and important to them (Rosenthal, 1998), a sign that females prefer to experience health risks to rejection (Redston-Iseline, 2001).

However, some other researchers such as Reniers et al., (2016) claim that males too may perceive themselves at risk of HIV infection if they are not practicing safe sex or condom use. One of the major non protective sexual behaviours apparent among university students is the

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possession of multiple sexual partners and this could be the most salient indicator of their HIV risk perception (Mai & Meekers, 2008). Young people who have at least five sexual partners may actually possess low HIV risk perception and may not practice safer sex (Nunn et al., 2011) and the majority of abstaining young adults have no or low HIV risk perception (Zebideru, 2005).

The theory of planned behaviour as an extension of the theory of reasoned action was the mini model used because of its effectiveness in explaining HIV risk perception and involvement in non protective sexual behaviours but more specifically on intention to participate in certain behaviours (Ajzen, 1991). Hence, behavioural intent is the main thrust of the theory. Its link with HIV risk perception has a lot to do with the possibility that the behaviour might have foreseen consequences, with special consideration of the involved risks. It links beliefs/perceptions and behaviours. The theory influences safe sex practices such as condom use since sex at university has become a normative occurrence (Asare, 2015). The study was also influenced by the Psychological theory of risk perception (Funicane & Slovic, 2004) which asserts that dread, newness and stigma influence risk perception, and goes on to argue that sometimes, people's risk perception may be low and engage in non protective sexual behaviours if the benefits they foresee outweigh the risks, hence experience and portray what is called risk tolerance (Slovic et al., 1982). This theory is sometimes called the psychometric paradigm (Tversky & Kahneman, 1974).

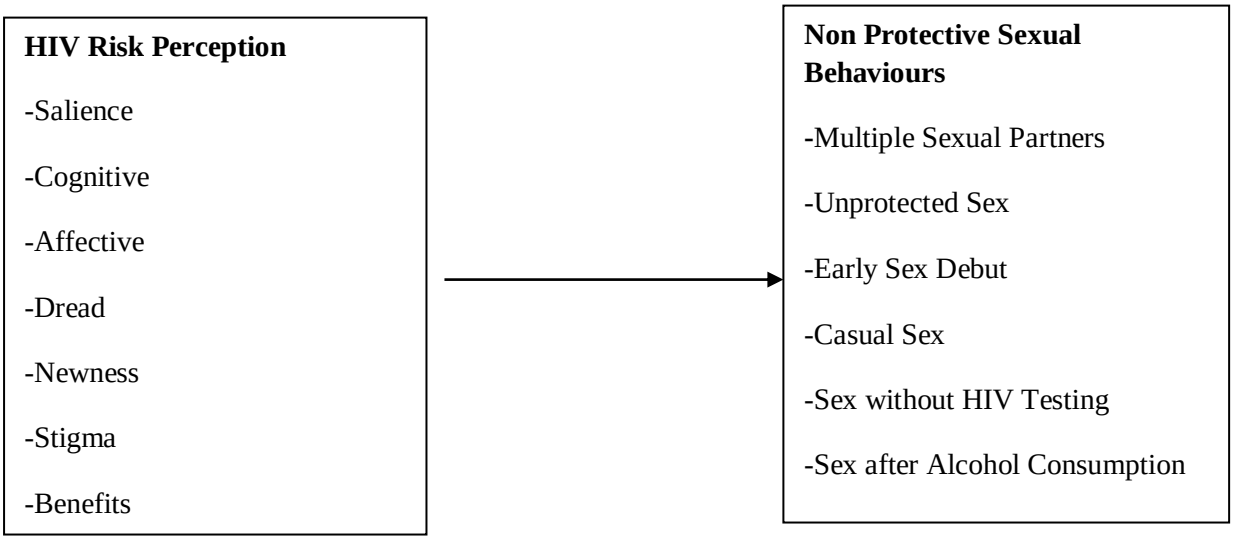

Figure 1: Conceptual Framework of the Study

The study presents HIV risk perception as the independent variable and non protective sexual behaviours as the dependent variable. HIV risk perception was marked by cognitive, salience and affective domains with features of dread, newness, stigma and benefit/cost features while non protective sexual behaviours was marked by behaviours such as multiple sexual partners, early

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sex debut, unprotected sex, casual sex, sex without HIV testing and sex after alcohol consumption. Kirby (2011) asserts that one of the factors that influence behaviour is risk perception. This risk perception involves perception of possible STD infection (HIV inclusive) (Kirby et al., 2007). The HIV risk perception has three features, that is, cognitive, salience and affective features and is influenced by dread, newness, stigma and benefits; while non protective sexual behaviours involved in have a lot to do with safety of sex, number of sex partners, sex debut age, casualness of sex, HIV testing-related sex, homosexuality/lesbianism and alcohol-related sex.

Problem Statement

Young adults in universities are involved in non protective sexual behaviours out of curiosity, social freedoms and biological reasons (Rwenge, 2000). Due to this involvement, they have become victims of unintended pregnancies and sexually transmitted diseases, especially HIV. It should be noted that whereas involvement in non protective sexual behaviours has been linked to curiosity and other related factors (Rwenge, 2000; Paul et al., 2000; Gullettte&Lyons, 2005), there are a few studies that have focused on university students, specifically pre service teachers and in particular focusing on its relationship with HIV risk perception. It is therefore against this background that this study concentrated on the relationship between HIV risk perception and involvement in non protective sexual behaviours.

Purpose and Objective of the Study

The main objective of the study was to analyse the relationship between HIV risk perception and Involvement in non protective sexual behaviours among University Pre-service teachers.

Hypothesis

The study was guided by the following hypothesis; there is a statistically significant relationship between HIV risk perception and Involvement in non protective sexual behaviours.

METHOD

The study was solely quantitative (Creswell, 2009) due to the fact that the main objective was aimed at correlating HIV risk perception and Involvement in non protective sexual behaviours which could be achieved through carrying out correlational statistics. The study was also a survey with cross sectional characteristics, that is, large representative numbers of respondents were studied at the same time (Fowler, 2014). The study area was School of Education, Makerere University, Uganda. The area is renowned for teacher training in Uganda. The sampling was at three levels. The School of Education was purposively selected aiming at targeting pre-service teachers preparing to become teachers. Teachers are tasked with guiding learners, not only in academics, but social conduct as well (Lumpkin, 2008) and hence would do well in shaping learners' behaviours through their own behaviours as role models and intentionally to reduce the risk of possible HIV infection through the avoidance of non protective sexual behaviours. The pre-service teachers selected for this study were in year three (finalists), a

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period that is considered adequate to influence their perception of HIV risk and behaviours that are non protective (EAC/EALP, 2010). The actual respondents of the study were selected using systematic random sampling (Burns, 1997). The total number of year three pre-service teachers was 640. Following Morgan and Krejcie table (1970), it was recommended that the sample size for a total population of 640 be a minimum of 234 respondents who were selected to represent the total of 640 total population.

The data collection instruments were questionnaires on Perceived Risk of HIV Scale (Napper et al., 2012) for the independent variable and the Students' Sexual Risk Scale (Dehart & Birkimer, 1997) for the dependent variable. Since these instruments were standardised, they were considered valid and reliable. Data were managed through coding using SPSS version 21. Data were analysed using Percentages and Pearson Product Moment Correlation Coefficient.

RESULTS

Table 1 shows findings on HIV risk perception in terms of percentages. Responses Strongly Disagree and Disagree were merged as Disagree (D) while Strongly Agree and Agree were merged as Agree (A). NS represented Not Sure.

Table 1: Percentages on HIV Risk-perception

	D	NS	A
1. My gut feeling tells me that am likely to get infected with HIV.	60.0	20.1	19.9
2. I worry about getting infected with HIV	21.2	02.9	75.9
3. Picturing myself getting with HIV is something I find easy to do	49.0	23.9	27.1
4. I am sure I will not get infected with HIV	58.1	27.3	14.6
5. I feel vulnerable to HIV	33.3	30.4	36.3
6. There is a chance, no matter how small, I would get HIV	53.0	20.4	26.6
7. I think my chances of getting infected with HIV are high	66.5	19.4	14.1
8. Getting infected with HIV is something I have thought about	40.3	08.5	51.2

Observed scores in table one indicate that the majority of the university pre-service teachers disagree about having gut feeling that they are likely to get infected with HIV (60 percent), worry about getting HIV (79.5 percent), do not picture themselves getting HIV (49 percent), are

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sure they will not get infected with HIV (58.1 percent), do not feel vulnerable to HIV (36.3 percent), there is a chance, no matter how small they could get HIV (53 percent), do not think their chances of getting HIV are high (66.5 percent) and getting HIV is something they have thought about (51.2 percent). Findings on involvement in non protective sexual behaviours are presented in table 2.

Table 2: Percentages on Non Protective Sexual Behaviours

	D	NS	A
1. If someone proposed to have sex with me, I would probably accept	09.0	11.5	79.5
2. I may not allow to have sex with someone whose HIV status I am not sure about	21.5	10.5	68.0
3. I would not try to use a condom if I am to have sex	08.4	22.2	69.4
4. If someone wanted to have sex with me and I considered it to be un safe, we would still probably end up having it	10.0	15.9	74.1
5.Generally, I am in favour of abstaining from sex	08.1	11.6	80.3
6. I do not know my HIV status	25.4	14.9	59.7
7. If I was to go out I would probably not drink alcohol	12.0	10.3	77.7
8. I find no problem with engaging in sexual relationship with people of the same gender	8.0	21.2	70.8

The observed scores on involvement in non protective sexual behaviours indicate that the majority of the university pre-service teachers (79.5 percent) would probably accept sex proposals while a considerable number (68 percent) would actually have sex with someone whose HIV status they were nit certain about. About 69.4 percent of the respondents reported that they would not try to use a condom if they were to have sex while a vast majority (79.1 percent) reported that they would still have sex even though they considered it unsafe. A large majority of 80.3 percent of the pre-service teachers are not in favour of abstinence for sex and more than half (59.7 percent) were unaware of their HIV status. Surprisingly, a good number of the pre-service teachers (77.7 percent) seemed to disagree with the practice of drinking alcohol during outings and engaging in same gender sexual practices (70.8 percent).

The relationship between HIV risk perception and Involvement in non protective sexual behaviours was computed using a Pearson Product Moment Correlation Coefficient as shown in table 3 below;

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Table 3: Pearson Correlation of HIV Risk Perception and Involvement in Risky Sexual Behaviours

		HIV Risk Perception	Involvement in Non Protective Sexual Behaviour
HIV Risk Perception	Pearson Correlation	1	-.149
	Sig. (2-tailed)		*0.04
	N	234	234
Involvement in Non Protective Sexual Behaviour	Pearson Correlation	-.149	1
	Sig. (2-tailed)	* 0.04	
	N	234	234

**Correlation significant at 0.05 level (2-tailed)

From the Pearson correlation findings in table 3, there is a negative/inverse relationship between HIV risk perception and involvement in non protective sexual behaviours, to a statistically significant extent (r=-.149, p=0.04). This implies that when there is an increase in HIV risk perception, this leads to a decrease in the involvement in non protective sexual behaviours. Therefore, university pre-service teachers who perceive themselves at high risk of contracting HIV are more likely to avoid involving themselves in sexual behaviours that are non protective. This led to the retaining/upholding of the alternative hypothesis which hitherto stated that there is a statistically significant relationship between HIV risk perception and Involvement in non protective sexual behaviours.

DISCUSSION

The study was aimed at analysing the relationship between university pre-service teachers' HIV risk perception and their involvement in non protective sexual behaviours. The hypothesis stated that there is a significant relationship between the two attributes. The findings revealed that indeed, the relationship between HIV risk perception and involvement in non protective sexual behaviours is both negative and statistically significant (r=-.149, p=0.04) which led to the retaining of the alternative hypothesis. This implies that an increase in HIV risk perception leads to a decrease in the involvement in non protective sexual behaviours. This may be because HIV risk perception acts as a protective factor against consequences of non protective sexual behaviours (Kobusingye, 2017). It should be noted that when HIV risk perception is high, there is likelihood of behaviour change (Anderson-Ellstrom &Milson, 2002) and a tendency to evade situations that are risky, hence a decrease in non protective sexual behaviours such as unsafe sex/lack of condom use (Parsons et al., 2000). These findings contradict those conducted by

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Mehrotta et al.,(2007) and Shobbo (2007) who argue that an increase in HIV risk perception is associated with involvement in non protective sexual behaviours basing on what is called learned helplessness and expectation of benefits from the such sexual behaviours.

CONCLUSION AND RECOMMENDATION

It can therefore be concluded that pre-service teachers' level of HIV risk perception is negatively/inversely related to their involvement in non protective sexual behaviours. Therefore, university students should be trained in dangers of such sexual behaviours in order to avoid HIV infection. These would increase HIV risk perception and in turn reduce the rate of involvement in non protective sexual behaviours.

REFERENCES

Abional, T.C., & Balogun, J.A. (2010). Psychometric instruments for assessing HIV risk behaviours of vulnerable populations. Chicago: Chicago University Press.

Adebayo, S.O & Olonisakin,O. (2014). Influence of sex and gender-role on Safe Sex Behaviours. *Global Journal of Sex Education, 2(4), ...*

Adebola,A.A., Omololu, F.O., & Odutolu, O. (2007). HIV Risk Perception and Constraints to Protective Behaviours among Young Slum Dwellers in Ibadan, Nigeria. *Journal of Health, Population and Nutrition, 25(2),* 146-157.

Ajzen, I. (1991). The Theory of Planned Behaviour. *Organisational Behaviour and Human Decision Processes, 50,* 179-211.

Ajzen, I. (2002). Perceived Behavioural Control, Self-efficacy, Locus of Control, and the Theory of Planned Behaviour. *Journal of Applied Social Psychology, 32(4),* 665-683.

Albarracin, D., Johnson, B.T., & Fishbein, M.P.A. (2001). Theories of Reasoned Action and Planned Behaviour as Models of Common Use: a meta analysis. *Psychological Bulletin, 127(1),* 142.

Asare, M. (2015). Using the Theory of Planned Behaviour to determine the Condom Use Behaviour among College Students. *American Journal of Health Studies, 30(1),* 42-50.

Burns, R.B. (1997). *Introduction to research methods (3rd ed.)*. South Melbourne: Longman.

Centers for Disease Control and Prevention (2007). Health. United States. Hyattsville, MD: National Center for Health Statistics.

Chard, A.N., Metheny, N. & Stephenson, R. (2017). Perception of HIV Seriousness, Risk and Threat among Online Samples of HIV-negative men who have sex with men in Seven Countries.....

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Cochran, S.D & Peplau, L.A (1991). Sexual risk reduction behaviours among young heterosexual adults. *Social Science Medicine, 33,* 25-36.

Creswell, J.W. (2009). *Research designs: A qualitative, quantitative, and mixed method approaches* (3rd ed). Thousand Oaks, CA: Sage.

Dilorio, C., Dudley, W., & Soet, J. (2007). Predictors of HIV risk among college students. *Journal of Applied Bio behavioural Research. 3, 119*.

East African Community (EAC)/East African Lake Victoria Project (EALP). (2010). *HIV sero-behavioural study in six universities in Uganda*. Study report, September 2010. Retrieved from http://ihi.eprints.org/ 1322/1/HIV_and_AIDS BASELINE STUDY REPORT Uganda Universities.pdf_Nov_2010.pdf

East, L., Jackson, D., O'Brien, L., & Peters,K. (2007). Use of male condom by heterosexual adolescents and young people. *Journal of Advanced Nursing, 59,* 103-110.

Farmer, P. (1999). Infections and Inequalities: the modern plagues. Berkely. University of California Press.

Fowler, F.J.(2014). Survey research methods. London. SAGE.

Funicane,C & Slovic, P. (2004). Risk as analysis and Risk as feelings. Some thoughts about Affect, Reason, and Rationality. *Risk Analysis, 24(2).....*

Gullette, D.L & Lyons, M.A. (2005). Sexual Sensation Seeking, Compulsivity, and HIV Risk Behaviours in College Students. *Journal of Community Health Nursing, 22 (1),* 47-60.

Hall, P.A., Holmquist, M., & Sherry, S.B. (2004). Risky adolescent sexual behaviour. A psychological perspective for primary care Clinicians. Topics in advanced practice. *Nursing e Journal, 4.*

Kelly,M. (2001). Age differences in sexual partners and risk of HIV-1 infection in rural Uganda. *Journal of Acquired Immune Deficiency Syndrome, 32,* 446-451.

Kershaw, T.S., Kathleen, A.E., Linda, M.N., Jessica, B.L & Jeannette, R.I. (2003). Misperceived risk among female adolescents: Social and psychological factors associated with sexual risk accuracy. *Health Psychology: Official Journal of the division of Health Psychology. American Psychological Association, 22,* 523-532.

Kibombo, R , Neema, S, & Ahmed, F. (2007*).* Perceptions of risk to HIV infection among Adolescents in Uganda: are they related to sexual behaviour? *African Journal of Reproductive Health, 11,* 168-181.

Kirby, D. (2007). The impact of abstinence and comprehensive sex and STD/HIV education programmes on the adolescent sexual behaviour. *Sexuality research and social policy, 5,* 6-17.

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Kirby, D., Koyle, K., Alton, F., Rolleri, L & Robin, L. (2011). Reducing Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum-Based Programmes. Califonia: ETR Associates.

Kobusingye, L.K. (2017). The Relationship between Selected Psycho Social factors and the Vulnerability to HIV infection among University Teacher-Trainees in Uganda and Tanzania. Ph.D thesis, University of Dar es Salaam, Dar es Salaam.

Lumpkin, A. (2008). Teachers as Role Models Teaching Character and Moral Virtues. *Journal of Physical education, 79(2),* 45-50.

Macintyre, K., Brown, L., &Sosler, S. (2001). It is not what you know, but who you knew." Examining the relationship between behaviour change and AIDS mortality in Africa, AIDS Education Preview, 13(2), 160-174.

Mehrota, P., Noar, S.M, Zimmerman, R.K & Palmgreen, P. (2009). Demographic and personality factors as predictors of HIV/STD partner-specific risk factors: Implications for interventions. *AIDS education and prevention: Official publication of the International Society for AIDS Education*, *21*, 34-59.

Mkumbo, K. (2013). Assessment of HIV/AIDS knowledge, attitudes and behaviours among students in higher education in Tanzania, London: Routledge.

Morgan, D.W & Krejcie, R.V. (1970). Determining sample size for research activities. Texas: A&M University Press.

Morojele, N.K., Brook, J.S., & Kachega, M.A. (2006). Perceptions of sexual risk behaviours and substance abuse among adolescents in South Africa: a qualitative investigation. *AIDS Care, 18*, 215- 219.

Napper, L.E., Fisher, D. G., & Reynolds, G.L. (2012). Development of the perceived risk of HIV scale. *Journal of AIDS Beh. 16*, 1075-1083.

Nunn,A., Nicholas,Z., Alexander,C., Samuel,D., Curt,B., & Helena, K. (2011). Low perceived risk and high HIV prevalence among a predominantly African American population. *Aids Patient Care and STDs, 25,* 229-235.

Parsons, J.T., Halkitis, P.N., Bimbi, D &Borkowski, T. (2000). Perceptions of the benefits and costs associated with condom use and unproteced sex among late adolescent college students. *Journal of Adolescence,23*, 377-391.

Paul, E.L., McManus, B & Hayes, A. (2000)." Hookups:" Characteristics and Correlates of College Students Spontaneous and Anonymous Sexual Experiences. *Journal of Sex Research, 37(1),* 76-88

Prata, N., Morris, L., Maziwe, E., Vahidnia, F &Stehr, M. (2006).....*International Family Planning Perspective, 32(4)*, 192-200.

ISSN: 2582-0745
Vol. 2, No. 04; 2019

Pligt, J.V.D. (1998). Perceived risk and Vulnerability as predictors of precautionary behaviour. *British Journal of Health Psychology, 3,* 1-4.

Slovic, P ., Fischhoff, B., & Lichtenstein, S. (1982). Why study Risk Perception. *Risk Analysis, 2 (2),* 83-93.

Redsteon-Iseline, A. (2001). A dolescent- psychiatric nursing. In principles and practices of psychiatric nursing (Stuart,G.W & Laraia, M.T., (eds), Mosby, St. Louis, pp 779-802.

Reniers, R.L., Murphy, L., Lin, A., Bartolome, S.P & Wood, S.J (2016). Risk Perception and Risk- Taking Behaviour during Adolescence: The influence of Personality and Gender. *PLOS One, 11(4),* DOI: 10.1371/journal.pone.0153842.

Rosenthal, D.,Gifford,S., & Moore,S. (1998). Safe sex or safe love: Competing discourses? *AIDS Care, 10,* 34-46.

Rotheran-Borus,M.J & Koopman, C. (1991). Sexual Risk Behaviours, AIDS Knowledge, and Beliefs about AIDS among Runaways. *American Journal of Public Health, 8(2),* 208-210

Rwenge, M. (2000). Sexual Risk Behaviours among Young People in Bameda, Cameroon. *Higher Education (5(8.1),* 1.6.

Tversky, A & Kahneman, D. (1974). Judgement under Uncertainty: Heuristics and Biases. *Science, 185(4157),* 1124-1131.

UNAIDS. (1998). World urbanisation prospects; the 1996 revision. New York. Population Division. United Nations Secretariat, pp 191.

Weistein, N.D.(1982). Unrealistic optimism about susceptibility to health problems. *Journal of Behavioural Medicine, 5,* 441-460.

Whiteside, A. (2001). AIDS and Poverty; the links. AIDS *Analysis Africa, 12,* 1-15.

WHO (2006). Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries. *WHO Technical Report Series, Geneva,* No. 938.

Wiebe, D.J and Black, D. (1997). Illusional beliefs in the context of risky sexual behaviours. *Journal of Applied Social Psychology, 27,* 1727-1749.

Zebideru. Z. (2005). Assessment of HIV Risk Perception and Condom Use among Youths in Debre, Birhan Town, Amhara Region Ethiopia. Unpublished Bachelors Degree Dissertation.