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MESSAGE FROM THE DESK OF EDITOR IN CHIEF

The Chief Editor and Editors of the advanced research journal of Management, Engineering, Law, Paramedical Science, Nursing, Basic Science, Education, Physical Education and Yoga, Special Education, Clinical psychology and Liberal Arts i.e. IUT Journal of Advanced Research and Development (JARD) would take it as their duty to express the deep gratefulness to the contributors and readers of current volume.

We feel proud to bring the present issue of the online IUT Journal of Advanced Research and Development. We consider that the contribution in this multidisciplinary will help in the inclusive and sustainable growth process. Keeping in tune with this dignified idea, the current issue of IUT-JARD has addressed some current issues covering diversified field.

This issue needs an integrative and a holistic approach to the solution. Finally, the information contains in this journal volume has been published by the IUT obtains by its authors from various sources believed to be reliable and correct to the best of their knowledge, and publisher is not responsible for any kind of plagiarism and opinion related issues.



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PREVENTIVE STRATEGIES OF HUMAN IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNODEFICIENCY SYNDROME (HIV/AIDS) IN URBAN-SLUM AREAS IN NIGERIA.

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ABSTRACT

The study investigated the preventive strategies of HIV/AIDS in urban slum areas in Nigeria. Over the years, HIV/AIDS has become a public issue especially in urban-slum area of Nigeria. The objectives of this study were to investigate whether; Health education, Health intervention program and mass media involvement has a preventive strategies of human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS) in urban-slum areas in Nigeria.

Descriptive research was used for the study. Population for this study includes all adolescent girls in urban-slum area, Nigeria. Multi-stage sampling techniques consisting of simple, purposive and proportionate sampling techniques were used to select 1285 respondents from 6 selected states in the six geopolitical zone. Data was collected with the use of researcher's structured close ended questionnaire which was validated by six experts in the field of Health education, Nursing science, Guidance and Counselling at Ahmadu Bello University, Zaria and this was tested for reliability with the use of Cronbach alpha statistical tool. A reliability coefficient of $r = 0.93$ was obtained. The 3 formulated null hypotheses were tested using inferential statistics of one sample t-test at 0.05 alpha level of significance.

The findings of this study revealed that:

Health education, health intervention program and mass media involvement as preventive strategies of human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS) in urban-slum areas in Nigeria.

Health education was a preventive strategy of HIV/AIDS in urban-slum area, Nigeria because the calculated t-value t-3.250 is greater than t-cal. 1.960 at df (1285).

Health intervention program was a preventive strategy of HIV/AIDS in urban slum area, Nigeria because the calculated t-value t-3.250 is greater than t-cal. 1.960 at df (1285).

Mass media involvement was a preventive strategy of HIV/AIDS in urban slum area, Nigeria because the calculated t- value t-3.250 is greater than t-cal. 1.960 at df (1285).

The findings from the study concluded that Health education, health intervention program and mass media involvement are preventive strategies of human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS) in urban-slum areas in Nigeria.

The following recommendations were made: Result from the data analysed revealed that most of the teenagers receive sexuality health education information from friends, social media and peer educators. Parents must be encouraged to attend workshops on sexuality health education, make contributions towards developing the school policy on family life education, and provide learners with adequate Information, Education and Communication materials.

The study further recommends that support groups that is non-governmental organization providing health intervention programs should be established in order to allow young girls to discuss issues pertaining to their HIV status without fear of intimidation and stigmatization. Through the assistance of professionals, such as psychologists, religious leaders, and professional counsellors, girls could be better advised on prevention of HIV/AIDS.

The education of girl child should be made free and compulsory at least to Vocational Training institute. Teenage girl's awareness programmes should be tailored to the needs of individual communities and include health promotion information and advice, especially on risk taking behaviour.

Keywords: *HIV/AIDS, Infection, Preventive, urban slum areas, Nigeria*

Introduction

The proportion of Nigerians living in urban slum areas has been growing steadily over the years (Agaba, 2014). Statistics from the United Nations Population Division (2003) showed that by the year 2000, 45% of Nigerians were residing in urban slum areas, increasing from 10% in 1952 (Onibokun and Kumuyi, 1996). Sub-Saharan Africa continues to bear a disproportionate share of the global HIV burden (Aniebue and Aniebue, 2011). In mid-2010, about 68 percent of all people living with HIV resided in sub-Saharan Africa, a region with only 12 percent of the global populations (UNAIDS 2011). NARHS, (2012) report indicated that an estimated 3.5 million people are living with HIV (PLWHIV) in Nigeria in 2012, ranking the country third among countries with the highest burden of HIV infection in the world after India and South Africa.

NARHS (2012) provided information for several demographics as follows; urban prevalence was 3.2 percent, compared with 3.6 percent for rural areas among Nigeria's six geopolitical zones, South-South had the highest prevalence at 6.3 percent, while South-East had the lowest at 1.3 percent. NARHS (2012) report also indicated the age groups with highest and lowest prevalence were 35-39 (3.6 percent) and 15-19, 40-44 and 45-49 (2.7 percent), respectively. Onoh, Mbah, Chukwuka and Ikeme, (2004) submitted that the leading route of HIV transmission in Nigeria is heterosexual intercourse, accounting for over 80 percent of new infections, followed by mother-to-child transmission.

In a study conducted by Risley, Drake & Pundy (2012) revealed an estimated 340,940 Nigerian teachers living with HIV, which negatively impacts the quality of health education since PLWHIV experience increased illness and absenteeism from work. In a similar study conducted by Abiodun, Sotunsa, & Ani, (2014) details the serious economic challenges that HIV-affected households in Nigeria are likely to face compared to their HIV negative counterparts, these includes substantial income losses, increased burden of caregiving, as well as higher out-of-pocket health care spending.

Holmes, Levine, & Weaver (2004) opined that communication has been the fulcrum upon which the society revolves and it has been used in all facets of human endeavour ranging from agriculture, health, human capital development among others. Chief among these functions is health education which deals with dissemination of health-related messages from sender to receiver (Peltzer, 2000). Onoh, Mbah, Chukwuka and Ikeme (2004) opined that the mass media are the tools of communication, hence, information about health are passed across using various media of communications. Such information or health education messages can be about HIV/AIDS and other related ailments (Atkin, 2001).

Olaseha, Ajuwon, Onyejekwe (2004) noted that this is sometimes a two-step process with media influence at the national and community level as well as motivating personal influencers or opinion leaders. Olaseha, Ajuwon and Onyejekwe (2004) suggested that mass media campaigns have dominated health education and behaviour change interventions, using a variety of strategies to reach the audience. Odutolu (2005) submitted that close contacts with the focal individuals, also referred to as community stakeholders, contribute to effective media campaigns. Onoh, Mbah, Chukwuka & Ikeme (2004) noted that prevention is the main goal of various HIV/AIDS communication interventions.

Myhre and Flora (2000) noted that since the early 1990s, international AIDS programmes worldwide use mass media campaigns to disseminate the information about HIV. Obviously, the mass media have largely and effectively created room for interventions to increase the knowledge of HIV transmission, to improve self-efficacy in condom use, to influence some social norms, to increase the amount of interpersonal communication and to boost awareness of health providers, among others. Odutolu, (2005) noted that this has been consciously done to help put the spread of the disease under control just as scientists are simultaneously and unrelentingly working round the clock with the aim of producing medications that will cure the disease if contracted.

(Joint United Nations Program on AIDS [UNAIDS], 2000) submitted that of the over 6 billion people globally, 5.4 million are living with HIV. NACA (2005) noted that Nigeria record over one thousand new HIV/AIDS cases of infection daily with the prevalent rate of over 60% occurring among youths between the ages of 24-36 years. United Nations (2018) noted that The United Nations Programme on HIV/AIDS (UNAIDS) in 2012 revealed that about 700,000 Nigerian youths, aged 15 – 32, are living with HIV/AIDS. According to the Executive Director of UNAIDS, Mr. Michel Sidibe, the country risked the danger of new HIV infections if the youths are not properly educated about the effects of the virus (United Nations, 2018).

In a recent study titled Knowledge, Perception and Attitude of University Students towards Prevention of HIV/AIDS, it was reported that youths constitute the highest number of casualties of the HIV virus (UNFPA, 2015). The figures presented in the study established that over 51.7 % of students of Tertiary Institutions in Nigeria have multiple sex partners, a situation that increases the chance of contracting AIDS and other sex-related diseases (Illiyasu, Abubakar, Sani, Jibo Karaye, Salihu, Aliyu, 2012). Nigeria, the most populous country in Africa, with a population of about 180 million people, is not ruled out of countries facing and suffering under the claws of HIV and AIDS (UNFPA, 2015).

Peltzer(2000) sees health education is one tool for promoting or improving health and that changes in health education can affect individuals 'awareness, knowledge, attitudes, self-efficacy, skills, and commitment to behaviour change. The informal groups to which people belong and the community settings they frequent can have a significant impact on their health (Bertrand, O'Reilly, Denison, Anhang and Sweat, 2006). Holmes, Levine,&Weaver (2004)noted that examples include relationships between customers and employees at a salon or restaurant, exercisers who go to the same gym, students and parents in a school setting, employees at a worksite, and patients and health professionals at a clinic. By influencing communities, health educationprogrammes can promote increased awareness of an issue, changes in attitudes and beliefs, and group or institutional support for desirable behaviour (Olaseha,Ajuwon&Onyejekwe, 2004).

Aisien, Shobowale, (2005) noted that in addition, communication can advocate policy or structural changes in the community that encourage healthy behaviour. Health education has been at the centre of any disease control. This is because the public health practitioners across the globe now intensify campaign on the need to dwell more on Preventive than cure of ailments (Adam and Harford, 1999). Olaseha, Ajuwon & Onyejekwe, (2004)submitted that HIV/AIDS campaign has taken a new dimension in the past one decade, bringing the message of preventive health care system closer to the people, instead of cure. However, health education experts have proven the need for an understandable message presented in a form that could be acceptable to all race and traditions, in the prevalence areas (Adebajo,Mafeni,Moreland,&Murray,2002).

Olaseha,Ajuwonand Onyejekwe, (2004) noted that various media of communications have been put in place to cater for the messages such as local language programmes on the mass media and billboards, drama extravaganza at the theatres and other official functions organized by corporate bodies, government and non-governmental organizations. Evaluating the effectiveness of these strategies of media communication is also determine by their acceptance by the receivers, receiving the messages by the audience help to boost attitudinal change, acceptance of societal moral standards vis-a-vis cultural and religious barriers(Peltzer, 2000).

According to Abebe (2004), health education messages are much more than merely disseminating information to people to keep them informed using the radio, television, newspapers and pamphlets and also entails the active solicitation of their perspectives to help consider options to shape the formation of policy, ensuring that the mechanisms are in place for a two-way flow of information and to build consensus among stakeholders about the development agenda. This, according to Crewe (2000), becomes

strategic communication which can only be effective and have the momentum to move into another level or network of audience if those first contacted embrace the information and pass it on to others.

Adebajo, Mafeni, Moreland & Murray (2002) opined that in Nigeria, the HIV/AIDS Health intervention programs have been spread across various urban slum areas, in order to sensitize the youth on the dangers of the pandemic. Such popular tools available in the country include various talk shows organized by various organizations, drama, film shows and other performing arts (Olaseha, Ajuwon & Onyejekwe, 2004). Abiodun, Sotunsa, & Ani, (2014) While the mass media uses the radio to campaign to the youth on the dangers of HIV/AIDS, the talk shows and film shows are organized by various health organizations and other corporate bodies such as non-governmental organizations and international agencies. This study therefore investigates preventive strategies of human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS) in urban-slum areas in Nigeria.

Statement of the Research Problem

When HIV was initially identified, Preventive efforts targeted certain risk groups (Coates et al., 1988; Des Jarlais and Friedman, 1987). As the epidemic progressed in the mid-1990s, increasing numbers of infected black were observed (Centers for Disease Control and Preventive, 2008). Interventions focused on educating the general population on the modes of HIV/AIDS transmission and attention was placed on barriers to accepting and using condoms and sexual decision-making that heighten HIV infection and transmission risks (Prochaska, 1990; Calsyn et al., 1992). Importantly, it became more apparent that in the absence of a biomedical cure for HIV, behaviour change was and still is, the most effective strategy in decreasing HIV infection, re-infection, and transmission (Darbes et al., 2008; Pequegnat and Stover, 2000). This is especially significant given that sexual behaviours continue to be the most common mode of HIV transmission, and understanding the processes involved in sexual decision-making is necessary to ensure long-term behavioral change (Onoh, Mbah, Chukwuka & Ikeme, 2004).

Obi (2013), opined that HIV/AIDS has emerged as one of the greatest public health challenges that has proved difficult to stop in spite of the public health community having dramatic success in other areas of disease Preventive. Joint United Nations Program on AIDS [UNAIDS] (2000) Nigeria records over one thousand new HIV/AIDS cases of infection daily with the prevalent rate of over 60% occurring among youths between the ages of 24-36 years (NACA, 2005). Aisien & Shobowale, (2005) observed that the public awareness and sensitization campaigns on HIV/AIDS in Nigeria today although on the increase have not led to a sharp decline as the prevalence of the pandemic is still present especially among youths.

Aniebue, &Aniebue, (2011) opined that this is because Nigeria is one of the countries in Africa where the disease is said to be not only a pandemic but that which posed a grave consequence on the country 's economic, social, political as well as moral bearings. There is therefore, a concerted effort to stem the tide of the spread of the dreaded disease in order to avert the public awareness and sensitization campaigns are one of the many efforts geared towards minimizing risky behaviour by encouraging moral uprightness especially in sexual matters between both sexes(Akpabio, Uyanah, Osuchukwu, & Samson-Akpan, 2010). The youthful population, the vibrant segment of the society, has been the most vulnerable to the HIV/AIDS virus and a significant percentage of this population are students in tertiary institutions (Ross, 2008).

Odutolu(2005) noted that effect of HIV/AIDS on the young generation not only portends a diminishing of the future workforce, but also, endangers regeneration and societal continuity. Aniebue, &Aniebue, (2011) noted that to combat the spread of the disease, there are various communication strategies employed by the government and non-governmental to carry out the campaign. Such communication strategies include mass media that involve radio, television, billboards, print media etc other strategies include pamphlets, talk shows and drama presentations, among others. Despite these communication strategies, the HIV/AIDS scourge was recorded to be higher between 2000 and 2009 (Kasl&Cobb, 2011).

Federal Ministry of Health [Nigeria] (2008) The Preventive and control of HIV infection depends on the Preventive of new infections and treating currently infected individuals. Many international organizations including UNAIDS, WHO and CDC emphasize the importance of Preventive of HIV reinfection (UNAIDS/WHO (2000). It is against this background, that the researchers evaluated the Preventive strategies of HIV/AIDS in Urban Slum Areas in Nigeria.

Purpose of the study

The aim of this study is to investigate the Preventive strategies of HIV/AIDS in Urban Slum Areas in Nigeria. Specifically, this study is designed to:

1. Investigate whether health education will be a preventive strategy of HIV/AIDS in Urban Slum Areas in Nigeria.
2. Evaluate if Mass media involvement is preventive strategy of HIV/AIDS in Urban Slum Areas in Nigeria.
3. Examine if Health intervention program is a preventive strategy of HIV/AIDS in Urban Slum Areas in Nigeria.

Research Questions

The following questions were raised in this study:

1. Will health education be a preventive strategy of HIV/AIDS in Urban Slum Areas in Nigeria?
2. Will Mass media involvement be a preventive strategy of HIV/AIDS in Urban Slum Areas in Nigeria?
3. Will Health intervention program be a preventive strategy of HIV/AIDS in Urban Slum Areas in Nigeria?

Research Hypotheses

The following hypotheses were formulated to guide the study:

1. Health education will not be a preventive strategy of HIV/AIDS in Urban Slum Areas in Nigeria.
2. Mass media involvement will not be a preventive strategy of HIV/AIDS in Urban Slum Areas in Nigeria.
3. Health intervention program will not be a preventive strategy of HIV/AIDS in Urban Slum Areas in Nigeria.

Methodology

The research design adopted for the study was a descriptive research design of the survey type. The population comprises of all students of tertiary institution in Nigeria totaling about (4,406,000) (National Bureau of Statistics). 1285 respondents were sampled for the study. The instrument used for the study was a researcher developed questionnaire titled preventive strategies of HIV/AIDS in urban slum areas in Nigeria which was validated by three experts in related field and tested for reliability.

Test re-test method was used to obtain the reliability of the instrument. Pearson Product Moment Correlation was used to obtain a correlation coefficient result of $r = 0.93$. The instrument was administered through an online survey. Inferential Statistics of One Sample t-test was used to test the three research hypotheses set for the study at 0.05 alpha level, using Statistical Package for Social Science (SPSS) version 25.0

Result and Discussion of Findings

Hypothesis 1: Health education is not a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria.

Table 1: One Sample t-test analysis showing Health education is not a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria.

Variable	N	Mean	Std. Dev.	SE	Df	t-value	p-value
Health education	1286	3.7191	.23458	.00654	1285	32.714	.000

Significant at $p < 0.05$

Decision mean = 2.50

df (1285), $t=32.714$, $p < 0.05$

Table 4 is on one sample t-test on Health education as a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria. The findings reveal that the p-value (0.000) is less than 0.05 alpha level of significant and the calculated t-value **t-32.714 is greater than t-cal. 1.960 at df (1285)**. The outcome of the study shows that Health education is a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria. This means that the null hypothesis which states Health education is not a significant Preventive strategy of HIV/AIDS in urban slum areas in Nigeria is hereby rejected.

Hypothesis 2: Health intervention program is not a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria.

Table 2: One Sample t-test analysis showing Health intervention program is not a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria.

Variable	N	Mean	Std. Dev.	SE	Df	t-value	p-value
Health intervention program	1286	2.7086	.65733	.01833	1285	43.453	.000

Significant at $p < 0.05$

Decision mean = 2.50

df (1286), $t=43.453$, $p < 0.05$

Table 2 is on one sample t-test on Health intervention program as a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria. The findings reveal that the p-value (0.000) is less than 0.05 alpha level of significant and the calculated t-value **t-43.453 is greater than t-cal. 1.960 at df (1285)**. The outcome of the study shows that Health intervention program is a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria. This means that the null hypothesis which states Health intervention program is not a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria is hereby rejected.

Hypothesis 3: Mass media involvement is not a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria.

Table 3: One Sample t-test analysis showing Mass media involvement is not a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria.

Variable	N	Mean	Std. Dev.	SE	Df	t-value	p-value
Mass media involvement	1286	2.7086	.65733	.07833	1285	43.453	.000

Significant at $p < 0.05$

Decision mean =2.50

df (1286), $t=43.453$, $p < 0.05$

Table 4 is on one sample t-test on Mass media involvement as a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria. The findings reveal that the p-value (0.000) is less than 0.05 alpha level of significant and the calculated t-value **t-43.453 is greater than t-cal. 1.960 at df (1285)**. The outcome of the study shows that Mass media involvement is a significant Preventive strategy of HIV/AIDS in urban slum areas in Nigeria. This means that the null hypothesis which states mass media involvement is not a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria is hereby rejected.

Discussion of findings

The tested hypothesis one revealed that Health education is a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria. This result is in accordance with the findings of Bertrand, O'Reilly, Denison, Anhang and Sweat, (2006) that health education is one tool for promoting or improving health

that changes in health education can affect individuals 'awareness, knowledge, attitudes, self-efficacy, skills, and commitment to behaviour change. The informal groups to which people belong and the community settings they frequent can have a significant impact on their health education has been at the centre of any disease control.

The tested hypothesis two revealed that Health intervention program is a significant Preventive strategy of HIV/AIDS in urban slum areas in Nigeria. This result is in accordance with the findings of Adebajo, Mafeni, Moreland and Murray (2002) that in Nigeria, the HIV/AIDS Health intervention programs has been spread across various urban slum areas, in order to sensitize the youth on the dangers of the pandemic. Such popular tools available in the country include various talk shows organized by various organizations, drama, film shows and other performing arts. While the mass media uses the radio to campaign to the youth on the dangers of HIV/AIDS, the talk shows and film shows are organized by various health organizations and other corporate bodies such as non-governmental organizations and international agencies.

The tested hypothesis three revealed that Mass media involvement is a significant Preventive strategy of HIV/AIDS in urban slum areas in Nigeria. This result is in accordance with the findings of Myhre and Flora, (2000) Since the early 1990s, international AIDS programmes worldwide use mass media campaigns to disseminate the information about HIV, Obviously, the mass media have largely and effectively created room for interventions to increase the knowledge of HIV transmission, to improve self-efficacy in condom use, to influence some social norms, to increase the amount of interpersonal communication and to boost awareness of health providers, among others. This has been consciously done to help put the spread of the disease under control just as scientists are simultaneously and unrelentingly working round the clock with the aim of producing medications that will cure the disease if contracted.

Conclusion

Based on the findings of this study, it was concluded that;

1. Health education is a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria.
2. Health intervention program is a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria.
3. Mass media involvement is a significant preventive strategy of HIV/AIDS in urban slum areas in Nigeria.

Recommendations

Based on the conclusions drawn from this study, the following recommendations were made;

According to the results from the data analysis, most of the teenagers receive sexual health education information from their friends, media and educators. This means that parents do not perform their duties well. Knowing fully well that parents are the primary educators, and as such effective sexuality health education programme needs the support of parents and of the community as parents form an integral part of sexuality health education in schools.

Parents must be encouraged to attend workshops on sexuality health education, make contributions towards developing the school policy on sexual health education, and provide learners with adequate resource material.

The study further recommends that support groups that is non-governmental organization providing health intervention programs should be established in order to allow learners to discuss issues pertaining to their pregnant status. Through the assistance of professionals, such as psychologists, pastors/imams, and professional counsellors, girls could be better advised on pre-natal and post-natal birth as well as complications that could arise during the pregnancy.

The health education of the girl child should be made free and compulsory at the basic health educational level. Free basic health education for the girls will increase school enrolment of teenagers who hitherto were out of school as a result of exorbitant fees. Teenage programmes should be tailored to the needs of individual communities and include health promotion information and advice, especially on risk taking behavior.

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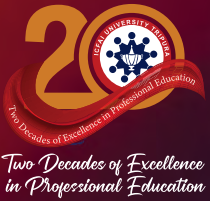
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ABOUT THE UNIVERSITY

The ICAI University, Tripura was established in 2004 through an Act of State Legislature. The University has been approved by the University Grants Commission, under Section 2(f) of the UGC Act, 1956. ICAI University Tripura is a multidisciplinary University offering 50+ different programs.

ACCREDITATIONS

- University Grants Commission (UGC)
- National Assessment and Accreditation Council (NAAC)
- Bar Council of India (BCI)
- National Council for Teacher Education (NCTE)
- Rehabilitation Council of India (RCI)
- Tripura Nursing Council (TNC)
- Indian Nursing Council (INC)
- MSME(HI/BI), Govt of India has recognised as Host Institute to Support for Entrepreneurial and Managerial Development of MSMEs through Business Incubators

MEMBERSHIP

- Member of the Association of Indian Universities, New Delhi, India
- Member of the Association of Commonwealth Universities, London, UK.
- Member of Institute of Engineers (India)
- Members of Association of Management Development Institutions in South Asia (AMDISA)
- Registered Member with Department of Scientific and Industrial Research, Ministry of Science and Technology, Government of India
- Member of Confederation of Indian Industry (CII).
- Member of Vijnana Bharati.
- Member of Academy of Hospital Administration, Govt of India.
- National Cyber Safety and Security Standards (NCSSS)
- National HRD Network (NHRDN), Gurgaon
- Inter- University National Cultural Board (IUNCB)
- Amazon Internet services Pvt. Ltd for AWS (Cloud Computing) Program
- Oracle Academy
- Indo-Australian Chamber of Commerce

RANKING/ CERTIFICATES

- ICAI University Tripura has been ranked 1st among Private Multidisciplinary University in Tripura by Education World India Higher Education Ranking 2023-24.
- ICAI University Tripura has been ranked 35 in the year 2024 as the Best University all over India by India Today – MRDA
- Faculty of Science & Technology of ICAI University Tripura has been ranked 148 as the Best Engineering College all over India Rank among private/government colleges by India Today – MRDA
- ICAI Law School of ICAI University Tripura has been ranked 35 as the Top Law School all over India by India Today – MRDA
- ICAI Science School, Bachelor of Science(H) of ICAI University Tripura has been ranked 175 as Best college all over India by India Today – MRDA
- Faculty of Liberal Arts, Bachelor of Arts of ICAI University Tripura has been ranked 136 as Best college all over India by India Today – MRDA
- Faculty of Management & Commerce, Bachelor of Business Administration of ICAI University Tripura has been ranked 70 as Best College all over India by India Today – MRDA
- Faculty of Science and Technology of ICAI University Tripura has been ranked 113 among the top 160 Pvt. Engineering Institute in India by Outlook India.
- Faculty of Management & Commerce, Bachelor of Business Administration of ICAI University Tripura has been ranked 59 among the Top 130 BBA institute in India by Outlook India in the year 2023.
- The ICAI University Tripura has been ranked 18 by CSR-GHRDC as the Top Outstanding Engineering colleges of Excellence all over India category in the year 2023
- ICAI University Tripura got AAA ratings as India's best Engineering Institute 2023 by Careers 360 Magazine.
- Established 'Institute Innovation Council (IIC) as per norms of Innovation Cell, Ministry of MHRD, Govt. of India
- Certified by ISO 9001: 2015
- ICAI University Tripura certified by Directorate of Social Welfare & Social Education
- ICAI University Tripura has been registered as a club under the Yuva Tourism Club an Initiative by the Ministry of Tourism in the year 2023
- Registered with NGO Darpan, Niti Ayog, Govt. of India
- Best Universities & Colleges 2018-19 awarded to ICAI University Tripura in the special category by Rubber Skill Development Council (RSDC).

SCIENCE AND TECHNOLOGY

- B.Tech (CE, ME, ECE, EE, CSE)
- B.Tech (Lateral Entry)
- B.Sc. in Data Science & AI
- BCA
- Integrated MCA
- MCA
- M.Tech - CSE
- M.Tech - Structural Engineering
- M.Tech - Water Resource

BASIC SCIENCE

- B.Sc. Physics (Hons)
- B.Sc. Chemistry (Hons)
- B.Sc. Mathematics (Hons)
- M.Sc. Physics
- M.Sc. Chemistry
- M.Sc. Mathematics

EDUCATION

- B.Ed
- MA Education
- M.Ed

LIBERAL ARTS

- B.A. English (Hons.)
- B.A/B.Sc. Psychology (Hons.)
- M.A English
- M.A/M.Sc-Psychology
- B.A./B.Sc. Journalism and Mass Communication
- M.A./M.Sc. Journalism and Mass communication

ALLIED HEALTH SCIENCES

- B.Sc. in Emergency Medical Technology
- B.Sc. in Cardiac Care Technology
- B.Sc. in Dialysis Therapy Technology
- Bachelor in Health Information Management
- B.Sc. in Medical Laboratory Technology (BMLT)
- B.Sc. in Medical Laboratory Technology (BMLT) (*Lateral Entry*)
- Master in Medical Laboratory Technology (MMLT)

CLINICAL PSYCHOLOGY

- M.Phil in Clinical Psychology

Ph.D

Engineering (CE, CSE, ME, ECE, EE), Science (Physics, Chemistry, Mathematics), Allied Health Sciences (Molecular Biology, Clinical Bacteriology, Clinical Biochemistry), Management (OB, HR, Marketing, Finance), Economics, Commerce, Law, English, Psychology, Education, Spl. Education, Sociology, Physical Education, Political Science, Philosophy.



MANAGEMENT & COMMERCE

- BBA
- B.Com (Hons.)
- B.A./B.Sc. Economics
- MBA
- Executive MBA
- M.Com
- MA./MSc. In Economics
- Master in Hospital Administration (MHA)

LAW

- BA-LLB (Hons.)
- BBA-LLB (Hons.)
- LL.B
- LL.M (2 Years)

SPECIAL EDUCATION

- B.Ed. Spl. Ed. (ID)
- D.Ed.Spl. Ed. (IDD)
- M.Ed. Spl. Ed. (ID)
- Integrated B.A. B.Ed. Spl. Ed. (ID)
- Integrated B.Com. B.Ed. Spl. Ed. (ID)
- Integrated B.Sc. B.Ed. Spl. Ed. (ID)
- Integrated B.A. B.Ed. Spl. Ed. (Visually Impaired)

NURSING

- GNM

LIBRARY AND INFORMATION SCIENCES

- B.Lib.I.Sc.
- M.Lib.I.Sc.- Integrated
- M.Lib.I.Sc.

PHYSICAL EDUCATION

- B.P.Ed
- D.P.Ed
- B.P.E.S
- B.P.E.S (Lateral Entry)
- M.P.E.S

YOGA & NATUROPATHY

- Post Graduate Diploma in Yoga Education and Therapy
- B.Sc. in Yoga
- B.A. in Yoga



Program	Duration	Eligibility	Career Prospects Employment Opportunities
B. Tech (CE, CSE, ECE, ME, EE)	4 Years	Pass in 10 + 2 (Phy/Chem/Math) with minimum 45%, (40 % in case of SC/ST/ OBC) aggregate marks	IT,ITEs, Manufacturing,Companies, Corporates, Telecom, Banks, Govt. Services
B. Tech - Lateral Entry (CE, CSE, ECE, ME, EE)	3 Years	Pass in 3 - year diploma course with minimum 45 % (40 % in case of SC/ ST/ OBC) aggregate marks	IT,ITEs, Manufacturing,Companies, Corporates, Telecom, Banks, Govt. Services
B.Sc. in Data Science & AI	4 Years	Pass in 10+2 examination with 45% marks from science discipline	Corporates, AI Researcher, Data Scientist, Machine Learning Engineer, Data Analyst, Business Intelligence Developer, AI/ML Product Manager
BCA	3 Years	Pass in 10 + 2 (any Discipline) examination	IT,ITEs, Corporates, Banks,Govt. Services, NGO's.
Integrated MCA	5 Years	Pass in 10 + 2 (any Discipline) examination	IT,ITEs, Corporates, Banks,Govt. Services, NGO's.
MCA	2 Years	Graduation in any discipline, with 40% and above aggregate marks.	IT,ITEs, Corporates, Banks, Govt. Services, NGO's,Research
M.Tech - Water Resource Engineering	2 Years	Valid GATE Scorer with B.Tech /B.E in Civil Engineering or B.Tech /B.E in Civil Engineering with 60% marks	Research, consultant to Pvt. Organization in the field of flood forecasting, flood inundation, flood disaster management, Entrepreneur.
M.Tech - Structural Engineering	2 Years	Valid GATE Score with B.Tech/B.E., in Civil Engineering or B.Tech/B.E. in Civil Engineering with 60% marks.	Structural Engineer,Project Manager, Researcher, Quality Control, Teaching, Entrepreneurship, and more.
M.Tech - Computer science & Engineering	2 Years	Pass with 60% aggregate marks in B.Tech. (CSE or IT or ECE or EEE) or MCA or M.Sc. (IT or Computer Science) or equivalent	Offers opportunities in cutting-edge technology-based research like AI ML, Cybersecurity, and software development roles in the ever-evolving field of computer science.

Basic Science

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.Sc. Physics (Hons.)	4 Years	Pass in 10 + 2 with 40 % marks in Physics & pass in Maths	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
B.Sc. Chemistry (Hons.)	4 Years	Pass in 10 + 2 with 40 % marks in Chemistry	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
B.Sc. Mathematics (Hons.)	4 Years	Pass in 10 + 2 with 40 % marks in Mathematics	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
M.Sc. Physics	2 Years	Graduate with 45 %(40 % in case of SC/ST/ OBC) marks in Physics	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
M.Sc. Chemistry	2 Years	Graduate with 40% marks in Chemistry	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
M.Sc. Mathematics	2 Years	Graduate with 40 % marks in Mathematics	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate

Liberal Arts

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.A. English (Hons.)	4 Years	Pass in 10 + 2 (any Discipline) with 40 % marks in English	Jobs in Govt., Teaching in Schools/Educational Administrators/ Corporate, Banks, Telecom, Media, Journalism
M.A English	2 Years	Graduate in any Discipline with minimum 45 % in English (40% in case of SC/ST/ OBC) aggregate marks	Jobs in Govt., Teaching in Schools/Educational Administrators/ Corporate, Banks, Telecom, Media, Journalism/ Research
B.A. Psychology (Hons)	4 Years	Pass in 10 + 2 (any Discipline) with 50 % (45% in case of SC/ST/ OBC) marks	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
M.A Psychology	2 Years	Graduate with 45 % in Psychology(40 % in case of SC/ST/ OBC) marks.	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
B.Sc. Psychology (Hons)	4 Years	Pass in 10 + 2 (any Discipline, with Economics or Maths as a combination subject) with 50 % (45%in case of SC/ ST/ OBC) marks	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
M.Sc. Psychology	2 Years	B.Sc Psychology degree from a recognized university with 45 %(40% in case of SC/ST/ OBC) marks in Psychology.	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
B.A. Journalism and Mass Communication	4 Years	Minimum10+2 (in any discipline) with 40% or above marks in aggregate	Reporter, Journalist, News Editor, or Photojournalist in print, electronic or digital media, Public Relations Officer,Content Writer/ Developer for websites, blogs and social media, Filmmaking and Radio jockey, Advertising campaigns, Social Media Manager
B.Sc. Journalism and Mass Communication	4 Years	Minimum10+2 (in Science Stream) with 40% or above marks in aggregate	
M.A. Journalism and Mass Communication	2 Years	Minimum Graduation (in any discipline) with 45% or above marks in aggregate	Director of Communications for advertising campaigns, Content writer/ Developer for websites, blogs and social media,Journalist/ Photojournalist, Filmmaking and Radio Jockey (RJ),Screenwriter, Sound Engineer, TV Correspondent, Producer, Art Director, Technical Communication Specialist, Web Producer
M.Sc. Journalism and Mass Communication	2 Years	Minimum B.Sc. or B. Tech Degree with 45% or above marks in aggregate.	

Law

Program	Duration	Eligibility	Career Prospects Employment Opportunities
BBA-LLB Integrated	5 Years	Pass in 10 + 2 with minimum 45 % (40 % in case of SC/ST, 42% in case of OBC) aggregate marks	Corporates, Banking, Judiciary, Legal Practice, NGO's IPR
BA-LLB Integrated	5 Years	Pass in 10 + 2 with minimum 45 % (40 % in case of SC/ST, 42% in case of OBC) aggregate marks	Corporates, Banking, Judiciary, Legal Practice, NGO's IPR
LL.B	3 Years	Graduate in any Discipline with minimum 45 % (40 % in case of SC/ST, 42% in case of OBC) aggregate marks	Corporates, Banking, Judiciary, Legal Practice, NGO's IPR
LL.M	2 Years	Graduate with LLB degree (Recognised by BCI)	Corporates, Banking, Judiciary, Legal Practice, NGO's IPR,Research

Management & Commerce Studies

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.Com (Hons.)	4 Years	Pass in 10 + 2 examination in commerce or Science with 45% (40% in case of ST/ SC/OBC) marks	Banks, Financial Services, Corporates
BBA	3 Years	Pass in 10 + 2 (any Discipline) examination with minimum 40% marks	Banks, Financial Services, IT, Insurance, Telecom, Corporates, Consulting Companies.
B.A. Economics	4 Years	Pass in 10 + 2 (any Discipline) examination with minimum 40% marks	Financial Analyst/ Investment Banker/ Risk Manager/ Actuary/ Public Sector Policy Analyst/ Economic Advisor/ Public Sector Economist/ Central Bank Analyst/ Management Consultant/ Trade Specialist/ Data Analyst/ Statistician/ Market Research Analyst/ Startups and Business Ventures
B.Sc. Economics	4 Years	Pass in 10 + 2 with minimum 45 % marks in Mathematics	Financial Analyst/ Economist /Management Consultant /Data Scientist/ Public Policy Analyst/ Financial Manager/ Marketing Manager/ Research Analyst/ Economic Advisor/ Statistician/ Market Research Analyst/ Startups.
MBA	2 Years	Graduate in any discipline with minimum 50 % (45 % in case of SC/ST/OBC) aggregate marks	Banks, Financial Services, IT, Insurance, Telecom, Corporates, Consulting Companies, Research
Executive MBA	2 Years	Graduation in any discipline with 45% and above aggregate marks, with a minimum of two years of work experience.	Banks, Financial Services, IT, Insurance, Telecom, Corporates, Consulting Companies, Research
M.Com	2 Years	B.Com with 45%(40% in case of ST/SC/OBC) Marks	Banks, Financial Services, Corporates
Master of Hospital Administration (MHA)	2 Years	Graduate with 40% aggregate marks (Preference will be given to MBBS, BDS, BHMS, B.Sc Nursing, BPT, BAMS, B.Sc Allied Health Science, Bioscience, General Science, Veterinary Sciences & B.Sc Pharma)	Hospitals(Government /Private), NUHM, NRHM, NRLM, Healthcare consultancy firm, Hospitality industry, Medico-legal consultancy firm, Insurance sector (Government/ Private)
M.A Economics	2 Years	Candidates must hold BA/B.Sc. Honours degree in Economics with a minimum of 45% aggregate marks (or equivalent).	Public Policy Analyst/ Economic Advisor/ Central Bank Analyst/ Trade Specialist/ Public Sector Economist/ Management Consultant/Professor/ entrepreneurial ventures in policy-related domains.
M.Sc. Economics	2 Years	Candidates must hold a B.Sc. Honours degree in Economics with a minimum of 45% aggregate marks (or equivalent).	Data Scientist/ Financial Analyst/ Risk Manager/ Statistician/ Econometrician/ Research Consultant/ Actuary roles in think tanks of international organizations, and academic institutions.

Allied Health Sciences

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.sc. in Emergency Medical Technology	4 Years	Pass in 10 + 2 (Science Discipline) with 45% marks in PCB (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government /Private hospital having ICU/ITU/Critical care unit, Demand in disaster management team for both state/central government, army/navy/airforce. Eligible for Post graduation courses.
B.sc. in Cardiac Care Technology	4 Years	Pass in 10 + 2 (Science Discipline) with 45 %marks in PCB (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government /Private Hospitals in cardiology department, different cath- labs or diagnostic centers. Eligible for postgraduate courses.
B.sc. in Dialysis Therapy Technology	4 Years	Pass in 10 + 2 (Science Discipline) with 45 % marks in PCB (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government /Private hospitals, NRHM, NUHM, NGO, clinics/ healthcare setup offering dialysis treatment. Eligible for Post Graduation courses in dialysis.
Bachelor in Health Information Management	4 Years	Pass in 10 + 2 (any Discipline) with 45 % marks (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government / Private hospitals, diagnostic centers, NRHM/ NUHM, legal firms,Healthcare consultancy .Eligible for Post Graduate courses.
B.Sc. Medical Lab Technology (BMLT)	4 Years	Pass in 10 + 2 (Science Discipline) with 45% marks in PCB (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government /Private hospital having ICU/ITU/Critical care unit, Demand in disaster management team for both state/central government, army/navy/airforce. Eligible for Post graduation courses.
B.Sc. Medical Lab Technology (BMLT) (LE)	3 Years	Pass in 3 years diploma with 45% marks in aggregate (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government /Private hospital having ICU/ITU/Critical care unit, Demand in disaster management team for both state/central government, army/navy/airforce. Eligible for Post graduation courses.
Master in Medical Lab Technology (MMLT)	2 Years	Candidate must have passed degree, e.g. B.Sc. MLT/ B.Sc. Physiology/ Microbiology/ Biotechnology/ Biochemistry or equivalent B.Sc. Biosciences from a recognized University	Opportunity in Government / Private sector, Lab Technician, Medical Lab Incharge, Research and Development Manager (Laboratory), Technical Officer etc. Can pursue research or can flourish in academics as well

Education

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.Ed	2 years	Graduate or post graduate in any discipline with minimum 50 % (45 % in case SC/ST/ OBC) aggregate marks	Teaching in Secondary level
MA - Education	2 years	Graduate in any discipline	Teaching in Schools/Educational Administrators/ Research
M.Ed	2 years	B.Ed. (1/2 years)/ B.EL,ED/B.Sc.B.Ed./B.A B.Ed./ D.EL.Ed. /D.Ed. with a Bachelors degree. 50% marks at all the levels	Teaching in Teacher Education

Physical Education

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.P.Ed	2 years	Pass in graduation in any discipline and as per university selection procedure.	Jobs in School/ College/ Physical Trainer
D.P.Ed	2 years	Pass in 10+2 or equivalent with 50% of marks in any stream	
BPES	3 years	Pass in 10 + 2 examination or equivalent from any recognised education Board/ University	
BPES(LE)	1 year	Pass in two years diploma in Physical Education	
MPES	2 years	Candidates must have passed with at least 50% marks for Gen/OBC and 45% for SC/ST category. B.P.E.D (4yr. integrated) /B.P.E.D (1yr. or 2yr.)/B.P.E (3yrs.)/B.sc (Physical Education)/ B.P.E.S (3yrs.)	Jobs in School/ College/ University, Physical Trainer/Sports/ Job in Govt. and Private sector as teacher, instructor, coach etc.

Yoga & Naturopathy

Program	Duration	Eligibility	Career Prospects Employment Opportunities
PGDYET	1 year	Any graduate	Yoga Teacher in Schools, Yoga Therapist/ Yoga Psychologist/ Yoga Inspector in MNC's, Health Club, Yoga Club
B.A. in Yoga	3 years	Pass in 10 + 2 (Arts/Commerce) with minimum 40% aggregate marks.	
B.Sc. in Yoga	3 years	Pass in 10 + 2 (Science) with minimum 40% aggregate marks.	

Special Education

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.Ed.Spl.Ed. (ID)	2 years	Graduate or post graduate in any discipline with minimum 50 % (45% in case SC/ST/ OBC) aggregate marks	Teaching in Secondary level and at special schools
D.Ed.Spl.Ed. (IDD)	2 years	Pass in 10 + 2 (any Discipline) with minimum 50% (45 % in case SC/ ST/ OBC) aggregate marks.	Special schools, Sarva Siksha Abhiyan/ Resource teacher in General School/ Integrated/ Inclusive setup
M.Ed.Spl.Ed.(ID)	2 years	B.Ed. Spl. Ed (ID) / B.Ed. General with D.Ed. Spl. Ed (ID) with 50% marks (RCI).	Professional preparation of teacher educators- engaged in continuous professional development of teachers
Integrated B.A./ B.Com /B.Sc./ B.Ed. Spl.Ed.	4 years	Pass in 10 + 2 with 50% marks	Teaching in Secondary level and at special schools
Integrated B.A. B.Ed. Spl. Ed. (Visually Impaired)	4 years	Pass in 10 + 2 (any Discipline)	They can appear the CTET and TET exam i.e. for Central and State Level, RCI Registered Rehabilitation Professional in Clinic, Nursing home, Hospitals, Counseling centers, Special Educator or Children with Visual Impairment in Inclusive school, Special school and General school.

Clinical Psychology

Program	Duration	Eligibility	Career Prospects Employment Opportunities
M. Phil in Clinical Psychology	2 years	M.A / M.Sc degree in the Psychology with 55% marks in aggregate, Preferably with special paper in Clinical Psychology .	Qualified professional & extensive inputs & widespread Clinical experience to acquire the necessary skills in the area of Clinical Psychology

Library And Information Sciences

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.Lib.I.Sc.	1 Year	Graduate in any discipline	School/ College/ University/ district/ State / National Libraries, Bank, Govt. Services, NGO's, Research
M.Lib.I.Sc.- Int.	2 Years	Graduate in any Discipline	
M.Lib.I.Sc.	1 Year	Graduate with B.Lib.I.Sc	

Nursing

Program	Duration	Eligibility	Career Prospects Employment Opportunities
GNM	3 years	10+2 with English and must have obtained a minimum aggregated score of 40% marks for the general candidates for any stream •35% SC/St candidates marks required from any stream • Age should be 17-35 (and for SC/ST 5 years relaxation) • Boys & Girls both are eligible	Hospitals(Government /Private), NUHM, NRHM, NRLM, Healthcare consultancy firm, Hospitality industry, Medico-legal consultancy firm, Insurance sector (Government/ Private)

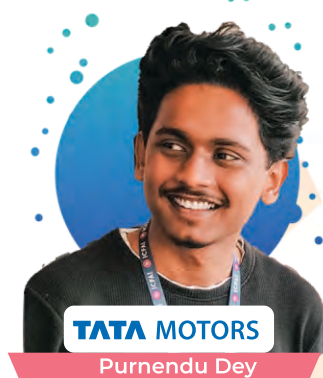
P.hD

Program	Duration	Eligibility	Career Prospects Employment Opportunities
Engineering (CE, CSE, ME, ECE,EE), Science (Physics, Chemistry,Mathematics),Allied Health Sciences (Molecular Biology, Clinical Bacteriology, Clinical Biochemistry), Management (OB, HR, Marketing, Finance), Economics, Commerce, Law, English, Psychology, Education, Spl. Education, Sociology, Physical Education, Political Science, Philosophy	4 years	A two-year postgraduate degree or equivalent from a recognized Institution, with 55% marks or equivalent CGPA in concerned subject. or A regular, full time M.Phil degree from any recognized University	Faculty position, Scientist, Post-doc researcher

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- Modern laboratories
- Well-equipped workshop / 3D printers
- Enriched library / Book bank facility
- Separate hostel for boys and girls
- Full campus is under CCTV surveillance
- Yoga for all
- Medical center featuring on-site residential doctors and nurses.
- 24 x7 Ambulance service
- Gymnasium / Outdoor gym

- ICAI University Tripura is having its professional football club named ICAI FC
- 24 Hours power generator back-up etc.
- Full campus is covered by JIO Wi-Fi, ICAI **Wi-Fi 6**

Unique Features

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- Signed MOA with IIT Bombay for setting up North Eastern Region Spoken Tutorial FOSS HUB at ICAI University Tripura
- French & Chinese Language as Elective Course for all Programs
- Setup Virtual Lab in Collaboration with IIT, Delhi.

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Uripok polem Leikai, Mahum Building 3rd Floor,
Imphal West, Pin- 795001, Manipur. Ph: 7422916755,
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