

Sexual Behaviour and The Perception of HIV/AIDS Among Youths in Some Tertiary Institutions in North-West, Nigeria

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ABSTRACT

This study investigated the relationship between sexual behaviour and the perception of Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) among youths in North West Nigeria. A descriptive research design was adopted for the study. A total of 1420 undergraduate students from three universities and one College of Education were sampled for the study. Data for the study were collected using a self-constructed instrument titled "SEBPHY/AIDS Q". The questionnaire with a reliability coefficient of 0.85 was administered on the sample. The statistical technique used was Chi-square. The result of the study showed that there was a significant relationship between the sexual behaviour and the perception of HIV/AIDS among youths as well as significant difference in the sexual behaviour of male and female youths. The study recommended among others that counselors and all those involved in HIV/AIDS prevention should take the perception of HIV/AIDS, thinking and belief about AIDS into consideration when designing preventive programmes. Also, adequate orientation to youths about the risk of AIDS should be embraced to make youths perceive their vulnerability to HIV/AIDS so as to curb sexual irresponsibility.

Keywords: Sexual, Behaviour, Perception, HIV/AIDS, Youths, Nigeria

INTRODUCTION

Sexuality is an integral part of human life; nonetheless when exercised irresponsibly, it can have negative effects such as sexually transmitted diseases like HIV/AIDS, unintended pregnancy and coercive or violent behaviour. Sexual behaviours as defined by Owuamaman (1982) are all visible actions of man, which include speech making and interactions that have to do with sexual activities such as kissing, holding hands, breast stimulation, genital erection, masturbation, sexual behaviour like dressing in certain ways, sexual identity and sexual orientation. Sexual behaviour among youths has over the years become an issue of great concern particularly with the upsurge of the HIV/AIDS pandemics. According to UNAIDS (2003), an increasing number of youths within the age of 15 to 25 years have continued to be infected with HIV. As reported by National HIV/AIDS Reproductive Health Survey (NARHS, 2003) youths are more vulnerable to sexual infection because of their age, gender and sexual orientations. UNAIDS (2003) reported that half of the entire world population whose ages are between 15 to 25 years are among the

most vulnerable to HIV/AIDS infection. Awareness campaigns, lectures, seminars, rallies in schools have been organised to attract the attention of youths. In some states, teachers have been trained to carry out HIV/AIDS programmes. Civil societies organizations and the private sector organisation have directly or indirectly contributed to the overall attempt to reduce the spread of HIV/AIDS.

The process of provision of information and education is to make youths perceive issues relating to their vulnerability to HIV/AIDS and develop a positive attitude to sex. However, in spite of the current efforts by government and non-governmental organisations, it seems youths have not developed a positive attitude to sex, because many youths still express sexual intimacy which could carry a risk of transmission of HIV/AIDS virus such as casual, multiple, anal sex covert and open prostitution. The inability of youths to control their sexual appetite and the negative comments made by youths about HIV/AIDS have been the major source of concern to the researchers. Youths have been reported to

express negative belief and knowledge which reflect and point to the fact that the problem of HIV/AIDS is nothing to worry about. HIV transmission in the North West of Nigeria might be related to the perception and the sexual lifestyle of youths. According to Owuamaman (1982), evidence abound of the high rate of coital sex, while recreational sex has now become a way of life among Nigerians. As reported by the American Societal Health Association (2003) each year, about 2.503 million teenagers acquire a sexually transmitted disease of one kind or culture favours premarital chastity most especially for unmarried women. AIDS, a pattern of devastating infections caused by the HIV. HIV attacks and destroys the body's immune system. According to Koop (1992), these nomenclatures denote virus that attack the white blood cells which are called *T-lymphocyte* in human blood. According to Gordon and Kloude (1996), the identified ones are HIV I and HIV II. When HIV virus enters the human body, it infects and starts to replicate in the person's cells essentially the CD4 cells. Several studies have been carried out in the sub-Saharan Africa on people's knowledge, belief about HIV/AIDS. Presenting the about HIV/AIDS, Orubuloye and Oguntimehin (1999) reported that Nigerian men believed they were not at risk of HIV/AIDS. Odu (2003)'s study among married and unmarried people in Niger State shows that Niger State people are familiar with knowledge of risk reduction of AIDS, concerning sexual intercourse, pregnancy, injection needle and where HIV testing could be conducted. Hence, Odu concluded that Nigerians have high-level knowledge of HIV/AIDS but most people still lack knowledge of key basic concept of HIV/AIDS. Ezefili et al. (2003) indicated that diagnostic survey in regards to awareness of AIDS in Nigeria among undergraduates revealed a gap between knowledge of HIV/AIDS transmission and their sexual behaviour.

In the research reported by Omorepie (2003) it was indicated that HIV/AIDS exists. However, ignorance and misconception arising mainly from misinformation from peers were identified as key factors impending on youth's HIV/AIDS risk perception. Report of Action on AIDS (2001) indicated a range of traditional harmful belief system, traditional practices as well as culture bounds in North West, Nigeria and that this had presented challenges to civil society organisations seeking to make a significant behavioural change in the different states in North West Nigeria. People's irresponsible behaviour or any behaviour which deviates from the norm could be due to their acquisition of illogical thought, belief and philosophy. Supporting the earlier assumption of Ellis (1962) in line with this view is Olawale (2001) who reported that perception, attitude, belief about an issue, object or an idea can have an impact on observable behaviour. The reports about thought process influencing behaviour have also been indicated by Achebe (1988) and Johnson (1979). Sexual irresponsibility according to the Philadelphia Black Woman (2002) refers to the inability to control one's sexuality and protect one's reproductive system in a responsible way, and indulging in unprotected sex that could facilitate HIV/AIDS. A responsible sexual

behaviour allows the control or regulation of sex culture by the norms and regulation of the society allows a balance between the sex knowledge and advancement in sexual behaviour and does not make excessive demand on other. Sexual irresponsibility is one of the prevailing social problems in the Nigeria society today. The problem of sexual irresponsibility and the rate at which youth indulge in unprotected sex has now become a matter of concern, not only to guidance counsellors, social workers, and parents but also to those who are involved in prevention. It seems youths have not developed positive attitude and behavioural change to prevent HIV infection.

In spite of current and past efforts by government and non-governmental organisation, it seems youths have not developed a positive attitude towards sex because many youths still practice casual, multiple sex and prostitution.

This work is carried out to enhance our understanding of the current sexual behaviour and the perception of HIV/AIDS among youths and the possible relation between. The following questions were raised:

1. What is the different sexual behaviour of youths in North West Nigeria?
2. How do youths perceive HIV/AIDS?

Null Research hypotheses were also developed to guide the study.

(i) There is no significant relationship between sexual behaviour and the perception of HIV/AIDS among youths in North West Nigeria

(ii) There is no significant difference in the sexual behaviour of male and female youths in North West Nigeria

(iii) There is no significant difference in the sexual behaviour of youths whose age are below 21 and those above 21 years in North West Nigeria

METHODOLOGY

Research Design

The descriptive design was used for the study. The target population for this study consisted of all undergraduate youths in North West Nigerian Universities and Colleges of Education. The sample consisted of 1, 420 undergraduate youths randomly selected from three different universities and one College of Education in four states of North West Zone of Nigeria. The sampling procedure was a combination of stratified and simple random sampling. The sample (1, 420) was obtained from four different departments in each institution. From Usman Danfodio University in Sokoto State, 335 (25.1%) were selected, from Kebbi State University of Science and Technology, Aliero 343 (24.1%) were selected, from Federal University of Technology, Minna, Niger State, 375 (26.4%) of the sample were selected, while the remaining 367 (25.8%) sample were selected from Federal College of Education (Technical), Gusau, Zamfara State. The research instrument was titled Sexual Behaviour and the Perception of HIV/AIDS

Table 1: The Different Sexual Behaviour of Youths in North West Nigeria (N = 1420)

S/N	SEXUAL BEHAVIOUR	YES		NO	
		N	%	N	%
1.	Ever had sexual intercourse	1029	72.5	391	27.5
2.	Sex in exchange for money, gift or favour	535	37.7	885	62.3
3.	Given money to someone in exchange for sex	422	29.7	998	70.3
4.	Sex with non-regular sexual partner	782	55.1	638	44.9
5.	Sexual relation with more than one sexual partner	841	59.2	579	40.8
6.	Regular sexual intercourse with one's sexual partner	767	54.0	653	46.0
7.	Engage in anal sex	479	33.7	941	66.3
8.	Sex with same partner	437	30.8	983	69.5
9.	Engage in oral-genital sex	504	35.5	916	64.4
10.	Do you use condom?	703	49.5	713	50.5

Questionnaire (SEBHIV/AIDSQ). The instrument consisted of three sections, the first section consisted of items that measured the biography characteristics while the second and third contained 10 items each that measured sexual behaviour and the perception of HIV/AIDS respectively. The instrument is a self-constructed instrument.

The methods used in validating the instrument were face and construct validities. For face validation, three experts from health education department determined in a university the appropriateness of the instrument in measuring up what was studied specifically to ascertain if the instrument contained the appropriate items that could actually elicit the intended responses on sexual behaviour and perception of HIV/AIDS.

Expert judgments were used in determining the content validity. The experts checked the extent to which the items were representative of the content and the behaviours specified by the theoretical concept being measured. The scores of the test administration of 30 undergraduate youths were correlated with that of the National HIV/AIDS and Reproductive Survey Nigeria (2003) using Pearson Product Moment Correlation; a correlation coefficient of 0.76 was obtained. This indicated that the SBEPHIV/AIDS clearly measures the same construct with NARHS (2003). A reliability test was also carried out on 30 youths whose ages were 18 to 30 years using Pearson Product Moment Correlation. A reliability coefficient of 0.85 was obtained. The principal investigator and four research assistants did the administration of the questionnaire on the youths from each tertiary institution in each state. Personal contact between the researcher and respondents enhanced better understanding of the items in the instrument. The copies of the questionnaire were collected back after completion. The data generated were analysed using frequency counts and percentages in the descriptive analyses. Chi-square was used in testing the hypotheses generated. The three hypotheses were tested at 0.05 level of significance.

RESULTS AND DISCUSSION

Descriptive Analysis

Question 1: What is the Different Sexual Behaviour

of Youths in North West Nigeria?

In analysing this general question, scores on sexual behaviour were used. The data were collected and the analysis was made on the basis of the responses of the respondents using frequency counts and percentages. Table 1 shows that a greater percentage of the youths are sexually active (72.5%) and were engage in non-regular (55.1%), sex with multiple sexual partners (59.2%), sex with same partner (54%), but low percentage on exchanged of money for sex (37.7%), engaged in anal sex (33.7%), did not use condom (49.5%). A higher percentage among youths did not use condom in sexual relationship with sex partners. These acts exposed the youths to the risk of sexually transmitted infections.

Question 2: How Do Youths Perceive HIV/AIDS?

In answering this general question scores on responses of youths on their perception (or belief) about HIV/AIDS were used. Table 2 shows that the respondents perceived the items raised negatively. This revealed by implication that they did not feel that HIV/AIDS is real.

Hypothesis Testing

This section deals with the testing of three hypotheses generated for the study. All hypotheses were test at 0.05 level of significance. HO1: There is no significant relationship between the youths' perception of HIV/AIDS and their sexual behaviour. Table 3 shows χ^2 calculated = 516.6 and χ^2 table = 3.842 at 0.05 level of significance. HO1 is rejected since χ^2 calculated was greater than χ^2 table. Therefore, there is a significant relationship between the perceptions of HIV/AIDS in youths and their sexual behaviour. Whatever perception youths have about HIV/AIDS would influence how they behave sexually. This implies that there is a significant positive relationship between perception of HIV/AIDS and the sexual behaviour of youths. The way youths perceive issues related to HIV/AIDS is responsible for their behaviour which deviates from the norms and value of the society such as casual, anal, sex in exchange for money and same-sex partnership which is observed in this study. HO2: There is no significant difference in the sexual behaviour of youths (male and female). Table 4

Table 2: Perception of Respondents about HIV/AIDS.

	Positive Perception		Negative Perception	
Only those who worry about HIV/AIDS contact HIV	440	(30.2%)	972	(64.4%)
HIV/AIDS is not as deadly as portrayed	430	(32.6%)	999	(69.4%)
HIV/AIDS or not, I am to enjoy my sexual life	471	(33.7%)	957	(67.4%)
Worrying about the consequences of unprotected sex is not necessary	471	(33.7%)	949	(66.8%)
Sex with HIV prostitute individual cannot lead to HIV/AIDS	479	(34.7%)	941	(66.3%)
Premarital sex cannot cause HIV/AIDS	495	(34.9%)	927	(65.2%)
HIV/AIDS does not exist	529	(37.2%)	971	(68.8%)
Death from HIV/AIDS is like any	449	(32.4%)	960	(71.9%)
Only the unfortunate contacts HIV/AIDS	460	(32.4%)	960	(71.9%)
Changing sexual behaviour does prevent HIV/AIDS	398	(28.0%)	1022	(71.9%)

Table 3: Relationship between Perception of HIV/AIDS and the Sexual Behaviour of Youths.

Variables	No. of Cases	\bar{x}	Df	SD	$\chi^2 - \text{Cal}$	$\chi^2 - \text{Crit}$	Interpretation
Perception	1420	9.9		13.546			
Sexual behaviour	1420	10.1	1	13.472	516.6	3.842	*sig.

*Sig.-Significant

Table 4: Sexual Behaviour of Male and Female Youths.

Variables	No. of Cases	\bar{x}	Df	SD	$\chi^2 - \text{Cal}$	$\chi^2 - \text{Crit}$	Interpretation
Male	696	10.00		13.492			
Female	1420	10.1	1	13.140	43.06	3.842	*Sig.

*Sig.- Significant

Table 5: Sexual Behaviour of Youths Whose Ages Are Below 21 and those Above 21 years.

Variables	No. of Cases	\bar{x}	Df	SD	$\chi^2 - \text{Cal}$	$\chi^2 - \text{Crit}$	Interpretation
Below 21 years	5288	10.02		13.9989			
Above 21 years	892	10.1	1	13.0000	1.71	3.842	*NS

* NS-Not Significant

shows χ^2 calculate = 43.06 and χ^2 tab = 3.842 at 0.05 level of significance.

The null hypothesis is therefore rejected. This suggests difference in the sexual behaviour of male and female youths. This implies gender has a significant influence on the sexual behaviour of youths. HO3: There is no significant difference in the sexual behaviour of youths whose ages are below 21 and those above 21 years. Table 5 shows χ^2 calculated = 1.741 and χ^2 tabulated = 3.842 at 0.05 level of significance. The null hypothesis is therefore accepted. Therefore, there is no significant difference in the sexual behaviour of those youths whose ages are below 21 and those above 21 years. This implies that ages have no significant influence on the sexual behaviour of youths.

DISCUSSION

Question One: The study examined the relationship between the sexual behaviour and the perception of

HIV/AIDS among youths in North West Nigeria. The finding of this study based on the examination on their sexual behaviour showed that a greater percentage of youths are sexually active and are already engaged in high risk sexual behaviour such as casual, and multiple, same-sex as well as sex in exchange for money of favour. The frequency of sexual contact with the opposite sex, casual, regular, anal, multiple and sex with individual whom they are not sure have HIV/AIDS and watching of sexual films to stimulate sexual urge is very high among the youths in North West Nigeria. A possible reason for the observed frequency and the type of sexual behaviour among youths is that the moral values in regards to sex is collapsing. The emphasis is now on money and material acquisition. This might have led to a high rate of sex in exchange for money, gift or favour which is now common in North West Nigeria. Other reasons could be due to poor family background, lack of parental guidance, and lack of sexuality education among youths. This is because most parents acquiesce on their daughters come about things which are beyond

their means also some parents even prevail on their daughters to date men. Another possible reason may be due to the impact of foreign films, books and magazine on Nigerian youths and the society. These days, people are exposed to tempting situations, promoted by the mass media, cinema, nightclubs, parties and dance. Some of the films screened are so captivating that people who watch them want to try what they have seen. Other reasons might also be because virginity is no longer perceived as socially desirable in North West Nigeria. As reported by Renne (1993), virginity is now perceived as socially backward or even associated with infertility. Most people according to Caldwell et al. (1999) took the risk of indiscriminating sex because the fear of death did not dominate them.

Question 2 sought to find out how youths perceived HIV/AIDS. The finding of this study shows that youths' perception of the beliefs about HIV/AIDS is mostly faulty. The way youths label, think, interpret and imagine issues related to HIV/AIDS is mostly negative. Youths have a misconception about HIV/AIDS and the belief of youths is faulty. The finding of this study corroborates that of Orubuloye and Oguntimehin (1999) and Action on AIDS (2001) which indicate that a range of traditional harmful belief system, traditional practices as well as culture bounds in North West Nigeria and that this had presented challenges to civil society organisations seeking to make significant behavioural changes in the different states in North West Nigeria. One possible reason for the observed illogical belief or perception of youths is that personality consists of primarily belief, construct or attitude. The assumption is that people's normal behaviour is due to their acquisition of illogical thoughts, belief and philosophy. Irrational thoughts could also have been due to the fact that a daily newspaper, radio and the other prints and electronic media frequently report the discovery of cure for AIDS or because other misinformation about AIDS has been frequently circulated in Nigeria. Hypothesis one sought to find out if a significant relationship exists between the perception of HIV/AIDS in youths and their sexual behaviour.

The result of the finding reveals that there is a significant relationship between the perception of HIV/AIDS in youths and their sexual behaviour. The result showed that there exists a significant relationship between the perception of HIV/AIDS in youths and their sexual behaviour. The result obtained in this study in line with the findings of Masters and Johnson (1979) that human sexual behaviour is largely as a result of sexual script. The mental representations or schemata help to guide the individual on through a sexual episode. These sexual scripts that a person come to adopt or has is perception. In the view of Olawale (2001), perception, attitude, belief about an issue, object or an idea can have an impact on observable behaviour, the role of perception in controlling behaviour cannot be overemphasized, the way in which people perceive, label, interpret, think and imagine events determine how they behave. When people perceive or interpret wrongly, they may behave in a particular manner, which may be unacceptable or acceptable to society.

Furthermore, the findings in this study agree with the view of Achebe (1988), which reported that the thought process, influence human behaviour. Our belief or thought process determines how an individual privately views situations, and event and therefore how he acts towards the situations or events. The thought processes also explain an individual's attitude towards an institution, a group of people and the value system he has developed.

The result of finding on hypothesis two shows a significant difference in the sexual behaviour of male and female. The study corroborates such study as Owuamanam (1995) who found greater sexual permissiveness in boys than girls in Nigeria. According to him, girls show more variations in their involvement in sexual activities and that this is expected since the 'Yoruba' culture exempt me from premarital and extramarital sex, abstinence and since other sociocultural norms allow men to have a variety of parents, such as of greater sexual permissiveness among male youths should be expected. The result of the finding on hypothesis three shows that there is no significant difference in the sexual behaviour of those whose ages are below 21 and above 21 years. The finding negates that of NARHS (2003) which reported that youths aged 12 to 24 had a higher rate of non-regular sexual behaviour with some sexual partners than older ones in the South Western Zone. The result of this finding is also contrary to the findings of Osakinle (2003) who found a significant difference in the sexual behaviour of students and their ages. The difference in sexual behaviour and the ages of youths in Osakinle's work could be due to the respondents since the recent work deals with both the male and female, the result is likely to differ.

Conclusion

From the findings of this study, it was concluded that in spite of the current efforts by government and non-governmental organisations to curb sexual irresponsibility among youths, it is observed that youths are not taking enough precautionary measures to prevent HIV/AIDS. In the light of this, much still need to be done to curb sexual irresponsibility among youths if the objectives of the National AIDS Prevention and Control Programmes are to be achieved in Nigeria. There is also the need to strengthen educational programmes of HIV/AIDS further so as to correct ignorance and misconception arising from the media and other sources of information.

RECOMMENDATIONS

This study recommends among others that, counsellors and all those who are involved in HIV/AIDS prevention should give adequate orientations and counselling on HIV/AIDS to youths so as to curb sexual irresponsibility. It also recommended that government should entrench

sexual education into the curricula of all educational institutions.

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