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Original Paper

The Influence of Parenting Style and Parent Educational Level on Perception of HIV/AIDS Pandemic among Secondary School Students in Calabar Educatioin Zone, Cross River State, Nigeria

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Abstract

The study sought to determine the extent to which parenting style and parental educational level influence perception of HIV/AIDS pandemic among secondary school students in Calabar Education Zone. Ever since the discovery of HIV/AIDS, concerted efforts have been made by international bodies, agencies, the government etc., to curb the scourge of the malignant virus. This effort has made many to know the potential threat the epidemic possess to human existence. However, in spite of these efforts, many students still perceive HIV/AIDS as a mirage that does not exist. Perception of HIV/AIDS refers to the amount of knowledge about causes, mode of transmission, prevention and treatment, possessed (especially intuitive), on HIV/AIDS. The main purpose of this study was to determine the influence of parenting style and educational level on perception of HIV/AIDS pandemic among secondary school students in Calabar Education Zone. The population of this study comprised of all the SS1, 2 & 3 Students and 1,200 students randomly selected as sample for this study. Data collection instrument was a facts finding questionnaire titled family variables and students perception of HIV/AIDS' (FVSPA). The major findings were that; parenting style has significant influence on students' perception of HIV/AIDs. Parental educational level has significant influence on students' perception of HIV/AIDs. It was recommended that the school management in collaboration with the school guidance counsellors should frequently use forums such as PTA's to organize trainings in order to sensitize parents on the adoption of most appropriate style of parenting for their children.

Keywords

human immunodeficiency virus, acquired immune deficiency syndrome, perception

1. Introduction

Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDs) is a global epidemic with its occurrence recorded in all the countries of the world. Acquired Immunodeficiency Syndrome (AIDS) is a multi-systemic illness caused by a retrovirus known as the Human Immunodeficiency Virus (HIV). The virus destroys the immune system, thereby leaving the victim vulnerable to a host of life threatening opportunistic infections and unusual malignancies. Since the outbreak of the epidemic in 1981, millions of people have been infected and millions of them have died. Since the discovery of HIV/AIDS, concerted efforts are being made by international bodies, the government, private bodies and individuals to curb the spread. But these efforts seem not to yield the needed results.

In Cross River State, some of the drivers of this epidemic include high sexual behaviour and low risk perception of HIV and its consequences (Ankomah, 2011). People form positive perception based on their knowledge, education and upbringing and form negative perception due to lack of knowledge, awareness and cultural belief system. Perception in this context refers to the way students conceive HIV/AIDS—the knowledge and understanding they possess as regard the epidemic. Their perception can either be affected by mental set, attitude, family background, expectation or desire at any given moment, hence they can also perceive wrongly.

The low risk perception and perhaps the indulgence in illicit sexual activities among secondary school students depend partly on the type of family they come from. Suffice to posit that parenting style and parental educational level may exert a strong influence on the psychological and social development of a student. Adardard and Denis (2012) clearly demonstrated that parenting accounts for more variance in externalizing behaviours in adolescence than any other one factor. Parents who are authoritative encourage verbal give and take, convey the reason behind rules, and use reason, power, to shape and reinforce objectives on their children (Sampson, 2016). Adele and Marvis (2015) stated that students from authoritative parents are less prone to externalizing behaviours, and specifically are less likely to engage in early sexual behaviour than individuals with uninvolved parents. Students from authoritative parents possesses self-control and these perception to a fault, restrains them from associating with others and indulging in any sexual behaviour that can lead to the acquisition of deadly diseases such as HIV/AIDS. Perhaps, they do so because they perceive that all those infected with HIV/AIDS are careless and lack self-control.

On the other hand, parental educational level and that of the students has a significant role to play when it comes to how students perceive HIV/AIDS. Kelly (2013), maintained that, education has a critical role to play in mitigating the effects of HIV/AIDS, providing “knowledge that will inform self-protection; fostering the development of a personally held, constructive value system; inculcating skills that will facilitate self-protection; promoting behaviour that will lower infection risks; and enhancing capacity to help others to protect themselves”. Kilian (2011) and Blanc (2012) in their study

in India supported this idea when they added that students' orientation of HIV/AIDS at home by their parents may directly affect their access to health services and exposure to health interventions. They concluded in the study that illiterate parents (i.e., parents who have not attended even primary school) perceive sexually transmitted diseases (STD) as a diabolic punishment for evil and lack of morality. This perception is rather to a fault, as HIV/AIDS cannot be a diabolic punishment for evil.

Risk of HIV increases if people have stigmatized attitude towards people living with AIDS as they will be unwilling to go for testing for HIV (Peltzer, Nzewi, & Krishna, 2004). People having the stereotypical mentality do not have the correct information about HIV; they are of this perception that it is transmitted via sources such as toilet seats, air and toilet paper, etc. It somehow appears that the younger people are less likely to be getting themselves tested for HIV compared to older people with a perception that they are immune against HIV infection. The writer has further observed that there is a perception among students that HIV is a disease that affects immoral people and it is a punishment from God.

Purpose of the study

The main purpose of this study was to investigate the influence of parenting style and parental educational level on perception of HIV/AIDS pandemic among secondary school students in Calabar Education Zone. Specifically, the objectives of the study were:

i. To determine if parenting style influence students perception of HIV/AIDS pandemic.

ii. To ascertain if parental educational level influence students perception of HIV/AIDS pandemic.

Research hypothesis

The following hypotheses were tested at .05 level of significance:

i. There is no significant influence of parenting style on students' perception of HIV/AIDS pandemic.

ii. Parental educational level does not significantly influence students' perception of HIV/AIDS pandemic.

2. Method

The research design adopted for this study was the expost-facto method. This was adopted because the research studied the phenomena after they had occurred. Also that the variables were not inherently manipulated by the researchers. The study population comprised all secondary school students in Calabar Education Zone. The sampling technique adopted to select the sample was the stratified random sampling technique in other to ascertain a proportional representation of respondents form all the zones. A total of 1200 students from all the zones formed the sample of the present study.

Instrumentation

The data collection instrument was a facts finding questionnaire designed by the authors titled "Family Variables and Students Perception of HIV/AIDS (FVSPA)". It was trial tested against 50 students in a

population outside the target population of this study. The basis for item development was based on conceptual definition of variables. The reliability coefficients ranging .710-.930 was found using Cranach Alpha, indicating that the instrument was reliable.

Data Analysis

Data for the two hypotheses were analyzed using One-way ANOVA to determine its influence on perception of HIV/AIDS among secondary school students in Calabar Education Zone, Cross River State. Nigeria.

HO_1: There is no significant influence of parenting style on students' perception of HIV/AIDS pandemic.

HO_2: Parental educational level does not significantly influence students' perception of HIV/AIDS pandemic.

3. Result

Hypothesis one

Parenting style has no significant influence on students' perception of HIV/AIDs.

To test this hypothesis, one-way analysis of variance (ANOVA) was applied with parenting style as factor and each of the HIV/AIDs perception sub-variables as the dependent variable. The F-ratio was used to test for the significance of the main influence and fisher's Least Significant Difference (LSD) test as post hoc test. The results are given in Table 1.

Table 1. One-way ANOVA of Students' Perception of HIV/AIDs by Parenting Style

Name of variable	Parenting style	N	Mean	Std dev.	Std error	Minimum	Maximum
Perception of	Authoritarian	532	13.399	2.230	.097	8	16
HIV/AIDs	Authoritative	468	13.831	2.104	.097	7	16
Causes	Permissive	79	13.570	2.017	.227	10	16
	Neglectful	113	12.789	1.398	.132	10	15
	Total	1192	13.522	2.121	.061	7	16
Perception of	Authoritarian	532	11.115	2.152	.093	5	16
HIV/AIDs	Authoritative	468	11.844	2.099	.097	7	16
Prevention	Permissive	79	10.051	2.465	.277	6	13
	Neglectful	113	9.416	2.371	.223	5	14
	Total	1192	11.170	2.297	.067	5	16
Perception of	Authoritarian	582	11.397	1.912	.083	7	15
HIV/AIDs	Authoritative	468	11.432	1.589	.073	7	16
transmission	Permissive	79	11.835	1.644	.185	10	15

	Neglectful	113	11.248	1.271	.120	9	14
	Total	1192	11.425	1.721	.050	7	16
Perception of	Authoritarian	582	11.271	1.954	.085	7	16
HIV/AIDs treatment	Authoritative	468	12.630	2.486	.115	7	16
	Permissive	79	11.013	1.977	.222	9	16
	Neglectful	113	11.071	1.641	.154	8	15
	Total	1192	11.769	2.263	.066	7	16

Source of variation	**Sum of squares**	**Df**	**Mean square**	**F- value**	**P-value**
Between groups	113.980	3	37.993	8.608*	.000
Within groups	5243.453	1188	4.414		
Total	5357.433	1191			
Between groups	660.901	3	220.300	46.562*	.000
Within groups	5620.868	1188	4.731		
Total	6281.768	1191			
Between groups	17.306	3	5.769	1.951	.120
Within groups	3512.049	1188	2.956		
Total	3529.355	1191			
Between groups	579.601	3	193.200	41.591*	.000
Within groups	5518.493	1188	4.645		
Total	6098.094	1191			

* Significant at .05 level. P<.05

The results in Table 1 and for the students' perception of HIV/AIDs causes, those whose parents are authoritative had the highest mean score $(\bar{x} = 13.831)$ followed by those whose parents were permissive $(\bar{x} = 13.570)$ while the least were those whose parents were neglectful $(\bar{x} = 12.78)$. With respect perception of HIV/AIDs prevention, the authoritative group were highest $(\bar{x} = 11.844)$, followed by those in the authoritarian group $(\bar{x} = 11.115)$ and the least were those under neglectful parents $(\bar{x} = 9.416)$. For their perception of HIV/AIDs transmission, those under permissive parents were highest $(\bar{x} = 11.835)$ followed by those under authoritative parents $(\bar{x} = 11.432)$ and the least were those under neglectful parents $(\bar{x} = 11.248)$. With regards to perception of HIV/AIDs treatment, those under authoritative parents had the highest mean score $(\bar{x} = 12.630)$, followed by those under authoritarian parents $(\bar{x} = 11.271)$ while the least were those under permissive parents $(\bar{x} = 11.013)$.

The P-values (.000) associated with the computed F-values (8.608, 46.562 & 41.591) for perception of HIV/AIDs causes, prevention and treatment respectively are less than .05. However, the P-value (.120)

associated with the computed F-value (1.951) for perception of HIV/AIDs transmission is greater than .05. This means parenting style has significant influence on students' perception of causes, prevention and treatment but not significantly on their perception of transmission of HIV/AIDs.

To find out that pair of group means responsible for the observed significant results, LSD test was applied. The results are presented in Table 2.

Table 2. LSD Multiple (Pairwise Comparison of Students Perception of HIV/AIDs by Parenting Style

Name of variable	Parenting style	Authoritarian	Authoritative	Permissive	Neglectful
Perception of	Authoritarian	13.209**	433*	.171	.611*
HIV/AIDs causes	Authoritative	.001	13.640	.262	1.044*
	Permissive	.499	.306	13.118	.782*
	Neglectful	.005	.000	.011	12.527
Perception of	Authoritarian	10.931**	.729*	1.064*	1.699*
HIV/AIDs	Authoritative	000	11.653	1.793*	2.428*
prevention	Permissive	000	000	9.499	.635*
	Neglectful	000	000	.047	8.974
Perception of	Authoritarian	11.104**	1.360*	.258	.200
HIV/AIDs	Authoritative	.000	12.405	1.618*	1.560*
treatment	Permissive	.321	.000	10.570	.058
	Neglectful	.371	.000	.854	10.765

* Significant at .05 level. P<.05

** Values along main diagonal are group means, above it are mean differences (MD) and below it are corresponding P-values.

The results in Table 2 and for the perception of HIV/AIDs causes, only the difference between authoritarian and permissive groups was not significant (MD = .171, P = .499 > .05). All the remaining paired comparisons were significant ($.433 \leq MD \leq 1.044$, $.000 \leq P \leq .011$). For perception of HIV/AIDs prevention, all the paired comparisons were significant ($.635 \leq MD \leq 2.428$, $.000 \leq P \leq .047$) for perception of HIV/AIDs treatment. The differences between authoritarian and authoritative groups, authoritative and permissive and neglectful groups were significant ($1.360 \leq MD \leq 1.618$, $.000 \leq P < .05$). All other paired comparisons were not significant.

Hypothesis two

Parents level of education has no significant influence on students' perception of HIV/AIDs. To test this hypothesis, the procedures used in testing hypothesis one were adopted with parents level of education (father and mother separately) as factor. The results are given in Table 3.

Table 3. One-way ANOVA of Students' Perception of HIV/AIDs by Their Fathers' Level of Education

Name of variable	Level of Education	N	Mean	Std dev.	Std error	Minimum	Maximum
Perception of HIV/AIDs Causes	No formal	52	12.500	2.356	.327	10	16
	Edu.	223	12.650	2.056	.138	7	16
	Primary	256	13.184	2.244	.140	8	16
	Secondary	661	14.027	1.919	.074	8	16
	Tertiary	1192	13.522	2.121	.061	7	16
	Total						
Perception of HIV/AIDs Prevention	No formal	52	11.423	2.163	.300	8	14
	Edu.	223	10.861	2.221	.149	7	15
	Primary	256	11.367	2.156	.135	7	16
	Secondary	661	11.177	2.377	.092	5	16
	Tertiary	1192	11.170	2.297	.067	5	16
	Total						
Perception of HIV/AIDs transmission	No formal	52	11.192	1.415	.196	9	13
	Edu.	223	10.794	1.669	.112	7	15
	Primary	256	11.074	1.992	.124	7	16
	Secondary	661	11.793	1.549	.060	8	15
	Tertiary	1192	11.425	1.721	.050	7	16
	Total						
Perception of HIV/AIDs treatment	No formal	52	11.212	1.588	.220	9	15
	Edu.	223	12.157	2.334	.156	10	16
	Primary	256	11.191	1.970	.123	8	16
	Secondary	661	11.905	2.343	.091	7	16
	Tertiary	1192	11.769	2.263	.066	7	16
	Total						

Research Variable	Source of Variation	Sum of squares	Df	Mean square	F-value	P-value
Perception of causes	Between groups	421.834	3	140.611	33.845*	.000
	Within groups	4935.598	1188	4.155		
	Total	5357.433	1191			
Perception of Prevention	Between groups	34.611	3	70.857	25.380*	.087
	Within groups	6247.158	1188	2.792		

	Total	6281.768	1191			
Perception of transmission	Between groups	212.572	3	70.857	25.380*	.000
	Within groups	3316.783	1188	2.792		
	Total	3529.355	1191			
Perception of treatment	Between groups	147.298	3	49.099	9.802*	.000
	Within groups	5950.796	1188	5.009		
	Total	6098.094	1191			

* Significant at .05 level. P<.05

The results in Table 3 and for perception of HIV/AIDs causes, those whose father had tertiary education were highest $(\bar{x} = 14.027)$ followed by those whose fatehr had secondary eduation $(\bar{x} = 13.184)$ and the least were those whose farther had no formal education $(\bar{x} = 12.50)$ with regards to perception of HIV/AIDs prevention, the "no formal education" group had the highest mean score $(\bar{x} = 11.423)$, follwed by the "secondary" group $(\bar{x} = 11.367)$ while the least was the "primary education" group $(\bar{x} = 10.861)$. In terms of perception of HIV/AIDs transmission, the "tertiary education" group was highest $(\bar{x} = 11.793)$ followed by the "no formal education" group $(\bar{x} = 11.192)$ and the least was the "primary education" group $(\bar{x} = 10.794)$. With respect to perception of HIV/AIDs treatment, the "primary education" group was highest $(\bar{x} = 12.157)$ followed by the "tertiary education" group $(\bar{x} = 11.905)$ and the least was the "secondary education" group $(\bar{x} = 11.191)$.

The P-values (.000) associated with the computed F-values (33.845, 25.380 & 9.802) for perception HIV/AIDs causes, transmission and treatment respectively are less than .05, while the P-value (.087) associated with the computed F-value (2.194) for perception of HIV/AIDs prevention is greater than .05. Hence the null hypothesis was reject for perception of HIV/AIDs causes, transmission and treatment but retained for perception of HIV/AIDs prevention. This means father's level of education has significant influence on students' perception of HIV/AIDs causes, transmission and treatment but not significantly on the perception of HIV/AIDs prevention.

The results for the influence of mother's level of education on perception of HIV/AIDs are presented in Table 4.

Table 4. One-way ANOVA of Students' Perception of HIV/AIDs by Their Mothers' Level of Education

Name of variable	Level of Education	N	Mean	Std dev.	Std error	Minimum	Maximum
Perception of HIV/AIDs Causes	No formal	62	13.355	1.803	.229	10	16
	Edu.	180	12.894	2.021	.151	10	16
	Primary	285	13.411	2.003	.119	9	16
	Secondary	665	13.755	2.187	.085	7	16
	Tertiary	1192	13.522	2.121	.061	7	16
	Total						
Perception of HIV/AIDs Prevention	No formal	62	11.839	2.034	.258	9	15
	Edu.	180	10.244	2.430	.181	7	15
	Primary	285	11.702	1.889	.112	8	16
	Secondary	665	11.129	2.359	.091	5	16
	Tertiary	1192	11.170	2.297	.067	5	16
	Total						
Perception of HIV/AIDs transmission	No formal	62	11.307	1.362	.173	9	13
	Edu.	180	11.322	1.824	.136	9	16
	Primary	285	11.074	1.870	.111	7	15
	Secondary	665	11.615	1.631	.063	7	15
	Tertiary	1192	11.425	1.721	.050	7	16
	Total						
Perception of HIV/AIDs treatment	No formal	62	12.823	1.694	.215	11	16
	Edu.	180	11.856	2.375	.177	8	16
	Primary	285	11.119	1.980	.117	8	16
	Secondary	665	11.925	2.326	.090	7	16
	Tertiary	1192	11.769	2.263	.066	7	16
	Total						

Research Variable	Source of Variation	Sum of squares	df	Mean square	F-value	P-value
Perception of causes	Between groups	112.230	3	37.410	8.473*	.000
	Within groups	5245.203	1188	4.415		
	Total	5357.433	1191			
Perception of Prevention	Between groups	263.610	3	87.870	17.346*	.000
	Within groups	6018.159	1188	5.066		

	Total	6281.768	1191			
Perception of transmission	Between groups	61.964	3	20.655	7.077*	.000
	Within groups	3467.391	1188	2.919		
	Total	3529.355	1191			
Perception of treatment	Between groups	206.617	3	68.872	13.888*	.000
	Within groups	5891.477	1188	4.959		
	Total	6098.094	1191			

* Significant at .05 level P<.05

From Table 4 and for perception of HIV/AIDs causes, these in "tertiary education" group were highest $(\bar{x} = 13.755)$ followed by the "secondary education" group $(\bar{x} = 13.411)$ and the least was the "primary education" group $(\bar{x} = 12.894)$. In terms of perception of HIV/AIDs prevention, the "no formal education" group was highest $(\bar{x} = 11.839)$, followed by the "secondary education" group $(\bar{x} = 11.702)$ and the least was the "primary education" group $(\bar{x} = 10.244)$. With respect to perception of HIV/AIDs transmission, the "tertiary education" group was highest $(\bar{x} = 11.615)$ followed by the "primary education" group $(\bar{x} = 11.322)$ and the least was the "secondary education" group $(\bar{x} = 11.074)$. For perception HIV/AIDs treatment, the "no formal education" group was highest $(\bar{x} = 12.823)$, followed by "tertiary education" group $(\bar{x} = 11.925)$ and the least was the "secondary education" group $(\bar{x} = 11.119)$.

The P-values (.000) associated with the computed F-values ($7.077 \leq F \leq 17.346$) are all less than .05. Consequently, the null hypothesis was rejected entirely. This means the mother's education has significant influence on students' perception of HIV/AIDs.

To locate the pair of group accountable for the significant results, the LSD test for applied for both father's and mother's level of education influence. The results are presented in Table 5.

Table 5. One-way ANOVA of Students' Perception of HIV/AIDs by Their Mothers' Level of Education

	Education Level	No formal Edu.	Primary Edu	Secondary Edu	Tertiary
Father's Education	No formal Edu.	12.500**	.150	.684*	1.527*
	Primary	.632	12.650	.533*	1.377*
	Secondary	.023	.004	13.184	.844*
	Tertiary	.000	.000	.000	14.027
	No formal Edu.	11.192**	.399	.118	.600*
	Primary	.122	10.794	.281	.999*
	Secondary	.642	.067	11.074	.719*

	Tertiary	.013	.000	.000	11.793
Mother's Education	No formal Edu.	11.212**	94.5*	.020	.693*
	Primary	.006	12.157	.966*	.252
	Secondary	.053	.000	11.191	.713*
	Tertiary	.032	.146	.000	11.905
	No formal Edu.	13.355**	.460	.056	.400
	Primary	.137	12.894	.516*	.860*
	Secondary	.850	.010	13.411	.344*
	Tertiary	.152	.000	.021	13.755
	No formal Edu.	11.839**	1.594*	.137	.709*
	Primary	.000	10.244	1.457*	.885*
	Secondary	.664	.000	11.702	.572*
	Tertiary	.018	.000	.000	11.129
	No formal Edu.	11.307**	.016	.233	.309
	Primary	.950	11.322	2.49	.293*
	Secondary	.331	.127	11.074	.541*
	Tertiary	.174	.042	.000	11.615
	No formal Edu.	12.823**	.967*	1.703*	.898*
	Primary	.003	11.856	.967*	.736*
	Secondary	.000	.001	11.119	.806*
	Tertiary	.002	.000	.000	11.925

* Significant at .05 level. P<.05

** Values along main diagonal are group means, above it are Mean Differences (MD) and below it are corresponding P-values

1=Perception of causes

2=Perception of prevention

3=Perception of transmission

4=Perception of treatment

The results in Table 5 and for father education influence with respect to perception of HIV/AIDs causes, only the difference between the "no formal education" and "primary education" groups was not significant (MD = .150, P = .632). In terms of perception of HIV/AIDs transmission, the "tertiary education" group was significantly different from the "no formal education" group (MD = .600, P = .013), "primary education" group (MD = .999, P = .000) and "secondary education" group (MD = .719, P = .000). All other comparisons were not significant. With respect to perception of HIV/AIDs treatment, the difference between "no formal education" and "secondary education groups (MD = .020)

and between tertiary and secondary education groups (MD = .252) were not significant (P > .05). All other paired comparisons were significant (.693 ≤ MD ≤ .966, .000 ≤ P ≤ .032).

For the influence of mother's education, and in terms of perception of HIV/AID causes, the "no education" group was not significantly different from the primary education group (MD = .460, P = .187) secondary education group (MD = .056, P = .850) and tertiary education group (MD = .400, P = .152). All other comparisons were significant. In terms of perception of HIV/AIDs prevention, only the difference between no formal education and secondary education groups was not significant (MD = .137, P = .664). With respect to perception of HIV/AIDs transmission, the tertiary education group was significantly different from the primary education group (MD = .293, P = .042) and secondary education group (MD = .541, P = .000). With respect to perception of HIV/AIDs treatment, all faired comparisons were significant (.736 ≤ MD ≤ 1.703, .000 ≤ P ≤ .003).

4. Discussion

The statistical analysis and test of hypothesis one of this study has revealed the facts that parenting style has significant influence on students perception of HIV/AIDs causes, prevention and treatment but not significant on their perception of HIV/AIDs transmission.

For the student's perception of HIV/AIDs causes, those whose parents were authoritative had the highest level of perception followed by parents who were permissive while the least were those whose parents were neglectful. With respect to perception of HIV/AIDs prevention, the highest informed on HIV/AIDs preventive measure were the authoritative group, followed by those in the authoritarian group and the least were those under neglectful parents. With respect to student's perception of HIV/AIDs transmission, those under permissive parents were more informed on possible ways the virus can be transmitted followed by those under authoritative parents and the least were those under neglectful parents. With regards to perception of HIV/AIDs treatment, those under authoritative parents had the highest knowledge of the treatment of HIV/AIDs, followed by those under authoritarian parents while the least were those under permissive parents.

These results, with particular reference to students under authoritative parenting group who were seen to be more informed on the possible causes; prevention and treatment of HIV/AIDs corroborates with Sampson (2016), who posited that authoritative parents encourage verbal give and take, convey the reason behind rules and this parenting style is most often associated with positive adolescent outcomes and has been found to be the most effective and beneficial style of parenting among most families.

Furthermore, students who fall under the neglectful parenting group were seen to be least informed on the causes, prevention and transmission of HIV/AIDs. This result is supported by Franklin (2012) who maintained that when children are allowed to make choices on their own, it can have adverse effect on their perception of life and people living with HIV/AIDs. Hence their display of ignorance.

However, the findings of this study is not in sync with the finding of Zikanine et al. (2015) whose study

revealed that the authoritarian parents have more control on their children than other parenting style. Similarly, a study conducted by Robinson (2001), revealed that authoritative approach had a negative perception and low awareness of risky sexual diseases, including HIV/AIDs, rather, a positive correlation was found between permissive parenting style with reason being that, permissive parents see HIV/AIDs as a punishment for people who are guilty of spiritual offense and not by chance of risky sexual behaviour and hence needs to be avoided.

Nevertheless, the findings of this study point to the fact that authoritative parents tend to produce students who score higher on a variety of measures of competence, self- perception and they are less likely to engage in behaviour that may predispose them to HIV/AIDs; hence the authoritative group are more informed on HIV/AIDs pandemic followed by authoritarian group, permissive group and neglectful group accordingly.

The statistical analysis and test of hypothesis two has revealed the facts that father's level of education has significant influence on students' perception of HIV/AIDs causes, transmission and treatment but not significantly on the perception of HIV/AIDs prevention, but mother's level of education has significant influence on the students' perception of HIV/AIDs causes, prevention, transmission and treatment.

Furthermore, for perception of HIV/AIDs causes, those whose father had tertiary education were highly informed, followed by those whose father had secondary education and the least informed were those whose father had "no formal education". With regards to perception of HIV/AIDs prevention, the "no formal education group were highly informed, followed by the "secondary" group, while the least informed were the "primary education" group. In terms of perception of HIV/AIDs transmission, the "tertiary education" groups were highly informed followed by the "no formal education" group and the least were the "primary education" group. With respect to perception of HIV/AIDs treatment, the "primary education" group were highly informed, followed by the "tertiary education" group and the least were the "secondary education" group.

Similarly, for perception of HIV/AIDs causes, those whose mother had tertiary education were highly informed, followed by the "secondary education" group and the least were the "primary education" group. In terms of perception of HIV/AIDs prevention, the no formal education group were highly informed, followed by the "secondary education" group and the least were the "primary education" group. With respect to perception of HIV/AIDs transmission, the "tertiary education" group were highly informed, followed by the "primary education" group and the least were the "secondary education" group. For perception of HIV/AIDs treatment, the "no formal education" group were seen to be highly informed, followed by "tertiary education" group and the least were the "secondary education group.

These results are in consonance with Ekpo and Ajaka (2013), who in their study showed that family socio-economic status and the educational level of parents significantly influences student's

delinquency which can make them to susceptible to the dreaded virus cum disease HIV/AIDs. Similarly, A study by Global campaign for Education Report (2014) revealed that without parent's 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/AIDs pandemic.

Furthermore, these results are in line with a study carried out by the World Bank HIV/AIDs Assessment Project for Africa (HAFA, 2017), they revealed that parent's educational level protects against HIV infection on their children through information and knowledge that affects their long-term behavioural change. Hence, parental education significantly influence student's awareness and acquisition of Sexually Transmitted Disease (STD) across the countries selected for the study.

However, De Walqure (2016) in his study revealed that, the role of education in reducing HIV prevalence among young adults cannot necessarily be attributed to exposure to HIV prevention classes of their parents or themselves. His research shows that most parents would have left school by the time school-based HIV prevention classes began in 1996.

In spite of the evidence revealed by De Walque (2016), accurate HIV/AIDs knowledge remains an important and effective component of the comprehensive strategy to protect individuals against HIV/AIDs, hence parental education influences student's perception of HIV/AIDs significantly.

5. Conclusion

It was generally concluded that, parenting style and parental educational level significantly influence perception of HIV/AIDs pandemic among secondary school students' in Calabar Education Zone, Cross River State, Nigeria.

Recommendations

i. The school management in collaboration with the school guidance counsellors should frequently use forums such as PTA's to organize trainings in order to sensitize parents on the adoption of most appropriate style of parenting for their children.

ii. Parents should aspire to further their level of formal education so they can transmit the right type of knowledge as touching HIV/AIDs to their children.

Aknowledgement

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