

Vulnerability of Secondary School Students to HIV/AIDS: Implication for Social Studies Instruction

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Abstract

The prevalence of HIV/AIDS among the youths who constitute about twenty-five percent of the world population draws attention to the challenge of addressing the needs of secondary school students where a very large cluster of the youths can be found. This paper thus examines problems of youths who appear very vulnerable to HIV/AIDS as a result of the socio-emotional pressures attached to adolescence, a developmental stage characterized by identity crises. The paper submits that the Social Studies teacher would play a very significant role in resolving the identity crises of secondary school students under their tutelage, if they carefully plan their classroom instructions to clarify the values held by their students; and as a result, the students will avoid HIV/AIDS risk-related practises, lead lives devoid of diseases and avoid injuries and by that, live longer and achieve their life goals.

1. Introduction

HIV/AIDS is becoming a critical problem among the young men and women (youths). Half of all people who become infected with HIV, excluding infants, become infected between ages 10 and 25 (UNAIDS, 1998). Many young women become pregnant unintentionally often at great risk to their health (McCauley & Salter, 1995; Population Report, 1999). The World Health Organization has defined "youth" as people between ages 10 and 24. These are young people that make up 25% of the world's population. People in this age category are called adolescents; and 85% of them are in the developing world. But rather unfortunate, they constitute the highest number of people living with HIV/AIDS (Simpson & Ferguson, 2007).

Palmer (2002) reported that one half of all new HIV/AIDS cases are among 15-20 year olds, who faced the problems of unemployment, adolescent pregnancy, and drug and alcohol abuse. It is noteworthy that people within the age bracket identified here are secondary school students, who are expected to be at this time mindful and conscious of career aspirations and choices; and by that not only leading lives full of life and devoid of diseases, but are supposed to prepare to confront the socio-economic challenges of life and thereby plough sufficient dividends back into the family and society in the nearby future. Their vulnerability to HIV/AIDS is therefore regrettable. It is however assumed that some socio-emotional factors might have been responsible for the vulnerability of young people who apparently constitute a larger percentage of people living with HIV/AIDS. These factors therefore call for examination.

2. Socio-emotional Factors Responsible for the Vulnerability of Secondary School Students to HIV/AIDS

The vulnerability of young people in whose group secondary school students fall is very alarming. Perhaps they may be battling with the euphoria of the problems characteristic of their stage of human development - "adolescence". Adolescence is a stage in which puberty is reached. This period usually starts around the age 11 and 15 in which a host of interrelated physiological and morphological changes occur. This age is also called the age of puberty (Lerner & Galambos, 1998). According to Lerner and Galambos, the term "puberty", means age of manhood (or womanhood). It refers to the first phase of adolescence during which the reproductive apparatus matures. These are the onset of sexual maturity where the girl first witnesses the first menstrual period and the emergence of pigmented pubic hair in boys, as a result of the increased output of gonadotropic hormones of the anterior pituitary gland. The hormone that is situated in the brain governs and controls the hormonal balance of the body. It also creates the physiological and bodily changes and stimulates the activities of the gonad or sex gland that increase the production of sex hormones and the growth of mature sperm and oval in males and females (Nancy, 2002).

According to Oladele (1989), pubescent changes of the adolescent involve a marked acceleration of growth called

“adolescent growth spurt”, characterized by sexual maturity. In the words of Oladele, the consequence of growth and development makes the adolescent focus attention on his/her body. At late adolescence (17-21 years) there is complete development of the body's muscular and skeletal systems, resulting in increased body weight. There is also the growth of the heart and deposit of fat on the body making all body organs to increase in size. This is attributable to development of secondary sex organs especially the breast in girls (Simpson & Ferguson, 2007). According to Simpson and Ferguson, adolescence is the second decade of life, characterized by unprecedented promises, challenges and perils that the youth do not have the requisite social maturity to handle. Hence, these anatomical attributes of the adolescent, (as inferred by the author), explain the background to the ordeals of the youth called adolescents, and why adolescents are vulnerable to HIV/AIDS risk related practices.

Sunmola, Dipeolu, Babalola and Adebayo (2003) explain that the transition from childhood to adolescence is characterized by an increase in personal control, responsibility and independence. In the opinions of Palmer (2002), adolescence is a time of experimentation, possibilities and deciding in which direction one wants to go in life. It also encompasses the psychological, social and cognitive changes leading to development of adult identity, achievement of personal independence, and maturation of cognitive reasoning skills (Nworah, Obiechina, Diwe & Ipkeze, 2002). To Nworah et al, this period of development occurs in people between 10 and 20 years. They state further that the problems of the adolescent stem from regarding himself or herself as grown up, and an adult : whereas the individual is still developing mentally, emotionally and physically, and thus could not in the real sense be regarded as an adult.

Drawing an inference from the characteristics discussed above, the view of the author is that, mental, emotional and physical developments make adolescent develop interest in adult roles (including sexual intercourse) and to experiment them. Invariably he/she embarks on risky-behaviour (sometimes AIDS-related), and may eventually end up contracting Sexually Transmitted Diseases (STDs) and HIV/AIDS. These account for why the prevalence of HIV is more pronounced among their folk. Araoye, Fakeye and Jolayemi (1998) buttress this statement, and remark that adolescent constitute a priority group for the study of STDs because of the high prevalence in this group, especially as half of the people infected with HIV are adolescents.

Jean Piaget, as far back 1954, provided a theoretical explanation of the adolescent world, and his theory is still valid till today. In his Genetic Epistemology, Piaget opines that humans are inherently rational and seek to make sense of the world around them. According to him, people progress through four sequential stages of cognitive developments: sensori-motor, pre-operations, concrete operations and formal operations; and each stage is a cognitive development entity characterized by qualitative change in behaviour having approximate age range, with peculiar characteristics and qualitative change in behaviour. Oladele (1989) identifies the four stages as Sensori-motor stage (Age 0-2 years), Pre-operational stage (Age 2-7 years), Concrete operation stage (Age 7-11 years), and Formal operation stage (Age 11-15 years)

Precisely, adolescence (the period occupied by subjects being discussed) falls into the formal operation stage. Here, children are able to apply logic only to “here and now” situations. People in the formal operation stage, which begins around 11 or 12 and continues through adulthood, can apply logic to abstract and hypothetical situations. These are also the opinion of Elkind as far back as 1967; and the facts are still valid till date. According to Elkind, when adolescents first enter the formal operations, they develop a kind of egocentrism called adolescent egocentrism, which has two major characteristics (1) the imaginary audience and (2) the personal fable.

Buttressing Elkind's opinion, Crowl, Podel and Karminsky (1997) explain that adolescents often act as though they are performing before an imaginary audience. They become highly self-conscious and sometimes pay more attention to their appearances and worry about how others perceive them. To Crowl, and his colleagues, adolescents, in their personal fable, erroneously believe that they are indestructible. Hence the adolescent engages in risk-taking behaviour, and when he or she is told of possible harmful outcomes, he thinks, “that will never happen to me”! This belief then makes the adolescent to expose him or herself to risky behaviours and even unprotected sexual intercourse that may make him or her contract sexually transmitted diseases, and even HIV/AIDS.

As understood by the author, the personal fable and the predispositions of indestructibility held by the adolescent explain his or her rationality. This opinion is rooted into Sigmund Freud's 1954 assertion that “human beings are driven by irrational impulses”. According to Freud, the human person is made up of three main components, Biological (id), Psychosocial (ego) and Social (super ego). Each of these components or systems has its own functions, although they all interact to govern behaviour. The “id” is the original source of personality, and it is from it that the two other components, “ego” and “super ego” later develop. It cannot tolerate tension, and always seeks immediate gratification (pleasure) for motives, as they arise without regard to the realities of life, or to the morals of any kind. This may therefore account for the adolescents' irrational restless care for sexual intercourse. The ego is the rational element of the

personality. It provides realistic and logical thinking and planning and maintaining a state of balance between itself and the other two aspects of personality. The third aspect of personality is the superego, which is often referred to as conscience or the moral arm of personality. It enables decision on whether something is right or wrong in comparison with moral standards, cultural ethics and values (Oladele, 1989).

Going by these theoretical explanations, an adolescent may therefore have the tendency to satisfy his/her desires and may not even have regard for his/her life and the ethics of the society - although he or she has a lot of crises and difficulties attributable to the fact that he or she is a marginal person. He or she, though still young, does not wish to belong any longer to a group, which is, after all less privileged than the group of adults; but at the same time he or she knows that he or she is not accepted by the adult (Mead, 1939). The adolescent is also not quite an adult, not quite a child and not quite sure of him/herself (Lowrey, 1952).

The inference that the author has also drawn from this is that the status of the adolescent restrains him or her when he or she is pressured by emotional tendencies. While trying to create a world for him or herself in a trial of the adult's roles, she/he develops crises, and occasionally where he or she is governed by the biological instincts, the tendency to practice the adult's role is always there (even when not yet an adult). For example, as an offshoot of the development of secondary sexual characteristics, the adolescent feels like initiating the first intercourse with the opposite sex; but the societal norm that restrains that exists especially in most indigenous communities of Africa. Hence the adolescent is confronted with the problem of whether to obey the biological "id", or to retain the personal identity (ego). The ego makes the adolescent to feel like assuming the adult role of a person ready to bear the responsibilities attached to being pregnant or being a father; or to drop the idea, suppress the emotion, delay gratification and avoid sex initiation until probably when ready for marriage.

The possibility of also contacting HIV/AIDS and other STDs may also serve as a "conscience" working against the desire of the adolescent to initiate sexual intercourse, while still arrogating adult role to him or herself. In reaction to this idea, Mussen, Conger and Kagan as far back as 1968, and Erickson in 1959, recommended that a sense of ego identity is necessary for a secure footing in life, because a sense of knowing where one is going, and an inner assuredness of anticipated recognition from those who count will create a balanced and adjusted adolescence.

Similarly, adolescents are reported to always feel indestructible. Hence they engage in risky behaviours (Erickson, 1980). According to Erickson, people go through a sequence of eight age-related stages, each of which is characterized by a crisis in their psychosocial development. The effects of successfully resolving each crisis depends on how the individual resolves earlier crises; and that a success in resolving future crisis is dependent on how successfully resolved the current crises are. The stages identified by Erickson are (1) Trust versus mistrust (Birth to 1 year)(2) Autonomy versus shame (1 to 3 years) (3) Initiative versus guilt (3 to 6 years) (4) Industry versus inferiority (6 to 12 years)(5) Identity versus role confusion (12 to 20 years) (6) Intimacy versus isolation (20 to 40 years) (7) Generativity versus stagnation (40 to 65 years) (8) Ego Integrity versus Despair (65 and above).

Specifically, the youths (the target of school-based HIV/AIDS intervention), fall into the fifth stage mentioned above i.e. the identity versus role confusion stage (12 to 20 years). At this stage, teenagers wrestle with the question of establishing a personal identity. The adolescent at this stage is influenced by peers and needs to define him/herself socially and also formulate career, while trying to make a meaningful conception of self. The adolescent is therefore prone to confusion if the desired personal identity about his or her role in the society is not established (Crowl et al, 1997).

Further, four patterns of identity development exist at adolescence. These are:

- **Identity achievement.** Here, the adolescent satisfactorily resolves his or her identity crisis because he/she settles on which behaviour to show and which beliefs to follow after considering several sets of behaviours and beliefs.
- **Identity foreclosure.** Here, he or she accepts the behaviours and beliefs of the parents without a consideration of any possible alternative(s) because no identity crisis has been experienced.
- **Identity Diffusion.** Here, the adolescent is unable to decide on a set of behaviours and beliefs, because he/she has been engulfed in constant identity flux. Hence, she/he fails to resolve the identity satisfactorily, because she/he is confused about his or her identity.
- **Moratorium.** Here, the adolescent's identity is not yet resolved because a defined set of behaviour and beliefs have not been formed. Thus, the adolescent's identity is an on-going one (Marcia, 1989).

Therefore, the adolescent may encounter any of the identified patterns of identity development at one time or the other. Crowl et al (1997) dwelling on the work of Adams, Abraham and Markson, (1987), Bosma and Gerrits, (1985), and Orlowsky and Ginsber, (1981), remark that autonomy and creativity characterise the identity achievement as adolescents

have a stronger self-concept; morally reason at the highest level; uphold democratic values and resist peer pressure. Crowl and his associates further explain that students in the identity foreclosure group tend to, have the weakest self-concept, be the least autonomous; believe in authoritarianism, and do not know themselves. Hence, the identity crisis of adolescents more often than not provokes and disappoints the parents and teachers alike; and thus draws attention towards assisting them.

3. Some Empirical Justifications for HIV/AIDS Education among Secondary School Adolescents

Some studies provide rationales for HIV/AIDS Education among Adolescents (secondary school students in this context). An example is the one conducted by Mehta, Moses, Ndinya-Achola, Agot and Maclean (2007) titled "identification of novel risks for nonulcerative sexually transmitted infections among young men in Kisumu, Kenya". The observations of Mehta et al are that sexually transmitted infections (STI) prevention interventions often aim to reduce HIV incidence. According to Mehta and his colleagues, it is when people understand the risks involved in sexually transmitted infections that HIV prevention would be more effective. The study sought to identify STI risks among men aged 18-24 in Kisumu, Kenya, using a randomized trial of male circumcision to analyze baseline data obtained from participants who were interviewed for socio-demographic and behavioural risks. A major finding of the study was that risk of STI decreases with increasing age and education; and as an individual has more understanding of STI, HIV prevention increases. This may therefore imply that adolescents (school boys and girls) needed to be properly guided (provided with adequate information) at this period, so that as they grow, they will have the right type of skills to confront any temptation, especially those related to unprotected sexual intercourse, that are in turn associated with HIV/AIDS.

Mohammad, Abadi, Farahan, Mohammadi and Alikhani (2007) evaluated the extent and potential correlates of sexual risk-taking behaviours among adolescent boys aged 15-18 in metropolitan Tehran, Iran. Data were collected from a population-based, cross-sectional survey of adolescent males (ages 15-18) residing in Tehran. Of 1385 subjects, 382 reported sexual experience (27.7%). Two factors were considered as sexual risk-taking behaviour ("not using condom or inconsistent condom use in sexual contacts" and "ever had multiple sexual partners in lifetime:"). The study found out that older age, using alcoholic drinks, early sexual debut, and poor knowledge of reproductive physiology are predictors of multiple sexual partners among adolescent boys aged 15-18 years. It recommended that appropriate interventional programmes should be implemented for adolescents in Iran to encourage and enable them to delay first sex and abstain from unwanted and unplanned penetrative sex, to stress the health risks of alcohol use in terms of sexual health and finally to enhance their knowledge on different aspects of reproductive health particularly prevention against STI/HIV.

Nweneka (2007), in a study titled "Sexual practices of church youths in the era of HIV/AIDS: Playing the ostrich," remarks that the church could play a major role in social and behavioural change, in combating the HIV/AIDS pandemic. The study examined the sexual practices of 341 youths in two churches in southern Nigeria: out of which sixty-five percent were sexually experienced. The study reports that the age at first sexual intercourse for males was seven years and eight years for females. The study finally arrived at a result, which suggests that sexual practices of committed church youths appear similar to those of youths in the wider society. The study advocates that the church should engage more in young peoples' sexual and reproductive health matters. However, the opinion of this author is that the school will achieve more positive results in young peoples' sexual and reproductive health matters than the church. This is because at times, religious groups may end up promoting abstinence, rather than providing relevant training that will provide the learners with adequate information that will make them to acquire appropriate life skills.

Vukovic and Bjegovic (2007) provide a brief report of a study, which aimed at investigating the association between socio-economic status and family structure with risky sexual behaviours in Belgrade adolescents. According to Vukovic and Bjegovic, 1782 15-year-old Belgrade school children (47.5% boys and 52.5% girls) completed a questionnaire from the WHO study, "Health behaviour of school children". The study found out that adolescents with a higher weekly disposable income, those who perceived their family as wealthy, and those with difficulties in communication with their mothers were more likely to have been sexually active (odds ratios (OR) = 2.497, 1.876, and 1.253, respectively). It also found out that adolescents with a higher weekly disposable income were more likely to use contraception (OR = 0.233); but those who perceived their families as better-off and those living with only one parent were more likely not to use contraception (OR = 4.794, 22.295 [living with father], and 6.169 [living with mother], respectively). The perceived family wealth was significantly associated with having sexual intercourse and having sexual intercourse without using contraception. The study concluded that the family structure had a limited independent association with sexual behaviour. The implication of which (in the author's opinion) is that socio-economic background may not be a determining factor in young people's knowledge of, and attitude to sexual and reproductive health matters

(HIV/AIDS inclusive) . Probably other factors (e.g. gender or peer grouping) may.

Aras, Semin, Gunay, Orcin and Ozan (2007) lament the limited opportunities for sexuality education, in spite of high risk of sexually transmitted diseases in Turkey. They conducted a study, which evaluated sexual attitudes and behaviours and also determined the predictors of sexual initiation among adolescents. Data used for the study were collected with the aid of questionnaires administered on 861 senior high school students in their classrooms. Results obtained from the study indicated among other things that the rates of having sexual intercourse and the mean age at first sexual intercourse among males were similar to developed countries; the use of condom at first intercourse was low; the youth fail at school because majority of both boys and girls smoke cigarette and their smoking habits are associated with the desire to have sexual intercourse. The researchers concluded that the findings of the study might be helpful in producing effective solutions for improving education and preventive health care in Turkey. The findings of this study simply point to the fact that a major avenue by which people contract HIV/AIDS is through unprotected sexual intercourse; and that smoking has the potential power to make a person desirous of sexual intercourse, as the individual's mind set becomes negatively altered.

A study, which explored secondary school students' needs in relation to sexual and reproductive health in order to inform efforts to improve the quality of health services available to young people, sought information from 716 11-22-year-old students in four secondary schools in an urban area in Zambia. The students completed a questionnaire and wrote down inquiries they had regarding sexuality and reproduction. Results obtained revealed that boys and girls lack adequate information about human reproduction and STIs, including HIV and had misconceptions and myths about contraceptives and masturbation. The study finally found out that young people would welcome guidance and support related to contraception, pregnancy, abortion and STIs/HIV, and also on love and relationships. The study concluded that culture, religion and gender are important issues needed to be taken into consideration when developing youth-friendly programmes for young people because they are factors influencing sexuality and sexual abuse (Warenius, Pettersson, Nissen, Hojer, & Chishimba, 2007). The findings of this study suggest that the school could play a major role in educating school children that are coming from different cultural and religious backgrounds; and good teaching of some Social Studies concepts related to culture, religion and gender may a good avenue to doing this.

Lee, Chen, Lee and Kaur (2006) conducted a study, which determined the prevalence of sexual intercourse among secondary school students aged 12 to 19 years in Negeri Sembilan, Malaysia. The study found out that prevalence of sexual intercourse among Malaysian adolescents was becoming relatively low, compared to developed countries – although certain groups of adolescents tend to be at higher risk of engaging in sexual intercourse. The result obtained from Malaysia here simply suggests that other developing countries such as Nigeria can succeed in education programmes bothering on health and sexuality if well handled and committed into the hand of people with technical expertise in life skill (Social Studies) education.

Aspy, Vesely, Oman, Rodine, Marshall and McLeroy (2006) conducted a study, which is pointing to the relevance of socio-economic background and communication about health and sexuality matters in the family in America. The researchers studied the role of parental communication and instruction concerning sexual behaviour in a community-based sample of 1,083 youth aged 13-17 from two large U.S. cities. The study controlled for demographic factors and employed multivariate statistical tools which revealed that youth were much less likely to have initiated sexual intercourse if their parents taught them to say no, set clear rules, talked about what is right and wrong, and about delaying sexual activity. The study concluded by advocating that adult (parents and older people in the family) role models at home (and teachers in the school) should assist the youth by teaching them the importance of abstinence, birth control, and how to say no to promptings (which are essential life-skills necessary to scale through the hurdles of life).

A study, motivated as a result of doubt about the impact of HIV voluntary counselling and testing (VCT) on adolescents was conducted in South Africa in February 2008. Focus group discussions were held with adolescents and parents in two South African townships to establish the perceptions of and needs for VCT among young people. The study showed that adolescents who had limited experience of VCT were afraid of knowing their HIV status and felt that testing was only for symptomatic individuals. The study also reported that South African youths felt that they would disclose their HIV status to family members whom they felt would be most supportive: because they were afraid of stigma and discrimination that may emanate from the community. The study recommended that VCT services should be youth-friendly (MacPhail, Pettifor, Coates, & Rees, 2008).

This above study (by MacPhail, Pettifor, Coates, & Rees, 2008) actually addresses major areas of what appears to be integral and key point of emphasis in the learning content of HIV/AIDS education in the secondary school i.e. voluntary counselling and testing (VCT), stigma and discrimination and support from family members. It is pertinent to note that if the teacher does not clarify issues surrounding these key issues, adolescents who are the target audiences of

HIV/AIDS education may remain un-helped when it comes to making choices of appropriate preventive behaviours.

Similarly, Denison, McCauley, Dunnett-Dagg, Lungu and Sweat (2008) explored how adolescents involve their families, friends and sex partners when making decisions about seeking HIV voluntary counselling and testing (VCT) and disclosing their HIV-status. A total of 40 youths aged 16 to 19 year olds who knew their HIV statuses in Ndola, Zambia were engaged in qualitative in-depth interviews. The study was reported to have found out that (a) almost half of the youth turned to family members for advice or approval prior to seeking VCT (b) a disapproving reaction from family members or friends often discouraged youth from attending VCT until they found someone supportive; (c) informants often attended VCT alone or with a friend, but rarely with a family member and (d) disclosure was common to family and friends, infrequent to sex partners, and not linked to accessing care and support services. The study suggested that family members need access to information on VCT so that they can support young peoples' decisions to test for HIV and to disclose their HIV status.

Upadhyay, Hindin and Gultiano (2006) also explored how the pace of emotional relationships before first intercourse provides cues about sexual risk behaviour. They observed that girls who progress through their emotional relationships very quickly are at significantly greater risk of having sex at a relatively younger age. Their study suggests that adolescents must have access to the information and services that will allow them to make informed choices about sexual behaviour before they attempt their first sexual intercourse. This may therefore imply that adolescents needed to be well guided and provided with adequate information at this crucial stage of life. Otherwise, the boy's desire for sexual intercourse may be realized, the innocent young lady may be lured; and since sexual intercourse serves as a major entry point for HIV infection, either of them becomes vulnerable.

Liu, Kilmarx, Jenkins, Manopaiboon, Mock, Jeeyapunt, Uthairavit, and van Griensven (2006) also reported of a study bothering on the fact that little is known about factors related to sexual initiation among adolescents in Thailand in spite of having undergone dramatic social changes in the last two decades. This study reported that males initiated sexual intercourse at an earlier age than females. It was also discovered that sexual initiation was associated with having a non-agricultural background and using alcohol or methamphetamine. The study recommends quick interventions to checkmate early sexual initiation especially on adolescents who are known to be vulnerable to sexual intercourse related problem because they often do risk-related practices that most adults would always avoid.

Sunmola, Dipeolu, Babalola and Adebayo (2003), providing the Nigerian experience remarked that most adolescents are sexually experienced with tendency for multiple partnerships. According to them, severe risks associated with their sexual practices are concomitant risk of pregnancy and coital related diseases such as STDs and HIV infection. They also report that about one-half of female unmarried adolescents in parts of Nigeria have been pregnant and at least a larger percentage of them have committed abortion. Sunmola *et al* therefore attempted an in-depth review of adolescent knowledge of sexual behaviour in diverse cultural groups. They used 896 adolescents aged 11-25 using multi-stage random sampling method. Results emanating from their study indicate that about 33% of the participants had already had first sexual experience, although the percentage was higher in males than females. The study also found a disparity in knowledge and use of contraceptive by the adolescents. The study concluded that there is the need for reproductive health programmes to intensify efforts towards improving adolescents' attitudes to risky sexual behaviours and motivate them to undertake behaviours that will limit the risks.

Nworah, Obiechina and Kpeze (2002) also examined the knowledge, awareness and perception of sexually transmitted diseases among 983 Nigerian adolescent female high school students. The subjects of the study were reported to have been quite aware of various STDs - gonorrhoea, syphilis, and Chlamydia. The study found that a substantial number of the students still believed that witchcraft causes STDs, herbs and natural medicines are remedies for STDs, antibiotics can cure STDs, prayer can also cure STDs, HIV/AIDS inclusive. The study further revealed that students got their information about STDs through schools, television, radio and health workers. It was also revealed that the information available to students was more on abstinence as against fidelity and the use of condom.

From the researches reporting the Nigerian experience here, it is pertinent to note that youths need information and assistance to make adequate decisions when they are under the pressure of adolescence characteristics. In fact, they need life-skills that will go a long way to assist them not to embark on HIV-related practices. The study conducted by James, Reddy, Ruitter, McCauley, and van den Borne, (2006) suggests that life skill education will help the youth a lot in knowledge acquisition and the development of desirable attitudes to HIV/AIDS. In their (James *et al*) study of "the impact of an HIV and AIDS life skills programme on secondary school students in KwaZulu-Natal, South Africa" found a significant increase in student knowledge about HIV/AIDS in the intervention group compared with the control group. They also found no effects on safe sex practices or on measures of psychosocial determinants of sex practices. The study finally submitted that students who received the full intervention were more positive in their perceptions about

sexual behaviour and social connectedness and reported less sex and more condom use than students in the partial and control groups.

From the foregoing, it may be summarised that adolescents (secondary school students) are begging for assistance, to cope with the challenges that their physical and emotional developments are bringing upon them. This does not only have implications for societal intervention, but more on the school and specifically on life-skill (Social Studies) educators.

4. Implication of Secondary School Students' Vulnerability to HIV/AIDS for Social Studies Education

Going by the description of the adolescent and his/her peculiarities, and the respective findings presented above, it can be inferred that the youth (secondary school students) are in a period that is crisis-ridden. A deliberate teaching and direct assistance in value-clarification may assist in giving appropriate direction to the adolescents, especially in respect of AIDS-risk related behaviour that is characteristic of the period they occupy. Thus, there is a challenge of school-based HIV/AIDS education programme to assist the youth in "behavioural development": knowing that a programme that assists behavioural development in the youth is the only one that is sustainable (Biswas, 2003); and a life-skill subject used as a carrier-subject of its learning content, and employment of appropriate teaching strategies will help a lot in achieving desirable outcomes from HIV/AIDS education.

The above opinions suggest that students need to be assisted to be able to address personal problems in future, and probably avoid future mishap, and to reconcile their identity and confusion. The youths in the school are also supposed to be assisted with appropriate education in order to create the right identity for themselves. This will not "throw them into the wind", otherwise they may not be able to cope with the challenges of life, which their developmental stage has put them. They are thus to be guided so that they could acquire the right skills to resolve most problems confronting them at this stage of development. They should also be assisted to develop succour to withstand future problems; and to also avoid what is capable of making them vulnerable to HIV/AIDS and other sexually transmitted infections that may render them sexually unproductive on the long run and also cause them a short life span.

Thus, with HIV/AIDS education among secondary school students at the back of the mind, addressing the challenge of what school subject will serve as the carrier subject of HIV/AIDS learning package is a major task. However, a school subject with a philosophy and objectives that are congruous with this line of taught is "Social Studies". Social Studies is a subject in the school curriculum, designed and structured for the development of moral values and ethos in the society (Barr, Barth & Shermis, 1998). It seeks to assure that learner's intellect and mind are developed to acquire an understanding that will lead him or her to self-realization and develop capabilities, talents and personality; and to understand and appreciate the diversity of cultural values and mores of the society. He or she will be able to develop a patriotic feeling of identity and loyalty to the society's aspirations and develop the right type of attitudes, skills and values. There will also be opportunities to acquire basic knowledge and develop feeling and self-confidence, self-expression, self-realization, initiative, and reflective thinking which are requisite skills to cope with the challenges of life (Akinlaye, Mansaray & Ajiboye, 1996).

Mansaray (1993) suggests among other things what the Social Studies Teacher should consider in planning instructions. These are, well stated specific objectives to be achieved; accurate contents that reflect reality; significantly selected ideas, principles, concepts and generalisations; widened and enriched experiences that will form a link between the pupil and the curriculum that is meant for a particular set of students; applicability of the learning content to real life situations (utility); and "learnability" of the learning content in terms of congruity with the age range, previous knowledge, socio-cultural background, level of motivation, needs and language faculty of the learners. By implication, the Social Studies teacher may select learning content and state objectives that relate to the meaning of HIV and AIDS, how HIV becomes AIDS, how HIV/AIDS can/cannot be contracted, how HIV cannot be transmitted and the signs and symptoms of HIV. Other issues may include how to prevent contact with HIV/AIDS, the impact of HIV on the affected person and his/her family and on the society; testing for HIV/AIDS, how to manage HIV/AIDS, problem of stigmatization, attitude to people living with HIV/AIDS etc. Concepts and generalizations could then revolve around dating, unprotected sexual intercourse, sharing of sharp objects, drug use etc.; while the overall learning experience should emphasize positive attitude, and acquisition of life skills to overcome temptations that may come the way of the secondary school students.

Exploring all these further, vis-a-vis the teaching of the subject matter of HIV/AIDS among secondary school students, will suggest more on how the adolescents would be provided with support, information and access to resources within the classroom. Otherwise, (if the school fails) adolescents, majority of whom are in secondary schools may embark on risk-related behaviours which may result in permanent injury to both outer and internal body, premature death and

contraction of diseases (one of such diseases is HIV/AIDS) that may not ordinarily hamper good health but may on the long run lead to death.

5. Conclusion

From the foregoing, it is noteworthy that secondary school students are at a risk of contracting HIV/AIDS, because they are under the pressure of some social and emotional factors usually associated with their physical and emotional development. This paper therefore calls for an urgent and immediate assistance among them because they constitute the largest group so affected by the HIV/AIDS pandemic. The Social Studies (Life Skill) teacher thus has a task of developing appropriate teaching scheme and also implements same using relevant and appropriate strategies and resources. It is believed that if the Social Studies teacher does this, the students so influenced under such instruction may avoid risk-related practises, and thus avoid injuries. The possibility of such students living longer is high, provided she/he leads life devoid of diseases, having yielded to the clarifications (piece of information) provided by school under the auspices of the Social Studies teacher.

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