

INFLUENCE OF KNOWLEDGE SHARING IN REDUCING THE SPREAD OF “HIV/ AIDS” AMONG ADOLESCENTS IN RURAL AREAS IN DELTA STATE, NIGERIA

¹Ikenwe, Iguehi Joy, *²Igbinovia, Magnus Osahon

¹Department of Library and Information Science, Ambrose Alli University, Ekpoma, Edo State (Nigeria)

²Post-Graduate student, Library, Archival and Information science, University of Ibadan, Ibadan, Oyo state (Nigeria)

**Corresponding Author: infor.migbinovia@yahoo.com*

Abstract

“HIV/AIDS” constitutes one of the biggest threats to human kind and tackling this epidemic is of utmost importance. Over the years, repeated “HIV/AIDS” prevalence surveys in Nigeria have shown that the burden of this epidemic is more on adolescents and young people. Thus, this study investigates the influence of knowledge sharing in reducing the spread of “HIV/AIDS” among adolescents in rural areas. The survey research design was adopted for this study. Purposive sampling was used to select one hundred and five adolescents from Agadama secondary school and Ohoro grammar school both in Ughelli North Local Government Area of Delta state, Nigeria. The structured questionnaire was used to collect data from the respondents out of which one hundred was found usable given a response rate of 95%, and descriptive statistical analysis was used to analyzed data. The findings revealed that, though there is an intermediate level of public awareness through the media, adolescents do not share information on “HIV/AIDS” as a result of inadequate information impeding the reduction of the spread of “HIV/AIDS” through knowledge sharing. Thus, it is recommended that there should be a high influx of information through the media; and other channels like peer education, class room learning, etc. exploited. Also, platforms for knowledge sharing should be created, monitored and encouraged using reward systems.

Keywords: Knowledge sharing, HIV/AIDS, adolescents, rural areas, Delta State, Nigeria.

1. INTRODUCTION

“HIV/AIDS” has been noted to imperil not only human-kind but also human kind institutions therefore constituting one of the biggest threats to the global agenda [UNESCO, 2000]. However, Across 15 countries surveyed in Round 2 of the “Afrobarometer”, evidence indicates that large proportions of Africans have either lost family or friends to AIDS, or suffer under the burden of AIDS by caring for family members or orphans [Afrobarometer, 2004]. In this vein, Kelly (2004) argues that in most of these countries, the HIV prevalence rate exceeds five percent, numbers that indicates that the epidemic is now undermining every aspect of the society, including families, health, education, industry and economic development.

According to the 2008 National HIV prevalence of 4.6%, all states and Federal Capital Territory (FCT) have prevalence of about 1% with 17 states having HIV prevalence greater than 5%. Also, information rates among young people between aged 15-19years at 3.3%; 20-24years at 4.6% and 25-29 years at 5.6%. These are considered very high and a key for national strategy in the current national strategic framework to direct focus on national HIV prevalence effort to address this trends. According to vanguard, Nov 13 (2012), Nigeria was ranked as number eight among twelve countries in the world that have recorded a decline in the new HIV infection rate. Statistics released by the Nigerian institute of medical research at a program to mark year 2012’s World AIDS Day in Lagos showed that Nigeria and eleven other countries recorded 20% reduction in new infection rate between 2001 and 2011.

Evidence has shown that, education or knowledge aimed specifically on the adolescent girls slows or even reverses the spread of HIV by arming them with valuable life and decision-making skills. However, the decrease in the prevalence of HIV accrued to knowledge sharing was also revealed by Dr Okey Nwanyanwu, the country’s Director of the Centre of Global Health, who made this known at a news conference held at the U.S. embassy as part of events to mark world’s Health day on Dec.1st. Nwanyanwu in weekend observer Nov 26 (2011) stated that, the decrease in HIV and AIDS prevalence was as a result of increased public awareness.”

Moreover, it is pertinent to state that public awareness especially through the media may be relatively low in rural areas either as a result of lack/inadequate power supply or inability of families in the rural areas to afford mass media gadgets. This may be because wealthier families can afford mass media items like television, radio, etc., giving their adolescents children access to information on HIV/AIDS. This inadequacy gives peer education a place in reducing the spread of HIV/AIDS among adolescents in rural areas. In this vein, Peer education is education provided by somebody who is either directly part of the group receiving the information, or who is from a similar social background (Family Health International, 2003). ”.

This brings knowledge sharing into the lime-light especially in rural areas where there are heavy challenges on public awareness through the media. Nevertheless, there is much that can be done to reduce the impact of AIDS in the rural areas, beginning with the prevention of HIV transmission by empowering the people with more knowledge on valuable life and decision making skills, latest research and guidance on the infection through the transformative power of knowledge sharing.

However, public awareness and consequently knowledge sharing on HIV/AIDS may be hindered by several factors prominently in the rural areas thus, making adolescents in such areas vulnerable to the spread of HIV/AIDS and subsequently its infections. In this light, this study investigates how and the extent knowledge sharing has influence the reduction of the spread of HIV/AIDS among adolescents in rural areas.

The objectives of this research are to:

- Determine the level of public awareness of HIV/AIDS among adolescents in rural areas.
- Determine the level of knowledge sharing culture among adolescents in rural areas.
- Determine how knowledge sharing has influenced the reduction of HIV/AIDS among adolescents in rural areas.
- Determine the extent to which knowledge sharing has influenced the reduction of HIV/AIDS among adolescents in rural areas.
- Determine the challenge(s) of knowledge sharing in reducing the spread of HIV/AIDS among adolescents in rural areas.

The following are the research questions answered by this study:

- What is the level of public awareness of HIV/AIDS among adolescents in rural areas?
- What is the level of knowledge sharing culture among adolescents in rural areas?
- How has knowledge sharing influenced the reduction of HIV/AIDS among adolescents in rural areas?
- To what extent has knowledge sharing influenced the reduction of HIV/AIDS among adolescents in rural areas?
- What factors / challenges hinder knowledge sharing among adolescents in rural areas?

1.1 Significance of the Study

The imperativeness of this study cannot be neglected. However, this study will guide governmental and non-governmental agencies who are interested in the campaign against the spread of HIV/AIDS, to channel public awareness on HIV/AIDS to adolescents in rural areas with the primary objective of empowering them with sufficient knowledge on valuable life/ decision making skills, motivate them to share knowledge on HIV/AIDS among themselves and encourage total abstinence.

It will also be a good ground for the post primary education board in Delta State, Nigeria to inculcate sex education into secondary school curriculum as a way of educating the adolescents on their sexuality and health. For knowledge to be shared, it has to be acquired both formally and informally, and the school is a suitable place for formally educating the adolescents.

1.2 Scope of the Study

In a bid to have a well-defined and manageable scope, the study was focused on the influence of knowledge sharing in reducing the spread of HIV/AIDS among adolescents in rural areas of Delta State, Nigeria. The study is limited to adolescents of both sexes in two rural areas of Ughelli North Local Government Area of Delta State, Nigeria. These rural areas are Ohoro community and Agadama community.

2. LITERATURE REVIEW

2.1 An Overview of Knowledge Sharing

Knowledge is the main element that inspired the knowledge management initiatives of which knowledge sharing is key. Thus, in clarifying the concept of knowledge sharing, knowledge is of primary importance. In this light, knowledge is information that has been improved on and knowledge is a mixture of experiences, insight, reading, imagination etc. Asllee (1997) explains in details the knowledge archetype that relates data, information, knowledge; meaning philosophy, wisdom and union. Basically, the archetype defines data as if there are so many whitecaps in a larger sea of information. It is considered as information when data are linked to another. In conjunction to that matter, information becomes knowledge when it is analyzed, linked to other information and compared to what is already known.

On the other hand, Japanese researchers like Nonaka, Toyoma and Konno (2002) defines knowledge by emphasizing on the relative, dynamic and humanistic dimension rather than traditional western epistemology (like theory of knowledge) that focus on absolute, static and non-human view of knowledge, thus, positing that “knowledge is created in the spiral that goes through two seemingly antithetical concept such as order and chaos, micro and macro, part and whole, mind and body, tacit and explicit, self and other, deduction and induction; and creativity and control” Nonaka, Toyoma and Konno(2002). Knowledge can be seen as ideas, information and skills gained or acquired through experiences or education.

Edem and Ani (2010) opines that, knowledge has become the driving force for social development, the attention of the society to information and knowledge is rising and people’s demands for information and knowledge is increasing step by step. To this end, an understanding into knowledge management practices is of great essence. Knowledge management has been implemented and practiced in all sectors and benefits accrued. However, Quintas (2002) sees knowledge management from Xerox as follows: “knowledge management is the discipline of creating a thriving work and learning environment that fosters the continuous creation, aggregation, use and re-use of both organization and personal knowledge in the pursuit of new business values”.

A fundamental priority of knowledge management therefore is knowledge sharing which simply put, is the communication or exchange of acquired knowledge within a community of people with a pre-determined goal. Knowledge sharing can also be seen as an act through which, acquired information, knowledge, idea, skills and experiences are exchanged and shared among people (friends, colleagues, families, classmates,), organizations and institutions. Lee (2001) asserts that knowledge sharing are activities of transferring or disseminating knowledge from one person, group or organization to another. However Van Den Hoof and De Ridder (2004), sees knowledge sharing as the process where individuals mutually exchange their knowledge and jointly create new knowledge. Making this practice a behavioral pattern that is expected of individuals, brings about the concept of knowledge sharing culture.

Culture according to Vijay Sathe in Gurteen (1999) is “the set of important understandings (often unstated) that members of a community share in common”. The shared understandings consist of our norms, values, attitudes, beliefs and paradigms. Thus, knowledge sharing culture is about making knowledge sharing the norm. To create a knowledge sharing culture, it is essential to encourage team work, collaboration and motivate knowledge sharing. Culture should be open to promote successful knowledge sharing.

Gurteen (1999) lists some reasons to share knowledge. These are:

- * Knowledge is perishable: knowledge is increasingly short-lived. If you don’t make use of your knowledge then it rapidly loses its value.
- * Even with the low level of knowledge sharing that goes on today- if you do not make your knowledge productive, someone else with the same knowledge will...
- * By sharing knowledge you gain more than you lose. Knowledge sharing is a synergic process- you get more out than you put in. if I share a product, idea or a way of doing things with another person, then just the act of putting my idea into words or writing will help me shape or improve that idea.

Knowledge sharing occurs when people are interested to help people learn new things. The importance of knowledge sharing, is to improve its use and learning among individuals. Nevertheless, knowledge has much value when used which is the reason knowledge sharing is imperative. The purpose of knowledge sharing is to create new knowledge or exploit existing knowledge (Christensen, 2007) because the value of knowledge increases during knowledge sharing process [Alavi and Leiner, 2001]. People are more willing to share their knowledge where there is a

good relationship and trust existing between them. According to Duffy (1999), sharing knowledge especially proprietary or individual knowledge could result in power redistribution and face cultural resistance. Many studies emphasized the importance of corporate culture in successful knowledge management [Earl and Scott, 1999]; [Havens and Knapp, 1999]. While, some argues that knowledge Management can be successful only with a change in culture. Communication, reward systems and leadership are important cultural factors in implementing knowledge management practices.

2.2 HIV/AIDS Prevalence among Adolescents

HIV (Human Immune Deficiency Virus) infects human beings and reduces the body immune system, making it difficult for the body to fight certain diseases. On the other hand AIDS (Acquired Immune Deficiency Syndrome) is the condition that results when a person's immune system has been lowered (due to infection with HIV) so that the body can no longer fight other infections such as malaria, tuberculosis, skin infections, and such likes [UNICEF, 2008].

However, UNESCO (2000) states that, Nigeria is the first populous country to have an average National HIV prevalence rate of > 5% in the general population and over the years, repeated prevalence surveys in Nigeria have shown that the burden of the epidemic is more on adolescents and young people. Furthermore, UNESCO Categorized adolescent into three stages as; Early (10-13years of age), Middle (14-16years) and Late (17-19years). The Center of Diseases Control and Prevention points out that, approximately a quarter of all of sexually transmitted diseases (STDs) occur among teenagers or adolescents. Also, it is discovered that "globally over 100 million STDs occur each year in people who are younger than 25 years old, [World Health Organization, 1999].

Douglas (2002) expresses that, many adolescents engage in sexual intercourse with multiple partners and without condoms. Thus, they engage in sexual behaviors that place them at risk of sexually transmitted diseases (STDs) such as HIV and adolescents aged 15-19years have some of the highest reported rates of STDs. While Moore, Driscoll and Lindberg (1998) opined that many adolescents have used a condom at some point in time, comparatively few use them during every act of intercourse. They also claim that in 1995, only 44% of age 15-19 years old males used condom during every act of intercourse during the period of 12 months. "Because many HIV infected adolescents and young adults have not been tested for HIV and their status not known, and also because of the typically long latency period before development of clinical AIDS, many cases of HIV/AIDS that are identified among people in their 20s and even early 30s may have been acquired during their teen years or their early 20s (Douglas, 2002).

2.3 Knowledge Sharing on HIV/AIDS among Adolescents

Young people especially adolescents has been recognized as a major priority within the Nigerian HIV prevention programs. In this regard, it is pertinent to deepen the knowledge and understandings of young people on issues of HIV/AIDS to enable them make informed decisions. Much can be done to reduce the influence of the virus by empowering adolescents especially in rural areas with more knowledge recognizing the transformative power of knowledge sharing by encouraging them to share their knowledge on sensitive issue such as HIV/AIDS.

The mass media has played a central role in many countries in responses to AIDS since the very early days of this epidemic. It's been used for broadly targeted or blanket education as a way of creating wide-spread awareness of HIV/AIDS. Bertrand (2006) carried out a research and concluded that mass media programs can influence HIV related outcomes among young people, although not on every variable or in every campaign. Campaigns that include television require the highest

threshold of evidence, yet they also yield the strongest evidence of effects. Thus, suggest that comprehensive mass media are valuable". In this regard, Aslle (1997) argues that, current mass media information campaigns which are often prepared and broadcast from the urban centers, may not only fail to improve the HIV/AIDS knowledge of the rural populace but also put rural populace at a disadvantage relative to their urban counterparts. Communication interventions informed by socio-ecological models might be helpful to re-dress and/or narrow the widening knowledge gap between urban and rural residents.

Kirby, Obasi and Laris (2006) categorically stated that, a large majority of school-based sex education and HIV education interventions reduced reported risky sexual behaviors in developing countries. The curriculum based interventions having the characteristics of effective interventions in the developed and developing world should be implemented more widely. All types of school-based interventions, need additional rigorous evaluation and more rigorous evaluations of peer-led and non-curriculum based interventions are necessary before they can be widely recommended.

In line with the foregoing, "peer education remains a popular strategy for health promotion and prevention, but evidence of its effectiveness is still limited", Tolli (2012). Peer education is education provided by someone who is either directly part of the group receiving the information or who is from a similar social background. It is a less formal method of educating those who dislike a formal classroom environment. In this vein, peer educators are trained on the subject, ensuring the information they provide is accurate and reliable. Peer education is a program in which people are trained as volunteers to positively influence social behaviors amongst people of similar age and other social characteristics as themselves (peers) by providing information, education, skills, services and other help as well as role models, UNICEF (2008).

3. RESEARCH METHOD

Survey research was adopted for the study due to the fact that it gathers data from members of a population in order to determine the current states of that population with respect to one or more variables, [Ifidon and Ifidon, 2007]. The design was used to generate data relating to the influence of knowledge sharing in reducing the spread of HIV/AIDS among adolescents in rural areas.

The population of the study comprises adolescents in rural areas of Ughelli North Local Government Area of Delta State, Nigeria. The sampling technique used in this work is the non-probabilistic sampling. In a bid to accomplish non-probabilistic sampling, the purposive sampling was used. Two communities were selected to be investigated from the population, viz: Agadama community and Ohoro community. The sample size of one hundred and five was drawn from adolescents in Agadama secondary school and Ohoro grammar schools both community schools in Ughelli North Local Government Area of Delta State. However, the adolescents were selected from Junior Secondary Class Three and Senior Secondary Class One because students in such class in rural areas falls within the age bracket of fifteen to nineteen (15-19), which for the purpose of this research will be considered as the age bracket of an adolescent.

The structured questionnaire was used to generate requisite data from the adolescents. The copies of the questionnaire were personally administered and retrieved by the researchers to enhance high return rate and to clarify some issues with the respondents. The data collected was analyzed using descriptive statistics in form of table and percentage (%).

4. DATA ANALYSIS AND PRESENTATION OF RESULTS

4.1 Data Analysis

The data obtained from the respondents through questionnaire that were distributed to adolescents in two selected community schools are analyzed in the table below.

Table 4.1: Response Rate.

NAME OF SCHOOL	COPIES OF QUESTIONNAIRE ADMINISTERED	USEABLE COPIES OF QUESTIONNAIRE ADMINISTERED
Agadama Secondary School	50	50
Ohero Grammar School	55	50
Total	105	100

Table 1 above, shows a total number of 105 copies of questionnaire administered to the two schools under study. 50 copies were distributed to Agadama secondary school and were found useful for analysis constituting 50% of the percentage response. Also, 55 copies of questionnaires were distributed to Ohero grammar school out of which 50 copies was returned and found useful for analysis thus constituting 50% of the percentage response.

4.2 Presentation of Results

Research Question 1: what is the level of public awareness of HIV/AIDS among adolescents in rural areas?

Table 4.2:The level of public awareness on HIV/AIDS among adolescents.

LEVEL OF PUBLIC AWARENESS	FREQUENCY		PERCENTAGE (%)
Do you know the meaning of HIV/AIDS?	YES	75	75
	NO	25	25
	TOTAL	100	100
Do you know how HIV/AIDS is transmitted?	YES	72	72
	NO	28	28
	TOTAL	100	100

Have you heard of HIV/AIDS on any media?	YES	85	85
	NO	15	15
	TOTAL	100	100

Table 2 shows that majority of the respondents constituting 75% of the percentage response are aware of HIV/AIDS and 72% of the respondents have the knowledge on how HIV/AIDS is transmitted. Also, 85% of the respondents have heard of HIV/AIDS on the media. The inference is that, there is a relatively high level of public awareness of HIV/AIDS among adolescents in the rural areas studied.

Research Question 2: What is the level of knowledge sharing culture among adolescents in rural areas?

Table 4.3 Presents the level of knowledge sharing culture among adolescents.

LEVEL OF KNOWLEDGE SHARING CULTURE	FREQUENCY		PERCENTAGE (%)
Do you share knowledge with your peers?	YES	49	49
	NO	51	51
	TOTAL	100	100
Do you share knowledge, information, ideas, on HIV/AIDS with your peers?	YES	37	37
	NO	63	63
	TOTAL	100	100

Table 3, shows the level of knowledge sharing among adolescents. While 49 (49%) of the respondents share information, ideas and knowledge with their peers, 51 (51%) of the respondents which constitute the majority do not share knowledge, ideas and information with their peers. However, 37 (37%) of the respondents share information, ideas and knowledge on HIV/AIDS with their peers as against 63 (63%) of the respondents who do not share information, ideas and knowledge on HIV/AIDS with their peers. The implication of this is that there is a poor level of knowledge sharing (especially on sensitive issue like HIV/AIDS) among adolescents in these rural areas.

Research Question 3: How has knowledge sharing influence the reduction of HIV/AIDS among adolescents in rural areas?

Table 4.4: The influence of knowledge sharing in reducing HIV/AIDS among adolescents

INFLUENCE OF KNOWLEDGE SHARING ON HIV/AIDS REDUCTION	FREQUENCY		PERCENTAGE (%)
Have you abstained from sexual activities as a result of information received from peers?	YES	52	52
	NO	48	48
	TOTAL	100	100
Do you advise your peers to abstain from sexual activities as a result of what you heard or know about HIV/AIDS?	YES	61	61
	NO	39	39
	TOTAL	100	100

Table 4 shows that majority of the respondents constituting 52 (52%) have abstained from sexual activities as a result of information received from peers. Also, 61 (61%) of the respondents advised their peers to abstain from sexual activities as a result of information acquired as against 31(31%) of the respondents. This implies that, knowledge sharing could influence the reduction of HIV/AIDS among adolescents in rural areas.

Research Question 4: To what extent has knowledge sharing influenced the reduction of HIV/AIDS among adolescents in rural areas?

Table 4.5: Extent of knowledge sharing in the reduction of HIV/AIDS among adolescents

EXTENT OF KNOWLEDGE SHARING ON HIV/AIDS	4 SA	3 A	2 D	1 SD	0 UD	X	DECISION
Knowledge sharing has influenced the reduction of HIV/AIDS among adolescents in rural areas.	13	21	27	37	2	2.06	Disagree

N.B: Cut-off point = 2.5 mean

Table 5 shows the extent of knowledge sharing on HIV/AIDS among adolescents in rural areas.

From the Table above, 13 respondents strongly agreed, 21 respondents agreed, 27 respondents disagreed, and 37 respondents strongly disagreed with 2 undecided responses. The mean is 2.06, which simply means that, the overall respondents disagreed with the statement since the mean is below the cutoff point.

Research Question 5: What are the challenges of knowledge sharing in reducing the spread of HIV/AIDS among adolescents in rural areas?

Table 4.6: Challenges of knowledge sharing among adolescent in rural areas

CHALLENGES	FREQUENCY	PERCENTAGE (%)
Inadequate information, ideas and knowledge on HIV/AIDS	58	33.5
Unwillingness to share information, ideas and knowledge on HIV/AIDS	39	22.5
Lack of communication skills to share information and knowledge regarding HIV/AIDS		

	38	22.0
Shyness among adolescents in discussing issues on HIV/AIDS	38	22.0
TOTAL	173	100

Table 6 above shows the challenges encountered by adolescents in rural areas as pertaining to knowledge sharing. Inadequate information, ideas and knowledge received the highest number of responses with 58 (33.5%); Unwillingness to share information, idea and knowledge on HIV/AIDS with 39 (22.5%); While, lack of communication skills and shyness, had equal response of 38 (22%) each. The implication is that the respondents lack adequate information, ideas and knowledge for effective knowledge sharing on HIV/AIDS. They do not only lack the appropriate or adequate information. They are unwilling to share information on sensitive matters (like HIV/AIDS) among their peers which could be due to lack of communication skills or shyness to do such.

5. DISCUSSION OF FINDINGS:

The study found that, there is public awareness on HIV/AIDS (Human Immune Deficiency Virus / Acquired Immune Deficiency Syndrome) among adolescents in the rural areas studied. On the other hand, previous studies conducted in Ethiopia by Central Statistical Agency (2011) revealed that residing in urban areas, higher educational attainment and male gender are positively associated with increased awareness of HIV prevention method.

However, the study shows that adolescents have heard of HIV/AIDS through the media, though with relatively low level of knowledge on HIV/AIDS transmission. This slightly agrees with Eddrn and Eddrn (2006) who posits that, majority of the adolescents had a moderate level of overall HIV/AIDS knowledge, but lack knowledge in the area of mode of transmission and prevention. It slightly conforms to Nwokocha and Nwokoby (2002) in their findings that the Nigeria secondary school students only had an intermediate level of knowledge of HIV/AIDS in terms of transmission and non-transmission modes.

With respect to source of information, the finding agrees with Geoxhluy et.al(2012) who reported that, the media (television broadcast) was the major source of information about HIV/AIDS. This is also in agreement with a finding on knowledge and beliefs of adolescent regarding sexually transmitted infections and HIV/AIDS in a rural district in Christensen (2007), which categorically stated that, knowledge which is both complete and correct reaches adolescents through media and shared among peers.

Most of the adolescents in these rural areas do not share knowledge with their peers especially on sensitive issues as in the case of HIV/AIDS. Thus, it is either their knowledge on HIV/AIDS is not adequate enough, convincing them to share with others or they have challenge with knowledge sharing. In this light, Oljra, Berhane and Worku (2013) in their study found out that, the comprehensive knowledge modes of HIV transmission in school adolescents was lower than that of the general awareness or the separate modes of transmission. Duffy (1999) emphatically said that, sharing knowledge especially proprietary or individual knowledge could result in power redistribution and facial cultural resistance. Also, Wah et.al Opines that “rewards and incentives, open mindedness of the sharer, and the cost-benefit concerns of knowledge hoarding were the strongest predictors of knowledge sharing...”

Majority of the adolescents in this study have abstained from pre-marital sex and advised their peers to abstain from sex as a result of their knowledge of the deadly disease known as HIV/AIDS. In line with this, Kirby, Obasi and Laris (2006) expresses that, a large majority of school based sex education and HIV education interventions reduced reported risky sexual behavior in developing countries.

The study also shows that 13 respondents strongly agreed, 21 agreed, while 27 disagreed and 37 strongly agreed that knowledge sharing has influenced the reduction of HIV/AIDS among adolescents in the rural areas. Which simply indicates that majority of the respondents disagreed that knowledge sharing has not influenced the reduction of HIV/AIDS among adolescents in the rural areas. This could be as a result of the challenges encountered by them pertaining to effective knowledge sharing on HIV/AIDS which was lack of adequate information, ideas and knowledge as shown by 58 (33.5%). Majority of these adolescent are not willing to share their little ideas or knowledge with their peers on sensitive issue like HIV/AIDS which could be due to shyness on their part or lack of communication skills.

This calls for urgent intervention in rural areas by government, health practitioners and educational sector in the State. Dalkir (2005), on the challenges of knowledge sharing argues that some employees tend to resist sharing their knowledge because of the notion that knowledge is property; ownership therefore becomes very important.

6. CONCLUSION AND RECOMMENDATION

The study revealed that there is an intermediate level of public awareness on HIV/AIDS among adolescents in rural areas and this they acquired mainly through the media. However, this information/knowledge is not adequate enough and thus restricting them from sharing such information/knowledge especially given the sensitivity of the issue. In this light, there is an amount of abstinence from risky sexual behavior in the rural areas as a result of the available knowledge at their disposal. Though, the adolescents claimed that knowledge sharing has not influenced the reduction of HIV/AIDS among adolescents. It is the position of the researchers that if they would receive more information and knowledge about the epidemic, it will break their barrier to knowledge sharing and subsequently, a positive effect on sexually risky behavior thus reducing the spread of HIV/AIDS among adolescents in rural areas.

In view of the findings of this work, the following recommendations were made:

1. Governmental and non-governmental agencies interested in taming the epidemic should increase the influx of information on HIV/AIDS through the media and other channels so that peer education can be maximally exploited
2. The secondary school curriculum should be reviewed to accommodate subject on the adolescents' sexuality and health in a bid to provide a formal environment for learning about HIV/AIDS and other related epidemics.
3. Strategies should be created to encourage and monitor knowledge sharing on HIV/AIDS among adolescents in rural areas using the reward system.
4. Students should be taught, supported and encouraged in rural areas to acquire skills to share knowledge effectively and its importance.

REFERENCES

- Afrobarometer (2004).Key findings about public opinion in Africa, Afrobarometer briefing paper No. 1.Available at: <http://www.afrobarometer.org>.
- Alavi .M. & Leidner D. E. (2001). Knowledge Management & Knowledge Management Systems: Conceptual foundations & Research Issues. Management information science quarterly: 25 (1), 107-136.
- Asllee .V (1997). The knowledge evolution- expanding organizational intelligence, Newton: Butterworth- Heinemann.
- Bekalu, M.A. & Eggermont, .S. (2013). Media use and HIV/AIDS knowledge: A Knowledge gap perspective. Health promotion Int.
- Bertrand J.T. (2006).The effectiveness of mass media in changing HIV/AIDS- related Behavior among young people in developing countries. World health org. Tech Rep Ser. 938: 205-41; discussion 317-41.
- Centers of Disease Control and Prevention (2000). Tracking the hidden epidemics: trends in STDs in United State.
- Central Statistical Agency [Ethiopia] (2011). Ethiopia demographic and health survey preliminary report.
- Christensen, P.H. (2007). Knowledge sharing: Moving away from the obsession with best practices. Journal of knowledge Management, 11(1), 36-47.
- Dalkir .K. (2005). Knowledge management in theory and practice, Oxford: Elsevier Inc. Jordan Hill.
- Den Hooff,V. B. & De Ridder, J. (2004). Knowledge sharing in context: the influence of Organizational commitment, communication climate and CMC use on Knowledge sharing, Journal of knowledge management, 8(6), 117-130.
- Douglas .K. (2002). HIV transmission and prevention in adolescents. HIV insight Knowledge base chapter.
- Duffy J. (1999). Harvesting experience: Reaping the benefits of knowledge, Prairie Village, KS: ARMA International.
- Earl, M.J. & Scott, I. A. (1999). What is a chief knowledge officer? Sloan management Review, 40(2), 29-38.
- Eddrn, G. M. & Eddrn. M. A. S. (2006). HIV/AIDS knowledge, attitude and beliefs among Nepalese adolescent. Journal of Advance Nursing. 53 (5), 583-590.

- Edem, N. & Ani, O. (2010). Knowledge management in academic libraries in Nigeria, A Paper presented at the national conference and AGM of the NLA tagged "Unity 2010", held at the Africa hall of the international conference centre, Abuja"
- Geoxhluy Zhangyzzhang Tangi, J. *et.al.* (2012). Effectiveness of School based education on HIV/AIDS knowledge, attitude, and behavior among secondary school students in Wuhan: China; PLOSONE, 7(9).
- Gurteen D.(1999). Creating a knowledge sharing culture, Knowledge management Magazine, 2(5).
- Havens .C. & Knapp E. (1999). Easing into knowledge Management, Strategy and leadership, 27(2), 4-9.
- Ifidon; & Ifidon .E.I (2007). Basic principles to research method, Benin: Good news express communication.
- Kelly .M.J. (2004).The significance of HIV/AIDS for universities in Africa, JHEA/RESA: 1(1), 1-23.
- Kirby, D., Obasi, A. & Laris, B. A. (2006). The effectiveness of sex education and HIV Education intervention in schools in Developing Countries. World Health Org. Tech.
- Lee J. (2001).The impact of knowledge sharing; organizational capability and partnership quality on IS outsourcing success Information management: 38; 323-335.
- Moore .K. A, Driscoll, A.K. & Lindberg, L. D. (1998).A statistical portrait of Adolescents sex, contraception and childbearing, Washington DC, national Campaign on teen pregnancy.
- Nonaka, I., Toyoma, R. & Konno, N. (2002). SECI ba and leadership: A unified model of dynamic knowledge creation, In Little, S.;
- Nwokocha .A.R. and Nwokoby .B.A. (2002). Knowledge attitude and behavior of secondary (High) school students concerning HIV/AIDS in Enugu, Nigeria. J. Pediatr Adolesc Gynecol, 15: 93-90.
- Obinna .C, Ugumadu V., & Oyadongha S. in Vanguard Newspaper (Nov.30, 2012).World AIDS day, Nigeria Records decline in new HIV infections.
- Oljra, L., Berhane, Y., and Worku, A. (2013). Assessment of Comprehensive HIV/AIDS knowledge level among In-school adolescent in Eastern Ethiopia. Journal of the International Aids Society.
- Quintas, P. (2002). Managing knowledge in a new century, In Little, S., Quintas, P. & Rag, T. (Eds), managing knowledge- An essential reader, 41-67, London, The Open University & SAGE publications Ltd.

Tolli .M.V. (2012). Effectiveness of Peer Education Intervention for HIV prevention, adolescent pregnancy prevention and sexual health promotion for young people,a systematic review of European Studies. Health Education Research.

UNESCO (2000). World Education Forum. Dakar, Final report, Paris,

UNICEF (2008). National reproduction health, HIV & AIDS prevention and care project through the NYSC. Manual for training peer educators.

Vanguard, Nov 3.(2012).

Wah C., Menkhoff, T., Loh, B. & Evers, H. (2007).Social Capital and knowledge sharing in knowledge- based organizations, an empirical study, *International Journal of knowledge management*, 3(1), 29-48.

Weekend Observer (Nov. 26, 2011). “HIV/AIDS prevalence in Nigeria declines to 41 Percent- centre for global health (CDC Nigeria).

World Health Organization, (1997). Fact sheet No. 186, “Young people and sexually Transmitted Disease.

Zakari, M. (2003). Knowledge management framework and strategies for National Development, A paper presented at 41st annual national conference And AGM of NLA held at Makurdi, Benue State; 7th-12th September, 33-41.