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## **Vulnerability of Secondary School Students to HIV/AIDS: Implication for Social Studies Instruction** (*Pp. 341-356*)

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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 could be found. This paper thus examines problems of youths who appear very vulnerable to HIV/AIDS because of the socio-emotional pressures attached to adolescence, a developmental stage characterized by identity crises. The paper submits that the Social Studies' teachers 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. By this, it is hoped that 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.*

### **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, and Salter, 1995; Population Report, 1999). The World Health Organization has defined "youth" as people between ages 10 and 24. These young people make up 25% of the world's population. People in this

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age category are called adolescents; and 85% of them are in the developing world. 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 a larger percentage of people within the age bracket identified here are secondary school students. Thus at this time they are expected to be 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. However, it seems 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.

### **Socio-emotional Factors that may be Responsible for the Vulnerability of Secondary School Students to HIV/AIDS**

The vulnerability of adolescents (young people) to risk-related practices (including HIV/AIDS) 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. 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, because of the increased output of gonadotropic hormones of the anterior pituitary gland situated in the brain, and which 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 increases 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), are some of the factors that explain the background to the ordeals of the youth called adolescents, and why adolescents are vulnerable to HIV/AIDS risk-related practices.

Other factors associated with their vulnerability are autonomy and creativity, which characterise identity achievement that in turn stimulates stronger self-concept, high level of reasoning, uphold of democratic values and peer pressure (*Adams, Abraham & Markson, 1987; Bosma & Gerrits, 1985; Orlowsky & Ginsberg, 1981*). Sunmola, Dipeolu, Babalola and Adebayo (2003) agree with this opinion by explaining that the transition from childhood to adolescence is characterized by an increase in personal control, responsibility and independence. In fact, Palmer (2002) sees adolescence as 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, which makes the adolescent to regard self as grown up, and as 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 (*Nworah, Obiechina, Diwe & Ipkeze, 2002*).

Drawing an inference from the characteristics discussed above, the view of the author is that, mental, emotional and physical developments make adolescents 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 may account for why

the prevalence of HIV is more pronounced among their folk. Araoye, Fakeye and Jolayemi (1998) buttress this statement, and remark that adolescents 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.

In the opinion to Crowl, Podel and Karminsky (1997), adolescents, in their personal fable, erroneously believe that they are indestructible. Hence, they engage in risk-taking behaviour; and when they are told of possible harmful outcomes, they think, “that will never happen to me”! This belief then makes adolescents to expose themselves to risky behaviours and even unprotected sexual intercourse that may make them to contract sexually transmitted diseases, and even HIV/AIDS. The inference that the author has drawn here is that the adolescent is pressured by emotional tendencies while trying to create a world for him or herself in a trial of the adult’s roles. Thus, she/he develops crises, especially when trying to practice the adult’s role (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 (super ego) 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 pressure (“id”), or to retain the personal identity (ego) (Freud, 1949). By implication, the ego makes the adolescent feels 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 the above idea, Mussen, Conger and Kagan, as far back as 1968, and Erickson (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. Where this is lacking the adolescent is at a high risk of contracting HIV/AIDS.

### **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 et al, 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 to encourage and enable delay of 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 engages more in young people's sexual and reproductive health matters. However, the opinion of this author is that the school will achieve more positive results in young people's 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. 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. It also found out that adolescents with a higher weekly disposable income were more likely to use contraception; but those who perceived their families as better-off and those living with only one parent were more likely not to use contraception. 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) .

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 determined the predictors of sexual initiation among adolescents. 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 desire to have sexual intercourse. The findings of the study 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 regarding sexuality and reproduction from 716 11-22-year-old students in four secondary schools in an urban area in Zambia. 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 on love and relationships. (*Warenius, Pettersson, Nissen, Hojer, & Chishimba, 2007*). The findings of this study suggest that the school could play a major role in educating schoolchildren that are coming from different cultural and religious backgrounds.

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 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). Moreover, a study that was motivated because of doubt about the impact of HIV Voluntary Counselling and Testing (VCT) on adolescents was conducted in South Africa in February 2008. 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). In fact, this study 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. Hence, it is pertinent to note that if the teacher does not clarify issues surrounding these key issues, adolescents who are the target audience of HIV/AIDS education may remain un-helped when it comes to making choices of appropriate preventive behaviours.

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 (in author's view) that adolescents must 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 and the innocent young girl 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, Uthaiworavit, 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 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 and 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, Ruiter, 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 study of “the impact of an HIV and AIDS life skills programme on secondary school students in KwaZulu–Natal, South Africa”, they found a significant increase in students’ knowledge about HIV/AIDS in the intervention group compared with the control group. Although the study 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.

### **Implication of Secondary School Students’ Vulnerability to HIV/AIDS for Social Studies Education**

Going by the description of the adolescents, and their 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 fully 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 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 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 thought 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 feelings and self-confidence, self-expression, self-realization, initiative, and reflective thinking, which are requisite skills to cope with the challenges of life (*Akinlaye, Mansaray and 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.

### **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 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 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 teacher.

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