

**IMPACT OF SOCIAL STUDIES EDUCATION ON HIV/AIDS AWARENESS
AMONG COLLEGE OF EDUCATION STUDENTS IN KADUNA STATE**

BY

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NCE, BED Social Studies (A.B.U)
M.ED/EDUC/1630/2009 –10

**DEPARTMENT OF ARTS AND SOCIAL SCIENCE EDUCATION,
FACULTY OF EDUCATION,
AHMADU BELLO UNIVERSITY ZARIA**

APRIL, 2015

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**A THESIS SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES, IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF
MASTER DEGREE IN SOCIAL STUDIES EDUCATION,**

**DEPARTMENT OF ARTS AND SOCIAL SCIENCE EDUCATION,
FACULTY OF EDUCATION,
AHMADU BELLO UNIVERSITY ZARIA**

APRIL, 2015

DECLARATION

I declare that this research work title “IMPACT OF SOCIAL STUDIES EDUCATION ON HIV/AIDS AWARENESS AMONG NCE STUDENTS IN KADUNA STATE has been carried out by me in the Department of Arts and Social Science Education. The information derived from the literature has been duly acknowledged in the text and the list of references provided. No part of this thesis was previously presented for another degree or diploma at this or any Institution.

Tessy Adunni OLURE

Date

DEDICATION

I wish to dedicate this work to Almighty God for His love, guidance and protection throughout my study. It is also dedicated to my beloved husband, Mr. Olure, and the entire family.

CERTIFICATION

This thesis titled “IMPACT OF SOCIAL STUDIES EDUCATION ON HIV/AIDS AWARENESS AMONG NCE STUDENTS IN KADUNA STATE” by OLURE, Adunni Tessy meets the regulations governing the award of the master of Education in Social Studies section Department of Arts and Social Science Education Ahmadu Bello University Zaria, and its approved for its contribution to knowledge and literary presentation.

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ACKNOWLEDGEMENTS

I wish to express my appreciation to God Almighty for his direction and support in the pursuit of my study without whom this work would not have been a great success.

In any academic work, various people, too numerous to mention, must have contributed in one way or the other towards its realization. However, I am indebted to my distinguished supervisors Dr. M.C Ubah, my major supervisor, and Dr. Sadiq Mohammed, my minor supervisor, respectively for their scholarly observation, precise criticism, words of advice and suggestions on every phase of this research work. Much gratitude is showered on them for their encouragement and patience that served as a facilitator to the completion of this work. To them, I say a very big thank you.

My special thanks go to Dr. H. I Bayero, Dr. I.D Mayanchi, Mrs Khan R.P, Dr. P. B Tanko, O.M Ibrahim and all the lecturers in the Department of Arts and Social Science Education.

I am indebted to my beloved and understanding husband, Mr. Bola Olure for not leaving any stone unturned in making sure that I completed this programme successfully and the entire family of Olure. I say a big thank you for their patience, encouragement, moral and financial support all of which led to the completion of this work. Thank you for your care and unquantifiable love.

My bounteous appreciation will not be completed without acknowledging Prof. (Mrs) Funke Suleiman and Muhammad Nasa'i for their advice support and encouragement given to me. In fact, you are wonderful people. I sincerely appreciate your contribution. I will never forget the effort and contribution of my course mates and well wishers, I appreciate you all. Lastly to my typist Miss Mary Emmanuel for getting her time despite her tight schedule to make sure this research is done.

ABSTRACT

This study was carried out to assess the impact of social studies education on HIV/AIDS awareness among NCE students in Kaduna State. In order to achieve this, three specific objectives, three research questions and three Null hypotheses were raised to guide the researcher. Descriptive survey design was used for the study. The population for the study consist of 2217 students out of which 327 students were sampled using stratified random sampling. Questionnaire was used to collect data from the respondents. The data collected were analyzed using frequency, percentage and means. Independent (two sample) t-test was used to test all the hypotheses. The findings include among others revealed that both group were of the view that teaching and learning of the subject helped in enhancing awareness of the disease among the students in the Colleges of Education. It was also found that students of both genders had equal perception on the awareness of this disease through social studies education. Based on this findings, it was concluded that social studies education contributed positively to the creation of HIV/AIDS awareness among students in Colleges of Education in Kaduna State. In view of these findings and conclusion, it was recommended among others that there is a need for college authority to organize periodic enlightenment campaign among the students in the colleges to keep them in perpetual standby for all eventualities as regard the disease. It is also recommended that both public and private organization should place emphasis on awareness and sensitization among the students in order to minimize the spread of this disease.

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ABBREVIATION

A.Z.R:	Azidodeoxythymidine, Zidovudine, Retrouir
A:	Agreed
AIDS:	Acquired Immunodeficiency Syndrome
ARV:	Anti-Retro Viral
C.O.E:	College Of Education
D:	Disagreed
F.C.E:	Federal College of Education
H.I.V:	Human Immunodeficiency Virus
N.C.E:	Nigeria Certificate in Education
N.E.R.D.C:	Nigeria Education Resources Development Center
S.I.V:	Simian Immunodeficiency Virus
SA:	Strongly Agree
SD:	Strongly Disagreed
STDS:	Sexually Transmitted Diseases
STIS:	Sexually Transmitted Infections
U.N.A.I.D.S:	United Nations Action on Aids Programme.
U.N.F.P.A:	Unite Nation Funds for Population Activities
UNCF	United Nation Children's Fund

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Human immunodeficiency virus which is the main causative virus for AIDS is passed from one person to another through sexual contact with infected body fluids like semen, vaginal fluid, sperm, blood to blood transfusion, sharing of sharp objects with infected person and mother to baby infection either during pregnancy or through breast -feeding (Adamu, 2001). HIV/AIDS Pandemic remains one of the greatest health challenges facing the world today. By 2006, a total of over 42 million people worldwide were living with the virus; with new infections occurring at the rate of 6 million every year (UNAIDS, 2006). The challenges seem even more insurmountable for African countries, as approximately 95% of the total number of people infected live in developing countries, with Sub Saharan Africa having almost 70% (29.4 million) of the global total. Within the next decade, about 45 million people are estimated to be globally infected. The report also indicated that so far about 24 million people have died, 14 million children orphaned and besides, most of those infected new are expected to die within the next 10 years. With 2.4 million annual deaths of the global figure, almost 14 million Africans are involved. (UNAIDS, 2006).

Since the first reported case of HIV virus in Nigeria in 1986 the number of those infected had increased from 250,000 in 2000 to 360,000 by 2010. The virus is prevalent among young people between the ages of 15 and 49, the most sexually and economically active segment of the country's population. The loss of young adults between the ages of 15 – 24 in their most productive years has been one of the most severe consequences of the disease. (Ministry of health, 2007).

The United Nations Fund for Population Activities (2007) stressed the fact that discussing sex is a taboo in many countries, thus denying a large number of people especially youths the information to negotiate safe sex. This makes youths to be more vulnerable to HIV/AIDS and other sexually transmitted diseases. Information/awareness strategies in educational institutions have to be taken into much consideration. The incidence of having just a course or part of a course is not enough for Nigerian adolescents (National Strategic Framework for Action 2005 – 2009 P. 10) (International Barrier Protection Digest (2004). HIV/AIDS should be made a compulsory part of all educational programme in Nigeria. Also awareness on HIV/AIDS should be the mainstay of the intervention and must be incorporated into school curricular at all levels of education (Obuekwe, Diejoman and Dongaonkav, 2002). School youths of today are so much exposed to the risk of being victims of HIV/AIDS. Therefore, enough information and sensitization must be inculcated in the schools' curriculum in Nigeria so as to equip the youths from falling prey to this deadly disease and to protect their counterparts from being victims.

1.2 Statement of the Problem

HIV/AIDS is a global problem that has claimed millions of lives. Since the discovery of this virus in 1981, it has spread all over the globe because the wide gap existing between HIV/AIDS infection seroconversion and the discovering development of the disease, makes the disease to continue to spread silently for years.

The first reported case of HIV/AIDS in Nigeria was 1986. Since then, the prevalence of the infection has continued to grow with social, psychological and economic consequences. In order to reduce the spread of HIV/AIDS, there is a need to educate people, most especially the youths who are in their sexual active phase of life, who may want to experiment with sex without giving much consideration to the implications of their present

behavior. There appears to be inadequate means of making youths aware of the dangers of unbridled sexual relationship. Policy makers on education often recommend that schools can act as a powerful center point for disseminating information and education awareness on HIV/AIDS. Hence school education has been described as “social vaccine” that can serve as a powerful preventive tool for HIV/AIDS in Nigeria.

As youths are a valuable resource for the future of any country, it is imperative that they be equipped with ample amount of information, knowledge and awareness so as to protect themselves and their counterparts from falling prey to this silent incurable killer disease HIV/AIDS. Previous researches have been done on HIV/AIDS using various fields of studies, but none seem to have assessed the awareness on HIV/AIDS through social studies among COE students. For this reason, this study investigates the extent to which social studies education curriculum impacts on HIV/AIDS awareness among COE students for behavioral change.

1.3 Objectives of the study

1. To assess the extent to which social studies education impact in creating HIV/AIDS awareness among NCE Social studies students in Kaduna State.
2. To find out the extent to which gender difference influence the impact of social studies education in creating HIV/AIDS awareness among NCE social studies student in Kaduna State
3. To investigate the level of HIV/AIDS awareness between NCE social studies students of Federal College of Education Zaria and Kaduna State College of Education Gidan Waya.

1.4 Research Question

1. To what extent does social studies education impact on creating HIV/AIDS awareness among NCE social studies students in Kaduna State?
2. What is the extent of the impact of social studies education in creating HIV/AIDS awareness among male and female NCE social studies students in Kaduna State?
3. Is there any difference between the level of HIV/AIDS awareness among NCE social studies students of federal college of education Zaria and Kaduna State College of Education Gidan Waya?

1.5 Research Hypothesis

H₀₁ There is no significant difference between the impact of social studies education in creating HIV/AIDS awareness among NCEII and NCEIII social studies students in Kaduna State.

H₀₂ There is no significant difference on the impact of social studies education in creating HIV/AIDS awareness among male and female NCE social studies students in Kaduna State.

H₀₃ There is no significant difference between the level of HIV/AIDS awareness between NCE social studies students of federal college of Education Zaria and Kaduna State College of Education Gidan waya.

1.6 Significance of the Study

This research work is to see how social studies education will be used as an instrument in creating HIV/AIDS awareness among social studies students in colleges of Education in Kaduna State.

The result of the study will be of benefit to the following people.

Nigerian Youths: the outcome of this study will greatly enlighten the youths in institution of higher learning especially those who are careless about their sexual relationship on preventive measure about the scourge.

HIV/AIDS Patients: The result will be of great encouragement to HIV/AIDS victims who have been stigmatized by the society as it may provide some succor as more people are made aware of HIV/AIDS may now have a change of attitude to the infected and show sympathy instead of being unconcerned.

Policy Makers: The study will also be ally with government and Health Sector in creating HIV/AIDS sensitization and awareness programme among the youths especially NCE students and Health workers through workshop, seminars, public lectures, training, sensitization programmes and debates.

Curriculum Planners: The study will be of benefit to curriculum planners, National Commission for Colleges of Education (NCCE), National Board for Technical Education (NBTE), and other stake holders which formulate what should be entrench in the curriculum to enrich social studies education contents on HIV/AIDS apart from enlighten.

The research work will provide suitable research topic for other researcher who may be interested in this area of study. The study will also be an addition to the literature available on HIV/AIDS in the field of social studies.

1.7 Scope of the Study

This study covered NCE II and NCE III students offering social studies in the Department of Social Studies Federal College of Education Zaria and Kaduna State College of Education Gidan Waya Kafancha in Kaduna State. This study is delimited to them because the students have been exposed to HIV/AIDS courses in their academic work and they will be future teachers in our primary and secondary schools where we have the large concentration of youth who are more vulnerable to HIV/AIDS contact.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.01 INTRODUCTION

This chapter highlight related literature that have direct bearing on the research topic. Impact of Social Studies Education on HIV/AIDS awareness among NCE Social Studies in Kaduna State.

The chapter is organized under the following sub heading.

- Theoretical framework
- Concept of Social Studies
- Social Studies in Nigeria
- Objectives of Social Studies
- Goals of Social Studies Education
- Concept of HIV/AIDS/HIV
- Origin of HIV/AIDS
- Causes of HIV/AIDS Transformation
- Mode of HIV/AIDS Transmission
- HIV/AIDS and Sexual Transmitted Diseases Among Youths
- Prevention and Control of HIV/AIDS
- HIV/AIDS and Stigmatization
- The demographic impacts of HIV/AIDS in Nigeria.
- Impact of Social Studies education and HIV/AIDS awareness
- Review of Empirical Studies
- Summary of Literature Review

2.02 Theoretical Framework

In this study the colony approach view of illness Mado (2007) and Health Belief Model Rosenstock (1974) shall provide the theoretical orientation for this study. The colony approach visualizes HIV/AIDS as a pandemic that has become entrenched in a given environment referred to as colony in Nigeria. Those not infected are affected and include some workers in the colony, relatives of the infected, living within the colony, visitors and others who visit the infected. So, all sorts of mode of transfusion and social cultural systems of relating with one another in the community should be modified in order to check incidence of new cases of infection. The efforts of the World Bank in funding HIV/AIDS research and treatment in Nigeria and the cooperation it receives from the Nigeria government are seen as aspects of the relationships within the colony.

Health Belief Model

All human societies have different ways of classifying disease or ill health. This is usually in line with the health belief system. The health belief model (HBM) suggests that the beliefs and attitudes of people are critical determinants of what they call disease and the health related action they take to combat such disease (Jegede 1998).

Rosenstock (1974) observed that people's ability to utilize health measure is based on four variables. They are (i) the person's view of his own vulnerability to illness (ii) The belief about the severity of the illness (iii) the person's perception of the benefits associated with action to reduce the level of severity and (iv) his evaluation of potential barriers associated with the proposed actions. Rosenstock (1974) was of the opinion that these were actually the determinants of a person's perception of his health condition and the actions he was likely to take to move from ill-health to health. This leads to health seeking behaviour and decision making process. For an individual to constantly remain healthy he must

continually take positive decision and dutifully act upon them. Resenstock (1974) further explain that a person's susceptibility to disease can be at three levels: that of high level if there is real danger of contacting the disease, medium level, where there is a probability that the person may contact the disease and low level where there is assurance that he can never contact the disease. It is therefore obvious that the action that an individual will take when faced with a health problem depends on the perceived effect and consequences of such disease. The ability of an individual to take action towards a disease further depends on other factors such as age, sex, marital status, income, education, place of residence and even insurance scheme.

In health belief model there must be a focus and limit to what to believe and the action to be taken should be specified. The colony approach and health belief model both provide the most effective way to prevent HIV/AIDS pandemic through education and public enlightenment. This study is significance because it also attempt to create awareness about the pandemic coupled with ignorance and non charlatan attitude of people which are the main factors that are encouraging the spread of HIV/AIDS in our communities.

Jean Peaget in Yamah (2009) morality theory hypothesized that peoples reasoning process developed in an orderly fashion, beginning at birth and continuing until they are twelve years and above. At least children respond to the environment in a simple manner, seeking interest objects and developing their reflexes. By the fourth and final stages which are formal operational stage they have developed into mature adult who can use logic and abstract thought. Agreeing to this, behavioral theory beliefs that when people pattern their behavior after others, commit crime and they are rewarded for similar acts. Behavior is reinforced by rewards and extinguished by punishment this indicates that those engaging in pre-marital and extra-marital affaires have deviated from the morality of the society which at the end courses infection of HIV virus.

According to functionalist theory social problem will arise if some path of the society the family, the school, the economy, the government and other social institution and groups fail to perform their functions properly or they carry the performance of the functions too far (Haralambo & Holborn 2008).

In conflict theory, the causes of social problem stem from exploitation nature of capitalism along with racial ethnic and sexual inequalities. Both functionalist and conflict theories assume that a social problem is a product of society. Symbolic interaction theory argued that problem occurs if individuals interact more frequently with criminal than with laws abiding citizen and therefore become criminal themselves. This individual interaction between people influences their society. Social control theory, maintain that all people in the society have the potential to violate the law and that modern society present many opportunities for illegal activities.

The functionalist theory equally hold that society has its expectation and ensure that its members conform to the inculcation of conventional function and imposition of formalized social control of the society. Criminal activities such as drug abuse sexual harassment in the society hold the immediate reward and gratification. Considering the attraction of crime, the question control theorist posed why do people obey the law is because behavior and passions are being control by internal and external forces. Some individual have self-control manifested through a strong moral sense which make them in capable of hunting others and violating social norms which include engaging in extra or pre-marital sex that usually result in contracting HIV/AIDS. Social problems have social causes and consequences and treating them require changes in social behavior such has HIV/AIDS prostitution, terrorism, child abuse among others which have captured social attention of many people in the society (Imhonopi and Urim 2011). Based on the theories examined, social problem in Nigeria are influenced by any of these factors. George and Ukpong (2013) argued that the

process of constructing the idea of social problem also defines and reinforced what considered to be standard behaviors or social condition of any society. In the context of symbolic interaction theory, social studies is the study of issues and problems of man's interaction with his/her environment be it physical, social or technological environment. The world is constantly undergoing changes and social studies education remains a veritable instrument for examining these changed, whether they be positive or negative.

2.03 Concept of Social Studies

Varying attempts have been made in an effort to define social studies education because there is no universally acceptable definition of the concept. The definition is sometimes problematic due to lack of concept specification (Mezieobi, 1991). Kissock (1981) conceptualized social studies as a programme of study which a society used to instill in students the knowledge, skill, attitudes and actions it considers important concerning the relationships human beings have with each other, the world and themselves. In the same vein, the committee for Primary School Social Studies Programme defined social studies as those common learning of man's interaction with his social and physical environment (Okonkwo in Ololobou, 2000).

Similarly, Yammah, (2009) perceive social studies education as a life long education giving to learner preparing learners for a useful life, for self as well as for the society in general where such a learner lives. According to Yammah (2009) it connote an organized study of man and his activities in relation to social, economic, political and physical environment that will bring about the acquisition of functional education and societal development. Social studies could also be seen as a discipline that study the man and his society and all the interplay between him and his environment as well as the effects he has on his environment. Social Studies as a discipline is designed to bring about awareness on HIV/AIDS among the students

for the survival of inter-relationship, companionship, beliefs, value and morality of every existing society.

2.04 Social Studies in Nigeria

There is no agreement among the Nigerian scholars and writers as to when social studies made its first appearance in Nigeria. Ezegebe (1988) asserts that, social studies emerged in Nigeria school in early 1960's. Adedoyin, (1991) opined that social studies was introduced to Nigerian schools during the colonial era with the establishment of schools.

Oladele (2005) observed that the development of social studies education curriculum after independent brought an improvement to the Nigerian society. Oladele (2005) explained that social studies was taught in Aiyetoro Comprehensive High School Egbado in 1963 under the auspices of former Western Nigeria Ministry of education and the American Agency for International Development (AAID). Aiyetoro is a town in present Ogun State. The then Western Nigeria Ministry of Education appointed Aiyetoro Comprehensive High School the responsibility of drawing up social studies syllabus for forms one and two in secondary schools in the mid – August, 1967. Seven members of the development were sent to the United State of America to attend five week workshop on social studies. In the mid-seventies a major land mark was achieved with the introduction of integrated social studies in to curriculum of primary schools, secondary and teacher training colleges as a core subject through out Nigeria.

The Mombasa conference of 1968 according to him raised the status of social studies in Africa and recognition of the subject in the curriculum of many African countries particularly at primary school levels. Oladele further stressed that, the Aiyetoro Comprehensive High School Egbado with the assistance and joint efforts of Ford Foundation and Comprehensive Education Study and Adaptation Centre (CESAC) publish a book titled: Social Studies for Nigeria Schools book one and two.

According to Oladele (2009) Aiyetoro Comprehensive High School, Egbado played a pioneer role in popularizing the teaching of social studies. However, the introduction of social studies into schools and colleges in Nigeria and in different states of the federation was at various time and ways. Other bodies that helped in the spread of social studies include, social studies Association of Nigeria SOSAN, Nigeria Educational Research Council NERC, and CESAC among others. These bodies organized a lot of seminars, conferences and workshops to promote the spread to either parts of the country.

They were also charged with the production of social studies text books which contributed immensely to the wider spread and development of social studies education in Nigeria.

2.05 Objectives of Social Studies

The objective of social studies varied in accordance with the needs and aspiration of each country. In Nigeria, it was emerged to inculcate the right indigenous

goals, concept, methodology and evaluative practices, that met the aspirations of the Nigerian environment and lifestyle, (Mezieobi, 2008).

According to Ololobou (2007) the following are the objective of social studies:

To make the students aware of the problems of his country and the world in general and to appreciate interdependence between people.

To create awareness and understanding of the evolving social and physical environment.

To develop in the students a positive attitude to citizenship and a desire to make positive personal contributions to the creation of a united Nigeria.

To develop a capacity to learn and to acquire skills essential to the formation of statutory professional life and pride in ones job and sound judgment.

To develop in the students an appreciation of his cultural heritage and a desire to preserve it. Ololobou (2004) opined that typical social studies programme must encompass four cardinal objectives which include the environment, the various skills, value skills and invited issues.

2.06 Goals of Social Studies Education

There is no how the impact of social studies education can be discussed without mentioning its goals. Mezieobi (2014) stated social studies goals as thus.

Didactic or knowledge and information goals: This goal focuses on how knowledge or information can be put into active use in order to find solutions to the social problems.

Affective goals: this involves the innate tendency in the recipient of social studies education ability to generate positive values, attitudes, belief and feelings.

Reflection thinking goal: Emphasizes the ability of the receiver of information or knowledge to digest it by analyzing and applying it to find solutions to societal problems through reflective or deep thinking.

Citizenship transmission goals: This is the process of instilling in children the duties and obligations of the public that ensure a stable society.

Pupils self enhancement goals: The mental preparation of the children to make individual commitment to the development the society.

Social-political activation goal: this goal makes an individual an active participant in the socio-political constructs and activities.

Skills goal: Social Studies Education equips children in social skills, study skill, work habit, group work, intellectual skills which they employed in collaboration with others make them useful members of the society.

Table 2.1 Social Studies Courses at NCE Level in Colleges of Education in Nigeria

NCE 1	FIRST SEMESTER
SOS 111	Foundation of social studies*
SOS 112	Origin and nature of man
SOS 113	Man and his social environment
SOS 114	Man and his physical environment
SOS 115	Man and his economic activities

NCE 1 Second Semester

^	Introduction to NERDC Curriculum for social studies
SOS 122	African Community
SOS 123	Man and his government
SOS 124	Man and his physical environment
SOS 125	Nigeria as a nation
SOS 126	Dynamics of group behavior
SOS 127	Environmental studies
SOS 128	Field Trip*

NCE 2 First Semester

SOS 211	Nigeria political life
SOS 212	Praticum for Social Studies National Basic Curriculum
SOS 213	Social studies Research method and statistics
SOS 214	Social Services in Nigeria*
SOS 215	Social Changes in Nigeria

NCE 2 Second Semester

SOS 221	Issues and Problems for National Development and Modernization
SOS 221 SOS 222	Contemporary Public Issues*

SOS 223	Citizenship Education
SOS 224	Law Related Education
SOS 225	Transport and Communication*

NCE 3 First Semester

	Teaching Practice
	Project

NCE 3 Second Semester

SOS 321	Population and Family Life Education*
SOS 322	Nigeria External Relations
SOS 323	Social Institutions
SOS 324	Globalization

N.B All the courses with Astric (*) in their front are about HIV/AIDS and other related diseases which the researcher believe have helped in creating HIV/AIDS Awareness among NCE Social Studies Students in Colleges of Education in Kaduna State.

2.07 Concept of HIV/AIDS

HIV is a virus that cause AIDS. HIV means Human Immunodeficiency virus while AIDS means Acquired Immune Deficiency Syndrome. HIV is caused by a virus that destroys part of the white blood cells, the body's disease fighting immune system. AIDS is a name given to all illness when immune system has been weakened. It is a collection of different illness or complication that result from immune deficiency (UNICEF, 2001). According to UNFPA (2007) AIDS is a disease which the body's natural defence against disease break down totally, to the extent that it can no more fight off infections and other diseases.

According to World Health Organisation (2004) most people infected with HIV initially feel well and have no symptoms for between 5 – 10 years incubation stage or more. Most people infected with HIV in the absence of early screening and prophylactic drug treatments eventually develop signs and symptoms of more advance stage of the disease! Given sufficient time, as long as 15 years, some people who are HIV positive will move beyond HIV, with symptoms acute stage of AIDS and later lead to death. As far as majority scientist worldwide HIV/AIDS is a chronic untreated disease for which there is no cure and which no vaccine has been proven effective against the virus (UNAIDS, 2009). Gerald, (2003) affirmed that in the history of human, never has no much been learned about complex an illness. There is a need for HIV/AIDS education awareness in a formal school system in order to stop the prevalence of this deadly disease.

2.08 Origin of HIV/AIDS

The HIV/AIDS pandemic remain the greatest health challenges facing the world today. The origin of HIV/AIDS is dominated with politics, accusation and counter accusation. Most developed countries are inclining to believe that HIV/AIDS originated from Africa in the rural area of central Africa where the virus may have being in existence in isolated society, while a good number of Africa believe it originated from western world (Nwokocha, 2006).

The origin of HIV was traced to the studies of mutation variant of two Simians species similar to HTLV – 1 and HTLV-11 in West and Central Africa. These simians species were associated with ape and chimpanzee. Simian infections are common among animals in sub-sahara Africa, due to the high frequency exposure of human beings may be infected. Although, the simian species origin and other human retrovirus such as human T – cell, leukemia virus and human forming virus are not disputed. (Adamu,2001).

Adamu (2001) observed that when HIV was first identified, it was initially called LAV and HTLV-111 because of similar features to other human T-cell Lymphotropic virus. However, after a careful study in 1986, which showed important differences, it was renamed to human immune-deficiency virus HIV. HIV is not one virus but exists as two major vital species, HIV – 1 and HIV – 2. HIV – 1 has different six variants while HIV – 2 has only one. Although the two types are capable of causing HIV/AIDS infection and AIDS.

However, there are several arguments against the origin of HIV/AIDS. Simian infection virus SIV claimed to commonly infect animals in sub-sahara Africa, leading to high frequency exposure of human beings. According to the first study, researchers only documented 11 cross species transmission to humans from the last 45 years and only one resulted in human pandemic involving HIV – 1 group. The second one which was traced to central and West Africa due to human exposure retrovirus through hunting and butchering is ancient, but the AIDS epidemic emerged only in second half of 20th century. Anthropologist have documented 50,000 years of human habitation in central and West Africa. If AIDS were to spread through mutation the virus could have emerged there or perhaps in America earlier during the slave trade. Moreover, slaves were taken to America from the very same regions where SIV infected apes and chimpanzee were present and hunted for food .For the period of 300 years of slave trade, 20 million Africans were taken from coastal Maryland to Rio de Janeiro. A pathogenic SIV would have spread among them to the European colonies in America. Most current researchers often clear inoculated SIV, indicating that SIV infection do not lead to clinical signs of AIDS (Perston, 2005)

To remove the doubt, Nwokocha, (2006) revealed that, the virus was first discovered by Luc Montagnier at pesteur institute in Paris and Robert Gallo at the National Institute of Health in United State of America in 1980 – 1981. As the several hundred cases that were discovered were all homosexual men. People in Africa even other parts of the world did not

pay particular attention as HIV/AIDS was seen as disease of gay men and since male homosexual was then rare in most part of Africa. Since HIV virus was first discovered in 1981, it has spread to all parts of the world like wild fire (Sear, 2005).

2.09 HIV/AIDS Transformation

HIV is virus causing HIV infection and AIDS. It is a micro-organism that attacks the cell of the immune system. It is smaller than bacterium and cannot be seen with ordinary light of a microscope. Adamu (2001) stated that when HIV enters the body, it infect the CD4 cell antigen receptors, these cells are the helper inducer, subject of T – Lymphocytes called T4CA4. Lymphocytes – CD4 antigen is found in 5 – 10% of B – Lymphocytes, 10 – 20% of tissue macrophages and up to 40% of circulatory monocytes. It is thought that macrophages and monocytes are reservoirs of HIV where it reproduces rapidly. The virus attach itself to the surface of white blood cells (WBC) which fight against infection (CD4/T4 cells). This virus now enters a CD4 cell, bound with deoxyribonucleic acid (DNA) of the cell. DNA is a human genetic which enable cells to reproduce. When one is infected, instead of cells to reproduce itself, it produces HIV virus which destroyed the human cells.

However, initially the T4 immune system of the infected person is able to kill the HIV virus in T4/CD4 cell which becomes infected with HIV. According to Adamu (2001), HIV like other virus is an intercellular organism that can only survive and replicate inside its living host, except under special laboratory condition. HIV is destroyed outside its living host on exposure to heat, pasteurization, antiseptics, methylated spirit and bleach. In cumulative terms, in the first five years of infection between 10% to 30% develop AIDS after seven or eight years. AIDS related illness may occur including persistent generalized lymphadenopathy, the AIDS related complex (ARC) and neurological diseases caused by other virus. (Wikipedia, 2005) (Ahonsi, 2005).

2.10 Mode of HIV/AIDS Transmission

Since 1981, when the first HIV/AIDS cases were detected, many studies have been conducted on the factors responsible for the transmission of this disease. People diagnosed with AIDS may get life threatening diseases called microbes such as viruses and bacteria (Maggione, 2004). Anybody who has the virus is a carrier and can infect others (Popoola, 2003).

According to Adamu (2001) and Ahonsi (2005), major mode of HIV/AIDS transmission in Africa, Nigeria in particular is through unprotected sex with infected partners either through heterosexual or homosexual. This virus can enter the body through the lining of the vagina, vulva, penis and rectum. They maintained that at least 80% of all HIV infected persons in Nigeria are through unprotected sex. HIV could be mother-to-child infection during pregnancy, birth or through breast milk and almost all untreated pregnant women infected with HIV/AIDS pass the infection to their babies .In addition, they also confirm that, transfusion of contaminated blood from infected person to uninfected could spread the virus .They re-affirm that contaminated blood which is thought to account for between five (5%) to ten (10%) of HIV transmission in Nigeria, nearly two and half decades into the epidemic is a reflection of a weak HIV/AIDS public awareness campaign. This is a casual element in the HIV transmission that can be relatively dealt with as some developing countries like Senegal and Thailand managed to do very early in to the HIV epidemics. HIV can be contacted through sharing of sharp objects with infected person, HIV spreads through contaminated needles or syringe from infected person to another, among injection drug users, very little quantity of blood from someone infected with the virus could infect another (UNAIDS, 2004). According to UNAIDS (2002) HIV is not contacted through coughing, sneezing, casual contact such as shaking hands, hugging, sleeping together among others. This disease is lethal in all ramification of human society, hence massive enlightenment

should be mounted through education and information like other parts of the world (Akinsete 2004).

There are other factors and reasons that are responsible for the spread of HIV virus in developing countries, Nigeria not been an exception. According to Oyebanre, (2000) the spread of HIV among the people especially youths is caused by immorality. This promote the spread of the disease among the youths, as there is unconscious sexual urge among the sexually active ones. Awake (2002) opined that ignorance and improper enlightenment about AIDS are the major reasons for high spread of the disease among the youth. He further explained that a large number of those infected are unaware until major symptoms start manifesting. Many deliberately avoid being diagnosed because of the impending discrimination when they are tested positive. Socio-cultural practices, beliefs and taboos are some of the factors affecting population related to issues like HIV/AIDS. Most of HIV/AIDS related diseases are often blamed on witchcraft hence wrong medication are applied. Also African culture does not permit women to question the infidelity of their spouses to refuse sexual contact or suggest safer sexual practices with exception of some negligible percentage of enlightened couples. This puts the wife in a difficult situation. Socio-cultural interaction among kinsmen and lineage members based on attitude, lifestyle, socio-economic, material status, poverty, lack of knowledge and ignorance contribute to increase in the rate of the disease (UNICEF, 2003).

Jegade and Odumosu, (2003) stated that despite the robust and omnipresent HIV/AIDS campaign by religion, non-governmental organizations, educational institutions, state and federal government, sexual activity is on a steady increase. Advet (2008) pointed out that many communities in Nigeria, especially in the northern part are battling with serious economic problems as a result of low per capita income of people. This is due to underemployment, retrenchment and unemployment of workers which have led to increase in

poverty. Many women especially girls survive on sex trade, which makes them more vulnerable in contacting the disease.

2.11 HIV/AIDS and Sexual Transmitted Diseases Among Youths

HIV/AIDS has caused a global problem and poses a serious challenge to development and social progress in the world. Many of the poorest countries are among those affected in terms of numbers of infected persons and the impacts of this epidemic (UNAIDS 2009). Most sub-Saharan African nations have their adult population infected with HIV, with youths aged 15-49 years facing the highest risk of HIV infections than the other age group (UNESCO/WHO, 2006). In the recent year, sexual transmitted infection has gained much attention and interest of the people probably because of its connection with sexual activities and death arising from it.

Sexual transmitted diseases STDs according to Dehavne (2005) occurred mostly among young people especially the youths which regard sexual activities as sources of good health and enjoyable. This is because of the sexual urge arises from transiting to puberty which compels the youths to various urges. Sexual activities after puberty is inevitable among the youths due to their active nature at this period. Labaran (2001) asserts that, there are much differences in human behaviour between the youth of today and older generation. The youths of today are less concerned and more vulnerable to their traditional norms of behaviours especially in terms of sexual dealing. The effect of urbanization and modernization of the society have made the youths of today deviants of societal norms, regarding genital organs and their sexual involvement.

According to Odey (2004) most STIS disease such as syphilis, gonorrhoea, Chlamydia, trichomonas, chancroid and genital herpes which created fear in the mind of youths, has been erased by modern technologies and medical science which make the youths

to be more vulnerable. Most of the time young people are always away from their families and engaged in social institution such as school, work places and social guarding which make them more vulnerable to sex exploitation and at a high risk of unwanted pregnancy, abortion and STDS/HIV/AIDS infections. Most of these youths spend their time with peer group living under similar situation or condition need help and attention, most of these youths have short term relationship and do not consistently use condom. (Staker 2004)

Lack of access to information on HIV mode of transmission, symptoms, treatment and care on HIV/AIDS and other sexual transmitted infections make the youths to be more vulnerable to these diseases and where there are information and service they may be reluctant to seek for help and care. The major challenges in reducing HIV/AIDS and other sexually transmitted infection diseases (STIS) is the use of condom among people at risk. Because condom use is in the ability of any partner to convince the other due to condom availability at time of sexual intercourse, religious inclination and desire for flesh to flesh sexual pleasure also increase their vulnerability (Tinuola 2006)

Omoniyi (2009) affirmed that STDS and HIV/AIDS are contacted through sexual intercourse. Although there are other ways of contacting HIV/AIDS infection, but the major route is, through sexual activities most especially for those who have multiple sex partners or engaged in unprotected sex either through intersexual or homosexual partners. Adequate knowledge of HIV, its mode of transmission, access to relevant services and supplies of information could give the confidence to initiate sustainable social behavioural changes that will lead to the avoidance of risky practices. A complementary messages and services delivered by the government, individual and non-governmental organization will lead to key behavioural change of having sex at younger age and increase level of condom use among the vulnerable group (Chohen 2004).

2.12 Prevention and control of HIV/AIDS

Human immunodeficiency virus HIV and Acquired immune deficiency syndrome AIDS has no definite cure at present neither there is any effective vaccine discovered for the treatment. The main option is that of prevention which include all the measures at preventing HIV from spreading through any route of transmission by mobilizing human and financial resources on information about the risk, will help as a preventive weapon against the scourge Guo, Chung, Hill, Hawkins, Catalano, Abbott (2002). Health reproductive and sex education at school and at community level should be targeted at safe sex through consistent and correct use of condom by men and women if condom is used correctly and consistently, can serve a dual role of protection against sexually transmitted infection and prevention of unwanted pregnancies (Rahamety 2008).

According to Ashiru and Owodiong (2008) there are abundance of information on the basic pathogenesis of the infection, the epidemiologic advancement of the disease around the globe the multiple factors that determine vulnerability, the development and use of high active antiretroviral therapies (HAART) to retard the clinical progression of HIV- related diseases. Treatment with anti-retroviral increases the life expectancy people infected with HIV. Even after HIV has progressed to diagnosable AIDS, the average survival time with antiretroviral therapy is estimated to be more than 5 years. Without antiretroviral therapy, death normally occurs within a year.

According to Lamptey and Gayle, (2001) HIV/AIDS preventions should focus on delaying the onset of sexual intercourse, promoting abstinence or decreasing the frequencies and number of sex partners, promoting sexual practices and condom use as well as providing treatment for sexually transmitted diseases (STDS) they assert that social and cultural practices of sharing unsterilized and contamination instrument and tools should be discouraged among the people as well as transfusion of unscreened blood. Because, the discouraged of

intravenous drug use, needle re-used and unsterilized contaminated needles and sharp instrument will lower the spread of the infection. Prevention of mother to child (PMTCT) provided by Antenatal services reduces and control the spread of HIV virus from mother to child, through antenatal services and Nevepin given within 72 hours from childbirth to a child whose mother is HIV positive can also prevent the child from been infected.

Adamu (2001) observed that Birth control, contraception in HIV infected female reduced or prevented HIV infection in child since 75% of childhood HIV transmission takes place during pregnancy and at childbirth. The breast feeding by HIV positive mother should be prevented because a child can be infected through breast milk. Effort at prevention have focused primarily on changes of sexual behaviour and condom used. Condom use is to be encouraged greatly among people at risk. Despite the effort, more than half of all new HIV infection in the world occur among young people under the age of 25 years. With the increasing spread of HIV infection, it is imperative to adopt different sensitization and awareness on condom use among the sexually active adolescence population. (Gattmacher 2000) observed that with the increasing spread of HIV/AIDS infection, it is imperative to adopt different sensitization and awareness on condom use among the sexually active adolescence population.

2.13. HIV/AIDS and Stigmatization

Human immunodeficiency virus has devastating effect on the economic and social status of infected and affected person by accelerating poverty, preventing good health, retarding good quality of educations as well as social and political progress of the nation (Adekeye 2006). Over a time every human society is confronted by some social, political, economic and religions in balance which affect individual and nation as a whole. In every society today with HIV/AIDS pandemic, individual citizen are now battling with HIV/AIDS

status. An average person is now grouped into different categories. HIV non infected, the infected as well as infected person, people living with HIV/AIDS PLWHA. They may have contacted the virus through any means which may be regarded as their fault. The truth is that they are subject to HIV/AIDS discrimination. (Peltzer, K. 2002).

According to Giddens and Duncier (2006) one of the major issue to contend with in dealing with HIV/AIDS pandemic is stigmatization. Stigmatization constitutes the foremost barriers to effective integration of HIV/AIDS education in the society. Most problem faced by the PLWHA are maltreatment and rejection as a result of improper sensitization and awareness among the people. The person with HIV/AIDS, experiences an immediate crisis over what makes life meaningful or meaningless. After tested positive of HIV, he or she face with the decisions of how to enter and adhere to care and whether to disclose HIV seropositively to partners, friends, family colleagues, employer and health care provider because of fear of been discriminated. Stigma sets an individual or group apart from the majority of the population with the result that individual or group is treaded with suspicious or hostility. Stigmatization has caused anxiety and prejudice against the group most affected as well as those living with HIV/AIDs in the society. HIV/AIDs PLWHA are faced with cruel and dreading attitudes from the society such as refused and termination of employment, denied right to marriage, rejection by families, friends, churches, mosque and other social institutions as characterized the discrimination suffer by the victims. Stigmatization is high and acceptance of PLWHA is low in southern Benue State Alubo 2002.

Stigmatization has affected societal reaction to people living with HIV/AIDs. Olaywida and Idogho (2005) observed that stigma and discrimination remain in Nigeria environment at family and community level with misconception, misinformation and fear of getting HIV. In African society, family are primary care givers to sick members. However, the fear of infection makes may families members keep away and stigmatized the patient.

More so members of the family also suffer stigmatization or discrimination within the community for having member who is HIV/AIDS positive. They maintained that the connection of AIDS with immoral sexual behaviour and the association of HIV/AIDS with drugs users that are already stigmatized in the society have influenced the stigmatization of the disease. Also messages and picture about the disease without cure scared people and make them to avoid any one tested positive. Stigma according to Nwagwa (2004) is a powerful and disturbing social label that radically and negatively affect the ways individual view themselves and the way others view the individual as a person. Stigmatization reinforces the tendency for PLWHA to make themselves withdraw from the society which contribute to the culture of silence surrounding the diseases and the consequence of its spread. HIV/AIDS related murders has been reported in Brazil, Colombia, Ethiopia, India, Thailand and South Africa where Gugu Dhlamin, was stoned and beaten to death by neighbours in her township near Durban, after making her HIV status known on World AIDS Day. In Nigeria such ignorance shows up in an unexpected and suppressing places, where health care professional are skeptical about admitting HIV patients in their hospital just as high court judge refused to accept a PLWHA in the courtroom for the same reason. In the absence of treatment and cure for HIV/AIDS, many false claimants are encouraged to exploited people living with HIV/AIDS. Only few PLWHA had publicly declare their HIV status and many would not like to identify with any for the fear of being infected (Ekong 2005).

In Nigeria where discrimination exists in the society, the people in such places may not have heard enough information and awareness to erase their ignorance about HIV/AIDS and in the campuses where discrimination exists, they may not have been put through policy exercise and module that will equipped them for better behaviour, attitude belief, conduct and expressions toward people living with HIV/AIDS PLWHA. The major issue is that Nigeria,

have not started enacting law and policy that will match what exists elsewhere, like Rwandan HIV/AIDS Health Care Services edict, the Kenyan sexual offence act and high penalties for rape attempt, sexual assault, or induced indecent act governing rape and person in position of trust and deliberate transmission of HIV/AIDS or any other life threatening sexual transmitted disease (Young, 2004.) These laws empowered the Kenyan government to come up with policy framework on gender based violence and sexual harassment.

World Bank (2003) reported that with the high prevalence and incidence of HIV/AIDS in the society and the stigmatization associated with the illness, there should be an increase on education, sensitization and awareness on stigmatization on the acceptance and care of HIV/AIDS patients in the society. The problem of maltreatment of PLWHA refusal to disclose the status of the illness and unwillingness to education and counselling services as a result of stigmatization of the people suffering from the disease in the society should be addressed. Stigma associated with HIV/AIDS, should be treated with confidentiality in both HIV/AIDS education and care. Because no one would want to be gossiped about or told others that they are HIV/AIDS positive since this will pose problem for them in the society. The most effective way to remove this barrier, is by integrating HIV/AIDS education, increasing sensitization and awareness among the people to change their negative attitude toward those suffering for this diseases.

2.14 The Demographic Impact of HIV/AIDS in Nigeria

National Action Committee on AIDS, NACA, (2005) observed that, when the first case of HIV/AIDS in Nigeria was reported in 1986, the epidemic had rapidly spread to every community in the country and has continued to increase since then. The sero-prevalence sentinel survey revealed the level of its prevalence in Nigeria in 1991 was 1.8% in 2001 – 2003 its prevalence percentage were 5.8% and 5% respectively.

According to Ugwuegbulam, (2001) epidemiological data, an estimated 500,000 people were living with HIV/AIDS since 1990. This makes Nigeria to be among the countries in sub-sahara Africa with highest people living with HIV/AIDS. A lot of factors including denial on the part of the Nigerian government and general populace might have lead to its continued increase in few years after its discovery. If the epidemic continue with its current rate, there could be knock on effects across the whole region (UNAIDS, 2006).

Since the case of HIV/AIDS was registered in Nigeria, with highest prevalence rate, the Federal Government of Nigeria has recognized HIV/AIDS as a major health problem. Thus, every 2 years the Federal Ministry of Health carries out a National HIV/AIDS/Syphilis sentinel sero-prevalence survey. (National Policy on HIV/AIDS/STIs Control, 2001). The 2003 sero-prevalence sentinel survey estimated that, there were 3,300,000 adult living with HIV/AIDS in Nigeria and 1,900,000 (57%) of these were women (WHO, 2006). In 2003, National survey report, according to world fact (2008), HIV prevalence had dropped to 5% from 5.8% between 2001-2003. However, the report stated that, the prevalence rate of HIV/AIDS varied from as low as 1.2% in some states and as high as 12% in another state. According to the findings, out of 36 states in Nigeria 13 of them had high HIV prevalence of over 50%. At 5.6% HIV/AIDS prevalence is high among young people below the age of 24 compared with other age group. Nigeria's HIV/AIDS/STID control estimates that, over 60% of new HIV/AIDS infection are in the 15 – 25 years old age group. In 2005, it was estimated that there were 220,000 deaths from AIDS and 930,000 AIDS orphan living in Nigeria. There is an alarming increase in the number of HIV positive cases among children in recent years, 90% of whom contacted the virus from their mothers. (Society for Family Health, 2005).

According to Muruiki, (2000), the epidemic disproportionately affects women and adolescent girls who are socially, culturally, biologically and economically more vulnerable and shoulder the burden of caring for sick and dying. AIDS is killing most productive people

in population widening the level of development between developed and developing Nation (UNAIDS, 2004).

According to World Bank (2002), one of the major impact of HIV/AIDS is loss of productivity of adult labour. When a house member becomes infected, 60% of higher capacity in terms of working days is lost due to HIV-related illness. AIDS has a micro-economic propounded impact on growth rate of GDP, income. For countries with HIV/AIDS prevalence rate of 20% or more, the gross product growth has been estimated to drop by an average of 2.6% annually.

Onipede and Sulser (2000), observed that, the resources committed to the care of the sick both in treatment and funeral have negative impacts on the natural capital as savings are consumed by cost of health and funerals. Nelson Twakor (2003), affirmed that, HIV/AIDS will not only lead to loss of man hour in productive activities but increased health expenditure by the government, community and household thereby increasing pressure on the medical, health personnel and other facilities.

According to UNICEF (2004), a noticeable decline in school enrolment occurs as AIDS reduces the ability of educational system to full basic social mandate as teachers, children, youth and highly educated succumb to the disease. However, HIV/AIDS epidemic is putting the health sector under strain. Overall quality of health sector and care dropped, there is shortage of hospital beds while demand on health personnel are affected leaving the sector in confusion. How well educational institutions adapt and function will influence how well society will recover from this epidemic.

According to Iduser (2002), the prevalence of HIV/AIDS is on the increase despite some effort to curtail it in Kaduna state. This could be due to lack of information on HIV/AIDS prevention and control among the youths especially in secondary schools. The

recent findings show that, there are increasing rate of sexuality among adolescent youths in Kaduna state due to poor economic problem. This has resulted in youth becoming involved in sexual networking to earn a living. Having as high as 6% rate of prevalence of HIV among young people, according to society for family health (2005), could be due to lack of awareness on the part of the young ones about the incidence of HIV virus and AIDS disease. Awareness through HIV/AIDS sex education in the general education of the young ones must be incorporated into the school curriculum.

2.15 Social Studies Education as an Effective Tool for Creating HIV/AIDS Awareness

However, various scholars view social studies education as an effective tool addressing varying social vices in the society. Social studies education aims at empowering individual with ideas, concept, knowledge, belief, value, skills, technique, attitude and habits that will help them tackle challenges such that they can take decision beneficial to themselves and their society. Mezieobi (2008) opined that social studies education place man in a control position and his activities are studied in relation to his environment which could be physical or psychological, and the goals and objectives to produce responsible and participative citizens with analytic relative skills and attitude to make the society for good successful living and worthy of human habitation with fewer problems.

Amid (2000) assert that, the introduction of social studies education in schools has assisted the learners to acquire the basic, knowledge, skill and positive attitude needed to be a responsible citizen and constitute member of the society. The concept and idea taught on HIV/AIDS goes a long way to educate the society especially the youths on HIV/AIDS mode of transmission to prevent them being a prey of HIV/AIDS and to educate their counterparts about its danger. The inculcation and teaching of HIV/AIDS as a course in the school, also

built the spirit of tolerance and compassion for HIV/AIDS patients in the society especially among the youths. Such that society now re-define relationships with HIV/AIDS patient to reduce the stigma earlier attached to them, so that their little contribution in the society will not be lost to social prejudice. Also, people now know that handshake, hugging, eating together or mere contact can not infect people with HIV/AIDS except through sex, and other source of HIV/AIDS transmission. The introduction of HIV/AIDS into social studies education curriculum has created awareness and ample information and confidence among the youth on prevention and control of HIV/AIDS. It is through education and correct information, PLWA have come to realization that they can equally live useful, normal and fulfilling lives where they have access to love, care and treatment (Olawale, 2005).

2.16. Social Studies Curriculum In Relation To HIV/AIDS

Curriculum involved HIV/AIDS education requires a critical construction so that it enables change of behavior not only in cognitive domain but more at affective level which may lead to behavior change among the learners. (Ojo, 2000). It has been observed that HIV/AIDS spread rapidly in Nigeria because of lack of proper sex and sexuality education especially in the school with the largest number of sexually active youths. This may be due to socio-religious and cultural biases that regard discussion of sexual matters as taboos and too sensitive and personal (Ogunyemi, 200) But, where it exists at all the focus is always on abstinence. Whereas preventing teenage sexuality does not exist and it is out of step to reality.

Nelson-Twakor (2003) asserts that, American in two decades following the first diagnosis of AIDS in 1981, the disease was attacked by intense education and safe sex campaign that helped bring the incidence of new cases under control. The Nelson stresses that, it will be very deadly to misinform young ones, who need to understand the basics, as

how the linkage between drug use and infection, potentially life-saving information should be taught in the school.

UNESCO (2000) in a similar vein, Nigerians share the same idea which led to national pressures on curriculum developers to include number of new subjects in the school curriculum. Which include-population and family life education, drug abuse education, environment education, science and technology and society (Ivowi 2008). The subject matter of HIV/AIDS is also fits into all these emerged content, concept and subject matter, which the school especially college of education social studies education curriculum in Nigeria is try to teach and create awareness among students. These were inculcated in order to prevent an control HIV/AIDS among the youths.

Ivowi (2008) asserts that curriculum is a tool designed for education a person in order to change the orientation, behavior, actions and values of that person whose concern is not only to develop self but also to bring development to the world around him/her. The information content, and concept emerged in NCE social studies curriculum during teaching and learning regarded HIV/AIDS mode of transmission, prevention, and control of HIV/AIDS stigmatization, against HIV patients, management of HIV/AIDS and other related sexually transmitted disease will go a long way to inbue the youths with relevant knowledge and articulated specific life skills on learners to make them face HIV/AIDS situation with courage in terms of HIV/AIDS statue test. Success of any curriculum continent depends on extend to which an effective teacher interprets and implement, arousing the interest of learner during the course of instruction (Kanno, 2012). Socio-cultural believes and ideas inherited from their background such as sharing the same razor blade during circumcision, widower and widow heritage, kinsmen and lineage member based on altitude, life style among others that increase the spread will be reduced among the youths. An individual exposes to social studies curriculum content is giving positive orientation which will prepare him or her to

function effectively in the society, Mkpa in Onyehau (2009) view curriculum implementation as the task of translating the curriculum document into operational curriculum by combined effort of the teachers, the students and other stakeholders. Curriculum implementation are all activities of translating a complex curriculum conception in form of a design into new patterns of practical actions useable and realizable in a teaching and learning situation. Social studies education is creating HIV/AIDS awareness among NCE students in various courses at NCE level that directly enlighten the students on /HIV/AIDS in Nigeria. Some of these courses includes:-

SOS 111:- foundation of social studies, it has theme titled “the relationship between social studies and population, family life, drug and HIV/AIDS education” these really assist the students in their first year semester NCE 1 on the knowledge of HIV/AIDS scourge in Nigeria.

SOS 223:- social services in Nigeria, it has theme titled “Health institution structure and functions, national HIV/AIDS/ STD control programmes in Nigeria (NASCP)” these expose the students to understand the structure and functions of National HIV/AIDS controls programme in Nigerian. It also help in creating HIV/AIDS awareness among social studies students in Nigeria.

SOS 225:- contemporary public issues, it has a theme titled “STD/HIV/AIDS scourge” this theme also really create HIV/AIDS awareness among learners because it discusses the meaning, causes, symptoms, prevention and ways of discouraging stigmatization against peopled living with HIV/AIDS

SOS 321:- population and family life education, these theme titled the relationship between social studies and population family life and HIV/AIDS education”. These have the

entire requirement in creating HIV/AIDS awareness among NCE social studies students and people in the community.

Some courses in social studies education at NCE level also encouraged research work on HIV/AIDS scourge in Nigeria. For instance SOS 213 research method and statistic in social studies give the opportunity to the students to conduct mini-project on HIV/AIDS in Nigeria and how social studies could be used to create awareness among learners and people living in the society. Also under education 325 research project in education, students are giving research project to work on, which create more awareness on HIV/AIDS among the learners.

2.17. Review of Related Empirical Studies

There are number of studies carried out in social studies by undergraduate, post graduate among others, but there are relatively few or no research work done on impact of social studies education on HIV/AIDS awareness. This implied that, social studies education is relatively a new subject in Nigeria curriculum, social studies being a new subject in Nigeria, there are no enough varieties of empirical investigation studies on the topic. Therefore it will be quite unsafe to draw any generalization cogent to appropriate in understanding HIV/AIDS knowledge and awareness base on the previous research. Therefore, the following empirical studies related to this research work were reviewed.

Iduseri (2002) carried out a study on the topic ‘A comparative analysis between rural and urban awareness of HIV/AIDS’. The purpose of the study was to examine the level of HIV/AIDS awareness between rural and urban dwellers/communities in Zaria region. The population of the study was male and female adults. A sample of four hundred (400) respondents was selected in both rural and urban areas while three hundred and eight one (381) respondent were selected for sample size. Questionnaire, interview and hospital records

were used for data collection. Variance and percentage were used in the analysis of data at 0.85% while confidence interval of ANOVA level of 0.05 was used in the analysis of variance.

The research findings revealed that, the level of HIV/AIDS awareness was high in urban communities as a result of different medium of mass communication information programmes among urban dwellers while ignorance concerning HIV/AIDS was high in rural area due to low level of HIV AIDS awareness programmes from different communication and information channels. This shows that the important of awareness programmes on HIV/AIDS cannot be overemphasized in any community, through public awareness programme on HIV/AIDS the society will be free from this incurable disease.

The researcher finally admitted that information, education and communication activities on HIV/AIDS should be through schools in order to provide basic understanding of HIV/AIDS at grass root level. The central issue is that, social studies education as a discipline has ultimate goals of creating HIV/AIDS knowledge and awareness among students at all level of education.

Iduseri study compared the level of HIV/AIDS awareness between rural and urban dwellers which comprise of male and female adults in some selected communities in Zaria region. The present work is to find out the level of HIV/AIDS awareness among NCE II and NCE III social studies students in colleges of education in Kaduna State. There was no stated empirical study to support the work. However, the study failed to embrace other relevant aspect such as social studies students in colleges of education which the discipline embraces, instead non direct population were used.

However, Iduseri study is helpful to this present research work because it draws the attention of the research to problem been faced by people from getting adequate information

and awareness programme on HIV/AIDS. It also helped the researcher to see the need of finding out the level of HIV/AIDS awareness among NCE social studies students which is the main focus of this present research work. The research work also serves as an effective guide to this study. The two research works are both on awareness, for the purpose of educational pursuit and can serve as empirical studies for other academic purposes.

Odu (2008) wrote on knowledge of HIV/AIDS and sexual behaviour among the youth in south west Nigeria. The research work was carried out to investigate the different types of sexual behaviour and whether youths have the knowledge of key concept of HIV/AIDS. Two research questions and two hypotheses were raised for the studies. The population of the study were undergraduate youths in four different universities in four states of south west zone of Nigeria. The sample population for the study was 1420 undergraduate youths. Questionnaire and interview were used to collect data for the research work.

Pearson product moment correlation, t-test and simple percentages were used in analysis of data. The study has revealed that most respondents were sexually active and were engaged in high risk sex such as causal, same sex, multiple sex and sex in exchange for money or favour. The study also revealed that youths have very high knowledge of the concept of HIV/AIDS but have misconception about HIV/AIDS mode of transmission which is the major factor militating against safe sex among the youths.

Odu study recommended among others that the introduction of policies and programmes that can transform the sexual life of the youths or reduce their risk behaviour be put in place while sexuality educational HIV/AIDS should be included into the curriculum of all level in all the schools in Nigeria. Odu study on knowledge of HIV/AIDS and sexual behaviour among the youths is equally a helpful tool on the achievement of this present study of impact of social studies education on HIV/AIDS awareness among NCE social studies

student in Kaduna State. Because the research work has thrown light on the weakness and strength of youths on their knowledge on HIV/AIDS and the sexual behaviour of youths. Odu's work covered knowledge and sexual behaviour of youths on HIV/AIDS in south west Nigeria while present work covers awareness on HIV/AIDS in colleges of education in Kaduna state. There was no statement of problems, no empirical studies to support the research work and the questionnaire were not all collected.

Bankole (2006) carried out a research on the topic: "A survey of information source used by secondary school students in Ogun state, Nigeria for knowledge and attitudes toward HIV/AIDS". The research work was carried out to find out the students knowledge and awareness about sexually transmitted infections, the general belief and attitudes related to HIV infection and persons with AIDS among secondary school students in Ogun State Nigeria. Three objectives were raised for the studies. The population of the study were students in secondary schools. The sample of the study was 1404 respondents, questionnaires and interview were the instrument used for data collection. Simple percentage were used in the analysis of data collected.

The study revealed that, the respondents demonstrated good knowledge on general belief, mode of transmission and precautionary, measure against HIV/AIDS expect few that have misconception on mode of transmission and intolerant attitudes toward people living with HIV/AIDS.

Based on the result and discussion, the researcher recommended that more information on people living with HIV/AIDS and mode of transmission awareness programmes are needed among the secondary school students to correct the inadequate knowledge and develop positive attitude among students on HIV positive and AIDS patients. There was no indication of population, statement of problem, research questions and

hypotheses. However, the current research work got relevant literature from the work of Bankole. The research work was on information sources used by secondary school students and their knowledge and attitude towards HIV/AIDS patients. While the present study is to create HIV/AIDS awareness among the students.

Adeleye (2006) carried out a research on the topic “influence of primordial culture and HIV/AIDS awareness programme on stigmatization of HIV/AIDS patients in Oyo and Osun State Nigeria: Premise for community education intervention. The study examine the problem of stigmatization on HIV/AIDS patients in Nigeria. Three objectives and two hypotheses were raised for the studies. The population for the study were male and female adults from two communities. A total of 125 respondents were use for sampling. Instrument used for data collection were structured questionnaire and interview. The research findings indicated that primordial culture influence attitude to HIV/AIDS patients and the initial components of the stigmatization. The researcher finally admitted that community education strategies on HIV/AIDS through awareness programmes from all channels of community education such as primary, secondary, adult literacy centers among others could serve as avenue to sensitize the communities on the infection of HIV/AIDS and reduce the stigma on the patients. The central issue is to prevent the HIV/AIDS patients from been stigmatized. There was no stated research questions to guide the work.

Adeleye study on stigmatization awareness is equally a helpful tools on the achievement of this present study. Though Adeleye’s work cover, awareness on stigmatization on HIV/AIDS patients while the present study covers HIV/AIDS awareness among NCE social studies students. Although, the work does not differ significantly from the present study since HIV/AIDS is a global issue that need urgent solution through social studies as a discipline.

Onyene (2010) wrote on Tertiary institution learners: HIV/AIDS sensitization tool receptivity: Implications for sustainable democracy in Nigeria. The purpose of the study was to develop simple communication tools combination and ascertain through sensitization the potency of the tools to increase HIV/AIDS pandemic awareness among students in Nigeria tertiary. The population of the study was 100 and 200 level students of two universities and two colleges within Lagos.

The instrument used for data collection was questionnaire. Data were analyzed and descriptive statistics were used to reveal the quality of each tools and their control potency over students' sexual behaviour and social cohabitation. Among the study findings were that the respondents have 25% limited knowledge on HIV/AIDS awareness; and 25% were indifferent to awareness programmes due to religion practices and belief. Which are some of the reflected behaviour in our schools at all levels of education. The researchers concluded that institution of higher learning should create a center for HIV AIDS sensitization and awareness which will adopt different types of sensitization tools and integrate them into general course and relevant campaign procedures. However, the work is of great benefits to this research work because the researcher opined that institution at all levels of learning should create a centre for HIV/AIDS sensitization tools, to integrate them into general course and relevant campaign procedure. This has motivated the present researcher to know that sensitization and awareness are still important and relevant in our present day society. Relevant instruments were used in the study. Though the research topic and population used differ but the two research works cover academic work at different levels.

Summary of related literature

The chapter attempt to review some facts that are related to the present study to gain an insight into issues of impact of social studies education on HIV/AIDS awareness among NCE social studies students in colleges of education in Kaduna state.

The review was presented from two perspectives the conceptual and previous studies respectively. Some of the issues that were treated at the literature review are: the introduction, definition of social studies, social studies in Nigeria, objectives of social studies, goals of social studies education, concept of HIV/AIDS, origin of HIV/AIDS, causes of HIV/AIDS transformation, mode of HIV/AIDS transmission, HIV/AIDS and sexually transmission diseases among youths, prevention and control of HIV/AIDS, HIV/AIDS stigmatization the demographic impacts of HIV/AIDS in Nigeria, impact of social studies education and HIV/AIDS awareness, summary of the literature reviews and the empirical studies were also reviewed which include: Iduseri (2002), Bankole(2006), Odu (2008), Onyene 2010 and Adeleye (2006)

However, from previous studied the current researcher observed that no study on impact of social studies education on HIV/AIDS awareness has been carried out thereby creating a vacuum that necessitated the present studies. Thus, the researcher wishes to carried out the study on impact of social studies education on HIV/AIDS awareness among NCE social studies students in colleges of education in Kaduna State. The researcher feels that, no work of this nature has been done in Kaduna state. Thus, this research work will provide relevant data for further empirical study with the purpose of general improvement on teaching and learning of social studies education in Nigeria.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The chapter presents the design and methodology that will be adopted for this study under the following sub-heading.

- ❖ Research Design
- ❖ Population of the study
- ❖ Sample size and sampling procedure
- ❖ Instrument of Data Collection
- ❖ Validity of the instrument
- ❖ Reliability of the instrument
- ❖ Procedure for data collection
- ❖ Procedure for data analysis

3.2 Research Design

Survey research design was used for this study. Survey research design, according to Nworgu (2006), is a way a group of people or items is studied by collecting and analyzing data from only a few people or items considered to be representative of the entire group. Also, Jacobs and Razavieh (2002) opined that survey design permits the gathering of information from a large sample of people relatively quickly and inexpensively. Corroborating this view Olayiwola (2007) noted that survey design is an effective way of gathering data from different source within short time at a relatively cheaper cost. The

researcher will adopt this method because of the large population involved in the selected study area.

3.3. Population of the study

The population for this study comprises of C.O.E Social Studies Students in Colleges of Education in Kaduna State. The selection of the respondents was drawn from federal college of Education Zaria and Kaduna State college of Education Gidan Waya with population of two thousand two hundred and seventeen students. The detail of the population for the study is shown in the table 3.1

Table 3.1 Population for the Study

Name of school	NCE I		NCEII		NCE III		TOTAL
	Male	Female	Male	Female	Male	Female	
FCEZ	212	196	262	278	221	184	1353
KSCOEGW	166	200	82	92	150	176	864
TOTAL	378	396	344	374	371	354	2217

Source: Department of SOS FCEZ and KSCOEGW Gidan Waya.

3.4. Sample and Sampling Procedure

A sample of three hundred and twenty seven (327) students were selected from the total population of students offering social studies in the two Colleges of Education using Research Advisors (2006), specification for sample size. The three hundred and twenty seven students from the two Colleges serve as a representative of the total population of the study. The breaking down of the sample size for study is given in table 3.2.

Table 3.2 Sample size for the study

Name of school	NCE II		NCF III		TOTAL
	Male	Female	Male	Female	
FCE Zaria	40	42	46	38	166
KSCOE Gidan Waya	53	44	34	48	161
Total	75	86	80	86	327

Source: Department of SOS FCE Zaria and KSCOE Gidan Waya.

3.5. Instrument for Data Collection

The research work adopted questionnaire as a major instrument for data collection. A Questionnaire tagged HIV/AIDS awareness through social studies education (HAASOSEQ), was used for gathering information for this study. The questionnaire was developed based on objectives, questions and hypotheses. The questionnaire consists of four (4) section A,B,C and D. A consists of the personal information of the respondents such as gender, location, level. Section B consists of items on the relevant of social studies education curriculum in creating HIV/AIDS awareness among NCE students. Section C consists items on impacts of social studies education in creating HIV/AIDS awareness among social studies students. Section D consists items on level of HIV/AIDS awareness among NCE social studies students in colleges of education in Kaduna state.

3.5.1. Validity of the instrument

The validity of the instrument was determined by expert opinions comprising of social studies professionals, researchers supervisors and statistician. This expert critically examined the instrument with respect to its fitness for the purpose of this study. Their corrections and comments improved the items structure and format of the forty (40) questionnaire items that were used for the study.

3.5.2. Reliability of the Instrument

The reliability of the instrument was determined by the statistical analysis of the data collected from the pilot study. After necessary corrections and validation of the instrument, a pilot test was conducted at Federal College of Education Kano with thirty one (31) students to ensure the reliability of the instrument. Federal college of Education Kano is not part of the population for the study, but its choice was influenced by the location and because of similar characteristics the college shares with the study areas. The Pearson product moment correlation (PPMC), was used to calculate the reliability estimate of 0.78 for the instrument. This reliability coefficient was positive and high, hence the instrument was adjudged reliable and stable based on Nwargu (2006), recommendation, who stated that a reliability estimate of 0.60 to 0.80 is high and the instrument for which is calculated is reliable and stable

3.6. Procedure for Data Collection

The researcher obtained permission letter from college authorities to conduct the study. The researcher engaged a research assistance who was trained on how the instrument was administered. The researcher and the research assistant administered the three hundred and twenty seven copies of the questionnaire to students in colleges of Education where the study was conducted. The respondents were requested to fill the questionnaire on the same day they were given. This is to avoid the loss of the questionnaire and external influence while filling the questionnaire.

3.7. Procedure for Data Analysis

The data collected were analyzed using frequency percentage and mean were used to analyze the data to answer the research questions. The mean for each item was calculated

based on the four 4-point rating interval used in the study. The null hypotheses were tested using independent t-test to bring out the significant different between the mean responses of the students of different levels in the two Colleges of Education.

The null hypotheses were tested at 0.05 level of significance. In the analysis strongly agreed and agreed were taken as “Agreed” while disagreed and strongly disagreed as “Disagreed”.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 INTRODUCTION

This chapter presents the statistical analyses, and interpretations of the results of the data collected with regards to the use of Impact of Social Studies Education on HIV/AIDS awareness among NCE students in Kaduna State. The chapter is structured into four major sections. In the first section, the demographic characteristics of the respondents selected along with their expressed opinions on the subject of investigation were analyzed in frequencies and percentages. The second sections address the research objectives and questions while the hypotheses were tested the third section. The discussions of the findings are presented at the end of the chapter.

4.2 Analysis of the Respondents' Demographic Characteristics

Two hundred and fifty five social studies education students selected from Federal College of Education, Zaria and Kaduna State College of Education Gidan Waya were involved in the study. Their only demographic variables assessed along with their opinions on the role of social studies on HIV/AIDS awareness were gender, level of study and the college of study. The variables are classified by their options in frequencies and percentages in Tables below.

Table: 4.1: Gender classification of the students

Sex	Frequency	Percent
Male	119	46.7
Female	136	53.3
Total	255	100.0

In the table, 119 or 46.7% of the total number of students involved in the study were male while 136 or 53.3% were female. The representation of the male and female students is vital here because of the nature of the study and the classification shows that both groups could be said to be fairly represented. In Table 4.2, the students are classified by their colleges of study.

Table: 4.2: Classification of the students by their colleges of study

College of study	Frequency	Percent
FCE Zaria	123	48.2
COE Gidan Waya	132	51.8
Total	255	100.0

The table showed that the 123 or 48.2% of the students were from Federal College of Education Zaria while 132 or 51.8% were from Kaduna State College of Education, Gidan Waya. This means that the social studies education students in the colleges of Education within the state could be said to be fairly represented in the study. Therefore the information obtained could be said to be valid in relation to the teaching and learning of social studies education. The classification of the students by their levels of study is presented in Table 4.3.

Table 4.3: Classification of the Students by their Level of Study in the Colleges

Level of study	Frequency	Percent
NCE II	136	53.3
NCE III	119	46.7
Total	255	100.0

The classifications in the table showed that 136 or 53.3% of the students were in the second year of their study while 119 or 46.7% were in their final year of the NCE course in the colleges. This would mean that they have been in the colleges for at least more than a

year and have therefore been exposed to the teaching and learning of social study concepts as they relate to the creation of awareness of HIV/AIDS in the respective colleges. This is major reason of their selection for the study to the exclusion of the first year students.

4.3 Assessment of Social Studies Education on HIV/AIDS Awareness

Among the objectives of the study is the extent the social studies curriculum is perceived to the impact of creating HIV/AIDS awareness among the NCE Social Studies students in the state. This objective was investigated with the first research question of the study stated as: Research question one: To What extent does social studies impact on the creation of HIV/AIDS awareness among NCE social studies students in Kaduna State? The aim here is to assess the extent to which social studies education has impacted on the efforts of creating HIV/AIDS awareness among NCE students in Kaduna State. The items selected for which the impact on the awareness creation from the social studies curriculum are listed in Table 4.4. The opinions are presented in frequencies and percentages along the four point scale with mean score for the respective items. Decision on the table is based on the aggregate mean score. Scores of 2.5 and above indicates agreement while lower score implies disagreement by the students.

Table 4.4: Students opinion on impact of social studies education on HIV/AIDS awareness among students

S/n	Extent does social studies impact on the creation of HIV/AIDS awareness	S A		A		D		S D		Mean
		Freq	%	Freq	%	Freq	%	Freq.	%	
1	Social studies education curriculum in NCE	99	38.8	101	39.6	26	10.2	29	11.4	3.06

	I has exposed me to HIV/AIDS awareness									
2	I did not get HIV/AIDS awareness through NCE one course	45	17.6	50	19.6	96	37.6	64	25.1	2.30
3	Social studies education through paper presentation and assignment create awareness on HIV/AIDS	70	27.5	102	40.0	41	16.1	42	16.5	2.78
4	Social studies education does not teach sexuality related diseases	25	9.8	45	17.6	91	35.7	94	36.9	2.00
5	There are specific courses taught at NCE level that take in to cognizance the issues of HIV/AIDS	85	33.3	107	42.0	36	14.1	27	10.6	2.98
6	Courses taught at NCE level that deal with HIV/AIDS are not enough in creating awareness of the diseases to students	56	22.0	101	39.6	56	22.0	42	16.5	2.67
7	The courses at NCE level that deal with HIV/AIDS are enough in creating awareness to students	36	14.1	76	29.8	101	39.6	42	16.5	2.42
8	Social studies lecturer explained the HIV/AIDS related concept well to students	67	26.3	96	37.6	70	27.5	22	8.6	2.82
9	Some lecturer does not have enough mastery of teaching HIV/AIDS related concepts to students for better awareness	55	21.6	116	45.5	49	19.2	35	13.7	2.75
10	Methods used in teaching courses related to HIV/AIDS awareness are not suitable in creating HIV/AIDS awareness to students	42	16.5	74	29.0	93	36.5	46	18.0	2.44
11	Lecturers gave assignments that helped in creating HIV/AIDS awareness to students	70	27.5	82	32.2	68	26.7	35	13.7	2.73
	Aggregate mean score									2.59

For the aggregate mean score of 2.59, the students could be said to have agreed that the curriculum for the teaching and learning of social studies in the colleges helps in creating awareness on HIV/AIDS among students of the subject in the colleges. The students were of the view that the curriculum in NCE I has exposed them to HIV/AIDS awareness and that Social studies education through paper presentation and assignment enhances the creation and awareness on HIV/AIDS. On particular emphasis on the curriculum, the students were of the view that specific courses taught at NCE level takes in to cognizance the issues of HIV/AIDS. But they were also of the view that the courses taught at NCE level that deal with HIV/AIDS are not enough in creating awareness of the diseases among the students and that some lecturer do not have enough mastery of teaching when it comes to the issues of HIV/AIDS related concepts for the students' better awareness. However, the students were of the opinion that lecturers gave assignments that help to enhance the creation of HIV/AIDS awareness among the students. This would mean that the social studies curriculum has

enough provision for the creation of HIV/AIDS awareness among Social Studies students in the Colleges.

Research question two: What is the extent of the impact of social studies education in creating HIV/AIDS awareness among male and female NCE students of Colleges of Education in Kaduna State? The focus here is to find out the extent to which gender differences has impacted on social studies education in its efforts to create HIV/AIDS awareness among Colleges of Education students in Kaduna State. To provide the solution therefore a comparative approach was used to differentiate the opinions of the male and female students on the selected items used for the assessment. The expressed opinions were re-categorized into two to enhance the comprehension and direction of opinions of the male and female student on the respective items. The actual frequencies and percentages distribution on the items are appended as Appendix II. The mean scores indicated for the items are based on the four point interval scale used in the instrument. Discussions and decision on the items are therefore based on mean scores of 2.5 and above for agreement and those below for disagreement with respect to each of the items.

Table 4.5: Opinions of the male and female students on impact of social studies education on HIV/AIDS awareness

S/n	Extent of the impact of social studies education in creating HIV/AIDS awareness	Gender	Agree		Disagree		Mean
			Freq.	%	Freq.	%	
1	Social studies education has helped in creating HIV/AIDS awareness to students	Male	83	69.7	36	30.3	2.78
		Female	113	83.1	23	16.9	3.10
2	Through social studies education, knowledge of HIV/AIDS awareness to NCE students in Kaduna state	Male	93	78.2	26	21.8	2.86
		Female	99	72.8	37	27.2	2.82
3	Social studies education in not an avenue for creating HIV/AIDS awareness to NCE students in Kaduna state	Male	40	33.6	79	66.4	2.23
		Female	58	42.6	78	57.4	2.29
4	I was exposed to HIV/AIDS knowledge during my NCE I	Male	69	58.0	50	42.0	2.61
		Female	87	64.0	49	36.0	2.51
5	I did not get HIV/AIDS awareness in NCE I courses	Male	37	31.1	82	68.9	2.00
		Female	33	24.3	103	75.7	1.92
6	Social studies education curriculum at NCE II has enough concepts that create HIV/AIDS awareness among NCE students in Kaduna state	Male	58	48.7	61	51.3	2.51
		Female	86	63.2	50	36.8	2.68
7	Social studies education can be used to achieved the objectives of HIV/AIDS awareness among the students	Male	92	77.3	27	22.7	2.94
		Female	105	77.2	31	22.8	2.89
8	Social studies education does not create in students the basic knowledge of HIV/AIDS through its curriculum	Male	38	31.9	81	68.1	2.23
		Female	51	37.5	85	62.5	2.26
9	Male NCE social studies students have more knowledge on HIV/AIDS than their female counterpart	Male	66	55.5	53	44.5	2.57
		Female	58	42.6	78	57.4	2.25
10	Female NCE social studies students have more knowledge of HIV/AIDS than their male counterpart	Male	44	37.0	75	63.0	2.30
		Female	50	36.8	86	63.2	2.19
11	Males and female NCE social studies students does not have enough knowledge of HIV/AIDS through social studies education	Male	65	54.6	54	45.4	2.43
		Female	53	39.0	83	61.0	2.15

From the percentage scores and means on the respective items in the table, the male and female students tended to share the same opinion on the impact of social studies education in creating HIV/AIDS awareness among NCE students of Colleges. For example, they both agreed that Social studies education has helped in creating HIV/AIDS awareness among the students and that through social studies education, students have acquired high level of knowledge of HIV/AIDS awareness in the colleges within the state. The male and female students both disagreed with the notion that Social studies education is not an avenue for creating HIV/AIDS awareness to NCE students in the state and that they were exposed to HIV/AIDS knowledge during their NCE I level in the respective colleges. Thus they disagree with the suggestion that they did not get HIV/AIDS awareness in NCE I courses. The students therefore agreed that Social studies education curriculum at NCE II has enough

concepts that create HIV/AIDS awareness among NCE students in the state. The students agreed that social studies education can be used to achieve the objectives of HIV/AIDS awareness among the students and thus disagreed with the suggestion that Social studies education does not create in students the basic knowledge of HIV/AIDS through its curriculum. In the same vein, both male and female students disagreed with the notion that male NCE social studies students have more knowledge on HIV/AIDS than their female counterpart or that the female NCE social studies students have more knowledge of HIV/AIDS than their male counterpart. The two groups were therefore unanimous in their disagreement with the notion that males and female NCE social studies students do not have enough knowledge of HIV/AIDS through social studies education. From these observations, it could be said that the male and female students have the same impact of social studies education's creation of HIV/AIDS awareness in the colleges.

Research question Three: Is there any difference in the level of HIV/AIDS awareness among NCE Social studies Students of Federal College of Education Zaria and Kaduna state college of Education Gidan Waya? The focus here is to examine the level of HIV/AIDS awareness among students of FCE Zaria and Kaduna State College of Education Gidan Waya for a possible difference in level arising from the school location within the state. The opinions on the items used were therefore classified along the different schools. The four point scale was re-categorized into two for agreement and disagreement. The mean scores were however computed on the four point scale and decisions are based on the mean scores. The scores are presented in Table 4.6. The interpretation is however based a comparative approach to enable the comparison between students from the two colleges.

Table 4.6: Opinions of the students' awareness level by location of college in the state

S/n	Level of HIV/AIDS awareness	Colleges location	Agree		Disagree		Mean
			Freq.	%	Freq.	%	

1	Sharing toilets with infected persons can spread HIV/AIDS among youths	Zaria	42	34.1	81	65.9	2.15
		Gidan Waya	55	41.7	77	58.3	2.20
2	HIV/AIDS can be spread through having multiple sexual partners	Zaria	99	80.5	24	19.5	3.06
		Gidan Waya	111	84.1	21	15.9	3.23
3	Receiving blood of an infected person can spread HIV/AIDS among students	Zaria	99	80.5	24	19.5	3.11
		Gidan Waya	113	85.6	19	14.4	3.29
4	We cannot contract HIV/AIDS by sharing food/utensils with an infected person	Zaria	82	66.7	41	33.3	2.76
		Gidan Waya	93	70.5	39	29.5	2.94
5	HIV/AIDS can be spread through having sexual intercourse with an infected person	Zaria	99	80.5	24	19.5	3.24
		Gidan Waya	105	79.5	27	20.5	3.19
6	Infected pregnant women cannot infect their unborn babies	Zaria	63	51.2	60	48.8	2.41
		Gidan Waya	63	47.7	69	52.3	2.45
7	Kissing an infected person cannot spread HIV/AIDS among youths	Zaria	39	31.7	84	68.3	2.10
		Gidan Waya	38	28.8	94	71.2	2.12
8	Exposure to wound /cut of an infected person cannot spread HIV/AIDS among youths	Zaria	49	39.8	74	60.2	2.20
		Gidan Waya	60	45.5	72	54.5	2.39
9	Mosquito bite can course HIV/AIDS infection among students	Zaria	42	34.1	81	65.9	2.15
		Gidan Waya	38	28.8	94	71.2	2.03
10	HIV/AIDS can be spread through using unsterilized needs or other sharp objects	Zaria	85	69.1	38	30.9	2.87
		Gidan Waya	94	71.2	38	28.8	2.94
11	HIV/AIDS can be cured by native doctors	Zaria	40	32.5	83	67.5	1.98
		Gidan Waya	36	27.3	96	72.7	1.95
12	HIV/AIDS is a virus that infects person lowing the immune system of the body that fight against any infection that enters the body	Zaria	89	72.4	34	27.6	2.79
		Gidan Waya	100	75.8	32	24.2	3.01
13	There is vaccine against HIV	Zaria	56	45.5	67	54.5	2.20
		Gidan Waya	55	41.7	77	58.3	2.26
14	HIV- positive persons' name should be made public	Zaria	35	28.5	88	71.5	1.96
		Gidan Waya	43	32.6	89	67.4	2.08
15	HIV-positive people should not be allowed to continue work	Zaria	39	31.7	84	68.3	2.07
		Gidan Waya	44	33.3	88	66.7	2.13
16	Avoid having multiple sex with positive can prevents people from contacting HIV/AIDS	Zaria	84	68.3	39	31.7	2.71
		Gidan Waya	96	72.7	36	27.3	2.95
17	Condom use can prevent HIV/AIDS	Zaria	69	56.1	54	43.9	2.40
		Gidan Waya	73	55.3	59	44.7	2.57
18	HIV positive person should be beaten to death	Zaria	30	24.4	93	75.6	1.62
		Gidan Waya	32	24.2	100	75.8	1.76

From the table, the students from the two colleges could be said to have almost the same level of awareness of HIV/AIDS as result of the teaching and learning of social studies in the respective colleges. For example, the two groups disagreed with the suggestion that sharing toilets with infected persons can spread HIV/AIDS among youths and that HIV/AIDS can be spread through having multiple sexual partners. They both agree that receiving blood from an infected person can spread HIV/AIDS among students. They agree that the people cannot contract HIV/AIDS by sharing food/utensils with an infected person. These are all indicated in items 1-4 of the table.

Continuing with the awareness on the mode of spreading the disease, students from both colleges agreed that be spread through having sexual intercourse with an infected person. They disagreed with the suggestion that infected pregnant mothers cannot infect their unborn babies and that kissing an infected person cannot spread HIV/AIDS among youths. Or that exposure to wound /cuts of an infected person cannot spread HIV/AIDS among youths. But they disagreed with the suggestion that mosquito bite can course HIV/AIDS infection among students. The two groups of students agreed that HIV/AIDS can be spread through using unsterilized needs or other sharp objects.

On the cure of the disease, the students from the two colleges did not differ very much in their opinion. For example, they both disagreed with the suggestion that HIV/AIDS can be cured by native doctors and that it is a virus that infects a person by lowing the immune system of the body that fight against any infection that enters the body. They both disagreed that there is vaccine against HIV.

At the psychological level and how such infection could be prevented, the students did not seems to differ also in the sense that they both disagree that HIV- positive persons' name should be made public and that HIV-positive people should not be allowed to continue their work. Both groups agreed that avoiding multiple sex can prevent people from contacting the virus. There was however a difference of opinion on the use of condom for preventing the infection. Students from Gidan Waya, college were positive that the use of condom could prevent the infection while students from Zaria were not in agreement. But both groups disagreed with the suggestions that HIV positive person should be beaten to death. This trend of similar awareness of the causes and prevention as well as care for people infected tended to be of the same level for students from the two colleges with relatively low variability.

4.4 Test of Hypotheses

The hypotheses raised in the study are aimed at determining possible significant difference in the opinions of the students on the impact in helping to creating awareness among students on the HIV/AIDS disease. Three null hypotheses were formulated and tested in this section. The hypotheses are tested as follows:

Hypothesis I: There is no significant difference on the impact of social studies education in creating HIV/AIDS awareness among NCE II and NCE III social studies students in Kaduna State

The aggregate mean score of the students on the impact of social studies' curriculum in the teaching and learning of the subject in the colleges was used for this test. The levels of the students were used as the independent variable. The hypothesis was tested with the two sample t-test because of the two independent groups and the need to establish the significant difference in the aggregate opinion of the students. The result of the test is summarized in Table 4.7.

Table 4.7: Two sample t-test on impact of social studies education in creating HIV/AIDS awareness by levels of students study in the colleges

Level	N	Mean	Std. Deviation	Std. Error	t-value	DF	P
NCE II	136	2.46	0.581	0.050	0.817	253	0.415
NCE III	119	2.52	0.568	0.052			

(t-critical = 1.96, $P > 0.05$)

The result of the test revealed that the students did not differ significantly in their perceived impact of social studies education in helping to create HIV/AIDS awareness in the colleges of Education. This is deduced from the observed t-value of 0.817 in the table and an observed probability level of significance (0.415) obtained from the test ($P > 0.05$). With these observations, there is no sufficient evidence to reject the null hypothesis. Therefore the null hypothesis that there is no significant difference on the impact of social studies education in

creating HIV/AIDS awareness among NCE II and NCE III social studies students in Kaduna State is thus retained. The observation from the test is that both groups agreed that the subject has impact in creating awareness among students about the disease. The finding here is consistent with report of Odu (2008) where it was stated that Knowledge of sexual behavior was very high among youths in South West of Nigeria

Hypothesis II: There is no significant difference on the impact of social studies education in creating HIV/AIDS awareness among male and female NCE social studies students in Kaduna State

In this hypothesis, the test is based on the gender of the students. The dependent variable was examined in Table 4.5 where the different perceptions of the male and female students were assessed. To test the hypothesis the two sample t-test was used because of the two independent groups (Male and female students) involved in the independent variable used for the test. The result of the two sample t-test is summarized in Table 4.8.

Table 4.8: Two sample t-test on impact of social studies education in creating HIV/AIDS awareness among male and female students

Gender	N	Mean	Std. Deviation	Std. Error	t-value	DF	P
Male	119	2.51	0.479	0.044	0.826	253	0.410
Female	136	2.45	0.640	0.055			

(t-critical = 1.96, P > 0.05)

The test revealed that the male and female students did not differ significantly in their perceived impact of social studies in the creation of HIV/AIDS awareness levels. This is indicated by an observed t-value of 0.8265 and the observed level of significance is 0.410 (P > 0.05). By this development from the test, there is no enough evidence to reject the null hypothesis. The null hypothesis that there is no significant difference on the impact of social studies education in creating HIV/AIDS awareness among male and female NCE social

studies students in Kaduna State is therefore retained. The implication here is that the male and female students have equal perception of the impact of social studies in the creation of HIV/AIDS awareness among the students in the Colleges of Education in the state.

Hypothesis III: There is no significant difference on the level of HIV/AIDS awareness between NCE social studies of Federal College of Education Zaria and Kaduna State College of Education Gidan Waya.

This hypothesis was tested with the scores in Table 4.6 where the opinions of the two groups of students from the different locations of the colleges were compared. The hypothesis was tested with the two sample t-test because of the two independent groups. The result of the test is summarized in Table 4.9

Table 4.9: Two sample t-test on HIV/AIDS awareness between NCE social studies of Federal College of Education Zaria and Kaduna State College of Education Gidan Waya

Institution	N	Mean	Std. Deviation	Std. Error	t-value	DF	P
FCE Zaria	123	2.43	0.668	0.060	1.357	253	0.176
COE Gidan Waya	132	2.53	0.459	0.040			

(t-critical = 1.96, P > 0.05)

The result in the table revealed that students did not differ significantly in their awareness of HIV/AIDS levels with respect to the location of the two colleges. The observed t-value (1.357) for the test is lower than the critical value of 1.96. The observed level of significance is 0.0176 (P > 0.05). Therefore the null hypothesis that there is no significant difference on the level of HIV/AIDS awareness between NCE social studies of Federal College of Education Zaria and Kaduna State College of Education Gidan Waya is thus retained. The observation is that the students from the two colleges have the same level of awareness.

4.5 Discussion of findings

From the data collected for this study on social studies education on HIV/AIDS awareness among NCE students in Kaduna, there are clear indications that the students were of the strong opinion that social studies education contributes positively to awareness of the disease in the colleges of Education in the state. In the test of the first hypothesis of the study, differences in the opinion of NCE II and NCE III on the impact of social studies in the creation of HIV/AIDS awareness among the students were tested. The test revealed that both groups were of the view that the teaching and learning of the subject help in enhancing awareness of the disease among students in the colleges. No significant difference was observed between them. The null hypothesis was therefore retained. This result is consistent with the report of Bankole's (2006) study in Ogun State, where it was stated that respondents demonstrated good knowledge on general belief, mode of transmission and precautionary measure against HIV/AIDS.

In the test of hypothesis II, significance difference between male and female students on the impact of the social studies on the awareness level was tested. The result of the two sample t-test used for the hypothesis did not reveal significance difference between the male and female students involved in the test. The null hypothesis was therefore accepted. The finding was that both male and female students had equal perception on the awareness level of the disease among the students. The finding here contradicted the report of Adeleye (2006) where it was reported that some primordial culture influences attitude to HIV/AIDS but the result is consistent with the report of agrees with Yammah (2009) where it was opined that social studies education is a life- long education which gives the learners knowledge about life.

Hypothesis three, tested for significance differences between students from Federal College of Education, Zaria and those from Kaduna State College of Education, Gidan Waya

on their awareness levels concerning the disease. The result of the two sample t-test used for the test did not reveal significant difference between students from the two different colleges. The null hypothesis was therefore retained. The result here is a reflection of Onyene (2010) where it was that HIV/AIDS sanitization among tertiary institutions was high but variability existed among some selected demographic characteristics.

4.6 Summary of Major Findings

The major findings of the study were:

1. The students from the two colleges of education agree that social studies has positive impact in the creation of HIV/AIDS awareness among students in the colleges.
2. There was no significant difference between the NCE II and NCE III students on the impact of social studies in enhancing the awareness of students on the disease in the two colleges.
3. There was no significant difference between the male and female students on the impact of social studies in helping to create HIV/AIDS awareness among students in the colleges of Education in the state.
4. There was no significant difference between students from Federal College of Education Zaria and Kaduna State College of education, Gidan Waya on the HIV/AIDS awareness levels in the two colleges.

CHPATER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of Impact of Social Studies Education on HIV/AIDS awareness among NCE students in Kaduna State. The chapter includes among others the conclusion, recommendations and suggestions for further study on the subject.

5.2 Summary of the Study

The devastating effect of the HIV/AIDS phenomenon cannot be overemphasized. This calls for enlightenment on prevention through the creation of awareness of the possible infection causes and control. Social studies is a multidimensional subject which could be used for the building of citizenship and the good health of the population in a country. The Colleges of Education are institutions where teachers are trained who further give training to a larger part of the population in the society. The question among others is whether the subject is perceived to have such impact in the awareness creation among the students and if so what is the level of such awareness among the students from the two colleges of education in the state. This study therefore examined the perceived impact of the teaching and learning of social studies on the awareness creation levels among students of the two colleges of Education in Kaduna State in order to establish whether the subject is perceived to have such impact and among others to examine the awareness level among the students involved in the teaching and learning of the subject.

To accomplish the objectives of the study, a structured questionnaire was designed and administered to social studies students in the two colleges of education in the state. In all 327 students were administered the questionnaire through stratified random sampling

procedure but only 255 making about 78.0% of the total were successfully filled and returned for the study. The data collected were subjected to a descriptive analysis using frequency and percentages tables for the demographic characteristics. The research questions of the study were presented in frequencies and percentages but mean scores were used for decision on direction of the students on the respective items. The hypotheses were tested using the inferential statistics. Basically all the hypothesis were tested with the two sample t-test procedure. A total of three null hypotheses were tested. A summary of the major findings from the analysis of the data and test of the hypotheses are presented below.

5.3. Conclusion

From the analysis of the data and test of the hypotheses of this study, the researcher would want to conclude as follows:

1. Social studies education contributes positively to the creation of HIV/AIDS awareness among students in Colleges of Education within Kaduna State
2. There is no significant difference among NCE students on the impact being made by social studies education in the creation of HIV/AIDS awareness among students in the colleges.
3. The male and female students in the colleges have the same perception of the impact by social studies education in the enhancement of HIV/AIDS awareness among students the colleges.
4. The students from the two colleges in the state have the same level of HIV/AIDs awareness.

5.4 Recommendations

Based on the findings from the study, the researcher wish to recommend as follows:

1. The College authority should be organizing periodic enlightenment campaign among students in the colleges to keep them in perpetual standby for all eventualities as regard the disease
2. Professional teachers should be made to handle social studies teaching so as to enable effective lecture delivery and better comprehension among learners
3. There is need for periodic appraisal of the curriculum to keep abreast with the development as it affects the disease.
4. HIV/AIDS should be made a compulsory part of all educational programme in Nigeria. Also awareness on HIV/AIDS should be the mainstay of the intervention and must be incorporated into school curricular at all levels of education. Therefore, enough information and sensitization must be inculcated in the schools' curriculum in Nigeria so as to equip the youths from falling prey to this deadly disease and to protect their counterparts from being victims.

5.5 Contribution to Knowledge

The researcher findings established that:-

1. Social studies education is a viable means of creating HIV/AIDS awareness among youth.
2. Social studies education irrespective of gender, level and location can positively create HIV/AIDS awareness among social studies students in Colleges of Education in Kaduna State.

5.6. Suggestions for Further Studies

This study was conducted in Kaduna State. The study could be replicated in other states of the federation towards better control and reduction of the rate of infection of HIV/AIDS in the control

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APPENDIX

Social Studies Section,
Department of Arts and Social Sciences,
Faculty of Education,
Ahmadu Bello University,
Samaru – Zaria.

25th August, 2014.

Dear Respondent,

REQUEST TO FILL QUESTIONNAIRE

I am a postgraduate student of social studies education of the Ahmadu Bello University, Zaria conducting a research work on Impact of Social Studies Education on HIV/AIDS awareness among COE Students in Kaduna State.

This questionnaire is to solicit for your assistance and cooperation in providing the required information by ticking the appropriate items. It is purely an academic exercise for the award of Masters Degree in Social Studies Education. The information provided shall be strictly confidential and for this research purpose.

Thanks for your cooperation.

Yours faithfully,

Olure, Aduni Tessy

QUESTIONNAIRE

Instruction: Please tick the appropriate box as it applied to you or your opinion. Your response will be kept in confidence and used for the purpose of this research.

Section 'A' Bio Data of Respondents

Gender: Male [] Female []
Institution: F.C.E Zaria [] COE Gidan Waya []
Level: NCE II [] NCE III []

SECTION B

IMPACT OF SOCIAL STUDIES EDUCATION ON HIV/AIDS AWARENESS AMONG STUDENTS QUESTIONNAIRE

S/N	Item Statement	SA	A	D	SD
^	Research Question 1: To What Extent does Social Studies Education Impact on Creating HIV/AIDS Awareness Among NCE Social Studies Students in Kaduna State?				
1.	Social studies education curriculum in NCE I has exposed me to HIV/AIDS awareness.				
2	I did not get HIV/AIDS awareness through NCE one courses.				
3	Social studies education through paper presentation and assignment create awareness on HIV/AIDS.				
4	Social studies education does not teach sexuality related diseases.				
5	There are specific courses taught at NCE level that takes in to cognizance the issues of HIV/AIDS.				
6	Courses taught at NCE level that deals with HIV /AIDS are not enough in creating awareness of the diseases to students.				
7	The courses at NCE level that deal with HIV/AIDS are enough in creating awareness to students.				

8.	Social studies lecturer explained the HIV/AIDS related concept well to students.				
9	Some lecturers do not have enough mastery of teaching HIV/AIDS related concepts to students for better awareness.				
10	Methods used in teaching courses related to HIV/AIDS awareness are not suitable in creating HIV/AIDS awareness to students.				
11	Lecturers gave assignments that helped in creating HIV/AIDS awareness to students.				
	Research Question 2: What is the Extent of the Impact of Social Studies Education on Creating HIV/AIDS Awareness Among Male and Female NCE Students in Kaduna State?				
12	Social studies education has helped in creating HIV/AIDS awareness to students.				
13	Through social studies education, knowledge of HIV/AIDS can be acquired by NCE students in Kaduna State.				
14	Social studies education is not an avenue for creating HIV/AIDS awareness to NCE students in Kaduna State.				
15	I was exposed to HIV/AIDS knowledge during my NCE I				
16	I did not get HIV/AIDS awareness in NCE I courses.				
17	Social Studies Education Curriculum at NCE II Has Enough Concepts that Create HIV/Aids Awareness among NCE Students in Kaduna State				
18	Social studies education can be used to achieved the objectives of HIV/AIDS awareness among the students				
19	Social studies education does not create in students the basic knowledge of HIV/AIDS through its curriculum.				
20	Male NCE social studies students have more knowledge on HIV/AIDS than their female counterpart.				

21	Female NCE social studies students have more knowledge of HIV/AIDS than their male counterpart.				
22	Males and female NCE social studies students does not have enough knowledge of HIV/AIDS through social studies education.				
	RESEARCH QUESTION 3: Is there any Difference in the level of HIV/AIDS Awareness Among NCE Social Studies Students of Federal College of Education Zaria and Kaduna State College of Education Gidan Waya?				
23	Sharing toilets with infected persons can spread HIV/AIDS among youths.				
24	HIV/AIDS can be spread through having multiple sexual partners.				
25	Receiving blood of an infected person can spread HIV/AIDS among students.				
26	We cannot contract HIV/AIDS by sharing food /utensils with an infected person				
27	HIV/AIDS can be spread through having sexual intercourse with an infected person.				
28	Infected pregnant women cannot infect their unborn babies.				
29	Kissing or holding an infected person can spread HIV/AIDS among youths.				
30	Exposure to wound/cut of an infected person cannot spread HIV/AIDS among youths.				
31	Mosquito bite can cause HIV/AIDS infection among students.				
32	HIV/AIDS can be spread through using unsterilized needles or other sharp objects.				
33	HIV/AIDS can be cured by native doctors				
34	HIV/AIDS is a virus that infects person lowering the immune system of the body that fight against any infection that enters the body.				
35	There is vaccine against HIV				
36	HIV-positive person's name should be made public				

37	HIV-positive people should not be allowed to continue work				
38	Avoid having multiple sex with positive can prevents people from contacting HIV/AIDs				
39	Condom use can prevent HIV /AIDs				
40	HIV positive person should be beaten to death				

Appendix II

Frequency Table

GENDER

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid MALE	119	46.7	46.7	46.7
FEMALE	136	53.3	53.3	100.0
Total	255	100.0	100.0	

INSTITUTION

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid FCE ZARIA	123	48.2	48.2	48.2
COE GIDAN WAYA	132	51.8	51.8	100.0
Total	255	100.0	100.0	

LEVEL

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid NCE II	136	53.3	53.3	53.3
NCE III	119	46.7	46.7	100.0
Total	255	100.0	100.0	

SOCIAL STUDIES EDUCATION CURRICULUM IN NCE I HAS EXPOSED ME TO HIV/AIDS AWARENESS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	29	11.4	11.4	11.4
DISAGREE	26	10.2	10.2	21.6
AGREE	101	39.6	39.6	61.2
STRONGLY AGREE	99	38.8	38.8	100.0
Total	255	100.0	100.0	

I DID NOT GET HIV/AIDS AWARENESS THROUGH NCE ONE COURSE

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	64	25.1	25.1	25.1
DISAGREE	96	37.6	37.6	62.7
AGREE	50	19.6	19.6	82.4
STRONGLY AGREE	45	17.6	17.6	100.0
Total	255	100.0	100.0	

**SOCIAL STUDIES EDUCATION THROUGH PAPER PRESENTATION AND ASSIGNMENT CREATE
AWARENESS ON HIV/AIDS**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	42	16.5	16.5	16.5
DISAGREE	41	16.1	16.1	32.5
AGREE	102	40.0	40.0	72.5
STRONGLY AGREE	70	27.5	27.5	100.0
Total	255	100.0	100.0	

SOCIAL STUDIES EDUCATION DOES NOT TEACH SEXUALITY RELATED DISEASES

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	94	36.9	36.9	36.9
DISAGREE	91	35.7	35.7	72.5
AGREE	45	17.6	17.6	90.2
STRONGLY AGREE	25	9.8	9.8	100.0
Total	255	100.0	100.0	

**THERE ARE SPECIFIC COURSES TAUGHT AT NCE LEVEL THAT TAKE IN TO CONGNIZANACE THE
ISSUES OF HIV/AIDS**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	27	10.6	10.6	10.6
DISAGREE	36	14.1	14.1	24.7
AGREE	107	42.0	42.0	66.7
STRONGLY AGREE	85	33.3	33.3	100.0
Total	255	100.0	100.0	

**COURSES TAUGHT AT NCE LEVEL THAT DEAL WITH HIV/AIDS ARE NOT ENOUGH IN CREATING
AWARENESS OF THE DISEASES TO STUDENTS**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	42	16.5	16.5	16.5
DISAGREE	56	22.0	22.0	38.4
AGREE	101	39.6	39.6	78.0
STRONGLY AGREE	56	22.0	22.0	100.0
Total	255	100.0	100.0	

THE COURSES AT NCE LEVEL THAT DEAL WITH HIV/AIDS ARE ENOUGH IN CREATING AWARENESS TO STUDENTS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	42	16.5	16.5	16.5
DISAGREE	101	39.6	39.6	56.1
AGREE	76	29.8	29.8	85.9
STRONGLY AGREE	36	14.1	14.1	100.0
Total	255	100.0	100.0	

SOCIAL STUDIES LECTURER EXPLAINED THE HIV/AIDS RELATED CONCEPT WELL TO STUDENTS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	22	8.6	8.6	8.6
DISAGREE	70	27.5	27.5	36.1
AGREE	96	37.6	37.6	73.7
STRONGLY AGREE	67	26.3	26.3	100.0
Total	255	100.0	100.0	

SOME LECTURERS DO NOT HAVE ENOUGH MASTERY OF TEACHING HIV/AIDS RELATED CONCEPTS TO STUDENTS FOR BETTER AWARENESS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	35	13.7	13.7	13.7
DISAGREE	49	19.2	19.2	32.9
AGREE	116	45.5	45.5	78.4
STRONGLY AGREE	55	21.6	21.6	100.0
Total	255	100.0	100.0	

METHODS USED IN TEACHING COURSES RELATED TO HIV/AIDS AWARENESS ARE NOT SUITABLE IN CREATING HIV/AIDS AWARENESS TO STUDENTS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	46	18.0	18.0	18.0
DISAGREE	93	36.5	36.5	54.5
AGREE	74	29.0	29.0	83.5
STRONGLY AGREE	42	16.5	16.5	100.0
Total	255	100.0	100.0	

LECTURERS GAVE ASSIGNMENTS THAT HELPED IN CREATING HIV/AIDS AWARENESS TO STUDENTS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	35	13.7	13.7	13.7
DISAGREE	68	26.7	26.7	40.4
AGREE	82	32.2	32.2	72.5
STRONGLY AGREE	70	27.5	27.5	100.0
Total	255	100.0	100.0	

SOCIAL STUDIES EDUCATION HAS HELPED IN CREATING HIV/AIDS AWARENESS TO STUDENTS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	34	13.3	13.3	13.3
DISAGREE	25	9.8	9.8	23.1
AGREE	105	41.2	41.2	64.3
STRONGLY AGREE	91	35.7	35.7	100.0
Total	255	100.0	100.0	

THROUGH SOCIAL STUDIES EDUCATION, KNOWLEDGE OF HIV/AIDS AWARENESS TO NCE STUDENTS IN KADUNA STATE

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	41	16.1	16.1	16.1
DISAGREE	22	8.6	8.6	24.7
AGREE	115	45.1	45.1	69.8
STRONGLY AGREE	77	30.2	30.2	100.0
Total	255	100.0	100.0	

SOCIAL STUDIES EDUCATION IN NOT AN AVENUE FOR CREATING HIV/AIDS AWARENESS TO NCE STUDENTS IN KADUNA STATE

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	59	23.1	23.1	23.1
DISAGREE	98	38.4	38.4	61.6
AGREE	59	23.1	23.1	84.7
STRONGLY AGREE	39	15.3	15.3	100.0
Total	255	100.0	100.0	

I WAS EXPOSED TO HIV/AIDS KNOWLEDGE DURING MY NCEI

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	51	20.0	20.0	20.0
DISAGREE	48	18.8	18.8	38.8
AGREE	101	39.6	39.6	78.4
STRONGLY AGREE	55	21.6	21.6	100.0
Total	255	100.0	100.0	

I DID NOT GET HIV/AIDS AWARENESS IN NCE I COURSES

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	87	34.1	34.1	34.1
DISAGREE	98	38.4	38.4	72.5
AGREE	45	17.6	17.6	90.2
STRONGLY AGREE	25	9.8	9.8	100.0
Total	255	100.0	100.0	

SOCIAL STUDIES EDUCATION CURRICULUM AT NCE II HAS ENOUGH CONCEPT THAT CREATE HIV/AIDS AWARENESS AMONG NCE STUDENTS IN KADUNA STATE

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	38	14.9	14.9	14.9
DISAGREE	73	28.6	28.6	43.5
AGREE	81	31.8	31.8	75.3
STRONGLY AGREE	63	24.7	24.7	100.0
Total	255	100.0	100.0	

SOCIAL STUDIES EDUCATION CAN BE USED TO ACHIEVED THE OBJECTIVES OF HIV/AIDS AWARENESS AMONG THE STUDENTS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	27	10.6	10.6	10.6
DISAGREE	31	12.2	12.2	22.7
AGREE	123	48.2	48.2	71.0
STRONGLY AGREE	74	29.0	29.0	100.0
Total	255	100.0	100.0	

SOCIAL STUDIES EDUCATION DOES NOT CREATE IN STUDENTS THE BASIC KNOWLEDGE OF HIV/AIDS THROUGH ITS CURRICULUM

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	58	22.7	22.7	22.7
DISAGREE	108	42.4	42.4	65.1
AGREE	41	16.1	16.1	81.2
STRONGLY AGREE	48	18.8	18.8	100.0
Total	255	100.0	100.0	

MALE NCE SOCIAL STUDIES STUDENTS HAVE MORE KNOWLEDGE ON HIV/AIDS THAN THEIR FEMALE COUNTERTPART

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	63	24.7	24.7	24.7
DISAGREE	68	26.7	26.7	51.4
AGREE	72	28.2	28.2	79.6
STRONGLY AGREE	52	20.4	20.4	100.0
Total	255	100.0	100.0	

FEMALE NCE SOCIAL STUDIES STUDENTS HAVE MORE KNOWLEDGE OF HIV/AIDS THAN THEIR MALE COUNTERPART

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STRONGLY DISAGREE	63	24.7	24.7	24.7
DISAGREE	98	38.4	38.4	63.1
AGREE	53	20.8	20.8	83.9
STRONGLY AGREE	41	16.1	16.1	100.0
Total	255	100.0	100.0	

MALES AND FEMALE NCE SOCIAL STUDIES STUDENTS DOES NOT HAVE ENOUGH KNOWLEDGE OF HIV/AIDS THROUGH SOCIAL STUDIES EDUCATION

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	64	25.1	25.1	25.1
	DISAGREE	73	28.6	28.6	53.7
	AGREE	75	29.4	29.4	83.1
	STRONGLY AGREE	43	16.9	16.9	100.0
	Total	255	100.0	100.0	

SHARING TOILETS WITH INFECTED PERSONS CAN SPREAD HIV/AIDS AMONG YOOUTHs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	89	34.9	34.9	34.9
	DISAGREE	69	27.1	27.1	62.0
	AGREE	50	19.6	19.6	81.6
	STRONGLY AGREE	47	18.4	18.4	100.0
	Total	255	100.0	100.0	

HIV/AIDS CAN BE SPREAD THROUGH HAVING MULTIPLE SEXUAL PARTNERS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	30	11.8	11.8	11.8
	DISAGREE	15	5.9	5.9	17.6
	AGREE	85	33.3	33.3	51.0
	STRONGLY AGREE	125	49.0	49.0	100.0
	Total	255	100.0	100.0	

RECEIVING BLOOD OF AN INFECTED PERSON CAN SPREAD HIV/AIDS AMONG STUDENTS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	30	11.8	11.8	11.8
	DISAGREE	13	5.1	5.1	16.9
	AGREE	75	29.4	29.4	46.3
	STRONGLY AGREE	137	53.7	53.7	100.0
	Total	255	100.0	100.0	

WE CANNOT CONTACT HIV/AIDS BY SHARING FOOD/UTENSILS WITH AN INFECTED PERSON

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	46	18.0	18.0	18.0
	DISAGREE	34	13.3	13.3	31.4
	AGREE	75	29.4	29.4	60.8
	STRONGLY AGREE	100	39.2	39.2	100.0
	Total	255	100.0	100.0	

HIV/AIDS CAN BE SPREAD THROUGH HAVING SEXUAL INTERCOURSE WITH AN INFECTED PERSON

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	27	10.6	10.6	10.6
	DISAGREE	24	9.4	9.4	20.0
	AGREE	61	23.9	23.9	43.9
	STRONGLY AGREE	143	56.1	56.1	100.0
	Total	255	100.0	100.0	

INFECTED PREGNANT WOMEN CANNOT INFECT THEIR UNBORN BABIES

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	52	20.4	20.4	20.4
	DISAGREE	77	30.2	30.2	50.6
	AGREE	78	30.6	30.6	81.2
	STRONGLY AGREE	48	18.8	18.8	100.0
	Total	255	100.0	100.0	

KISSING OR HOLDING AN INFECTED PERSON CANNOT SPREAD HIV/AIDS AMONG YOUTHS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	69	27.1	27.1	27.1
	DISAGREE	109	42.7	42.7	69.8
	AGREE	45	17.6	17.6	87.5
	STRONGLY AGREE	32	12.5	12.5	100.0
	Total	255	100.0	100.0	

EXPOSURE TO WOUND /CUT OF AN INFECTED PERSON CANNOT SPREAD HIV/AIDS AMONG YOUTHS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	57	22.4	22.4	22.4
	DISAGREE	89	34.9	34.9	57.3
	AGREE	70	27.5	27.5	84.7
	STRONGLY AGREE	39	15.3	15.3	100.0
	Total	255	100.0	100.0	

MOSQUITO BITE CAN COURSE HIV/AIDS INFECTION AMONG STUDENTS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	84	32.9	32.9	32.9
	DISAGREE	91	35.7	35.7	68.6
	AGREE	40	15.7	15.7	84.3
	STRONGLY AGREE	40	15.7	15.7	100.0
	Total	255	100.0	100.0	

HIV/AIDS CAN BE SPREAD THROUGH USING UNSTERILIZED NEEDS OR OTHER SHARP OBJECTS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	37	14.5	14.5	14.5
	DISAGREE	39	15.3	15.3	29.8
	AGREE	77	30.2	30.2	60.0
	STRONGLY AGREE	102	40.0	40.0	100.0
	Total	255	100.0	100.0	

HIV/AIDS CAN BE CURED BY NATIVE DOCTORS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	90	35.3	35.3	35.3
	DISAGREE	89	34.9	34.9	70.2
	AGREE	47	18.4	18.4	88.6
	STRONGLY AGREE	29	11.4	11.4	100.0
	Total	255	100.0	100.0	

HIV/AIDS IS A VIRUS THAT INFECTS PERSON LOWING THE IMMUNE SYSTEM OF THE BODY THAT FIGHT AGAINST ANY INFECTION THAT ENTERS THE BODY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	33	12.9	12.9	12.9
	DISAGREE	33	12.9	12.9	25.9
	AGREE	99	38.8	38.8	64.7
	STRONGLY AGREE	90	35.3	35.3	100.0
	Total	255	100.0	100.0	

THERE IS VACCINE AGAINST HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	63	24.7	24.7	24.7
	DISAGREE	81	31.8	31.8	56.5
	AGREE	69	27.1	27.1	83.5
	STRONGLY AGREE	42	16.5	16.5	100.0
	Total	255	100.0	100.0	

HIV- POSITIVE PERSONS NAME SHOULD BE MADE PUBLIC

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	90	35.3	35.3	35.3
	DISAGREE	87	34.1	34.1	69.4
	AGREE	42	16.5	16.5	85.9
	STRONGLY AGREE	36	14.1	14.1	100.0
	Total	255	100.0	100.0	

HIV-POSITIVE PEOPLE SHOULD NOT BE ALLOWED TO CONTINUE WORK

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	80	31.4	31.4	31.4
	DISAGREE	92	36.1	36.1	67.5
	AGREE	46	18.0	18.0	85.5
	STRONGLY AGREE	37	14.5	14.5	100.0
	Total	255	100.0	100.0	

AVOID HAVING MULTIPLE SEX WITH POSITIVE CAN PREVENTS PEOPLE FROM CONTACTING HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	42	16.5	16.5	16.5
	DISAGREE	33	12.9	12.9	29.4
	AGREE	92	36.1	36.1	65.5
	STRONGLY AGREE	88	34.5	34.5	100.0
	Total	255	100.0	100.0	

CONDOM USE CAN PREVENT HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	53	20.8	20.8	20.8
	DISAGREE	60	23.5	23.5	44.3
	AGREE	91	35.7	35.7	80.0
	STRONGLY AGREE	51	20.0	20.0	100.0
	Total	255	100.0	100.0	

HIV POSITIVE PERSON SHOULD BE BEATEN TO DEATH

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	147	57.6	57.6	57.6
	DISAGREE	46	18.0	18.0	75.7
	AGREE	39	15.3	15.3	91.0
	STRONGLY AGREE	23	9.0	9.0	100.0
	Total	255	100.0	100.0	