INFLUENCE OF SOCIAL STUDIES EDUCATION ON JSS STUDENTS' AWARENESS OF STDS/HIV/AIDS IN KADUNA NORTH AND SOUTH LOCAL GOVERNMENT AREAS

BY

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DECLARATION

I hereby, declare that this thesis has been written by me. It is an original record of my own research investigation. It has not in any way been presented in any previous application for a higher academic degree. All quotations and sources of information in this work are especially acknowledged by means of references.

_____ _____

Rahila James Signature/Date

CERTIFICATION

This thesis titled: "Influence of Social Studies Education on Students' Awareness on STDS/HIV-AIDS among Junior Secondary Schools in Kaduna North and South Local Government Areas", by Rahila James meets the regulations governing the award of Degree of Master of Social Studies of the Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

The thesis is also dedicated to my late parents.

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When embarking on life's journey, people encounter a plethora of challenges as they travel through terrains both smooth and rough. As I journeyed through the steeps and slopes of life, the sovereign God raised people who touched my lives positively. These people encouraged and spurred me up in my incapacity to work toward achieving my set goals, even in the midst of hindrances. To these people I stand today to say thank you, I appreciate you a great deal.

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ABSTRACT

Human society is today characterized by various complexities which threaten the future of mankind. One of such is in health matters where various diseases are known to be common. The spread of the much dreaded STDs/HIV/AIDS is one of such concerns. This study aimed at finding the influence of social studies in creating awareness of STDs/HIV/AIDS among junior secondary school students of Kaduna state. The descriptive survey research method was used to gather data through a structured questionnaire from the respondents. A total of 980 students were considered out of a population of 10,200. Four objectives and three research questions were stated, three null hypotheses were stated for testing. It was found out that there was no significant difference among them on account of their sex, class and location of school, in their awareness. According to the result of the analysis majority of the respondents were of the opinion that there are many ways of contracting the diseases other than sex, these ways include blood transfusion, mother to baby among others. It was recommended that, among others, government at all levels should finance public awareness of STDs/HIV/AIDS through workshop, debates, seminars and billboards. Parents and teachers should meet regularly on how to discourage students from having pre-marital sexual contacts.

TABLE OF CONTENTS

Page

TITLE PAGE - - - - - - - - i

DECLARATION - - - - - - - - ii

CERTIFICATION - - - - - - - - iii

DEDICATION - - - - - - - - iv

ACKNOWLEDGEMENTS - - - - - - v

TABLE OF CONTENTS - - - - - - vii

ABSTRACT - - - - - - - - ix

OPERATIONAL DEFINITION OF TERMS - - - xi

LIST OF ABBREVIATIONS - - - - - - xii

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study - - - -- - 1

1.2 Statement of the Problem - - - - - 4

1.3 Objectives of the Study - - - - - 7

1.4 Research Questions - - - - - - 7

1.5 Research Hypotheses - - - - - 8

1.6 Significance of the Study - - - - - 8

1.7 Scope of the Study - - - - - - 10

CHAPTER TWO: REVIEW OF RELATED LITERATURE

Page

2.1 Introduction - - - - - - - 11

2.2 Historical Background of Kaduna North and South Local Government Areas of Kaduna State - 12

2.3 Causes of STDS/HIV/AIDS in Nigeria - - 18

2.4 Mode of Transmission - - - - - - - 23

2.4.1 Sex Contact - - - - - - - 24

2.4.2 Blood - - - - - - - - 25

2.4.3 Donor Insemination - - - - - - 25

2.4.4 Birth - - - - - - - - 25

2.5 General Effects of STDS/HIV/AIDS - - - 26

2.5.1 Signs and Symptoms of STDS/HIV/AIDS - - 30

2.5.2 Prevention of STDS/HIV/AIDS - - - - 31

2.5.3 Injection - - - - - - - - 32

2.6 Government Efforts Towards the Control of STDS/HIV/AIDS - - - - - - 32

2.7 The Role of Social Studies Education in Creating STDS/HIV/AIDS Awareness among Junior Secondary School Students - - 36

2.8 Review of Related Empirical Studies - - - 38

Summary - - - - - - - - 41

CHAPTER THREE: RESEARCH METHODOLOGY Page

3.1 Introduction - - - - - - - 43

3.2 Research Design - - - - - - 43

3.3 Population - - - - - - - 43

3.4 Sample and Sampling Techniques - - - 51

3.5 Instrumentation for Data Collection - - - 56

Validity of the Instrument - - - - 57

Reliability of the Instrument- - - - - 58

3.6 Procedure for Data Collection - - - - 59

3.7 Statistical Analysis Procedure - - - - 59

CHAPTER FOUR: RESULTS AND DISCUSSIONS

4.0 Introduction - - - - - - - 60

4.1 Analysis of the Biodata Variables of Respondents - 61

4.2 Answering of Research Questions - - - - 65

4.3 Testing of Research Null Hypotheses - - - 74

4.4 Summary of Findings - - - - - - 78

4.5 Discussions of Findings - - - - - 78

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary - - - - - - - - 82

5.2 Conclusion- - - - - - - - 84

5.3 Recommendations - - - - - - 85

5.4 Suggestions for further studies - - - - 86

References - - - - - - - - 87

Appendix - - - - - - - - 92

LIST OF TABLES

Table 3.3.1: Population of the Junior Secondary Schools in Kaduna South and its Distribution According to Classes and Sex - 44
Table 3.4.1: Government Junior Secondary in Kaduna North And South: The Size of Sample and its Distribution According to Classes and Sex - - - - - 53
Table 4.1.1: Distribution of respondents by Sex - - - - 61
Table 4.1.2: Distribution of respondents by Age - - - - 61
Table 4.1.3: Distribution of respondents by type of school - - 62
Table 4.1 4: Distribution of respondents by class - - - - 62
Table 4.1.5: Distribution of respondents by ever hear of STD/HIV/AIDS - - - - - - - 63
Table 4.1.6: Distribution of respondents by transmission of HIV/ADIS through mosquito bites type of school - 63
Table 4.1.7: Distribution of respondents by transmission of HIV/ADIS through blood transmission - - - 64
Table 4.1.8: Distribution of respondents by transmission of HIV/ADIS through unprotected sex - - - 64
Table 4.1.2.1: Opinion of Male and Female respondents on The Awareness Of STD/HIV/AIDS In North And South Local Government Of Kaduna State. - - - 65
Table 4.1.2: Opinion of JSSII and JSSIII respondents on The Awareness Of STD/HIV/AIDS In North And South Local Government Of Kaduna State - - - 68
Table 4.1.3: Opinion of Public and private respondents on the Awareness Of STD/HIV/AIDS In North And South Local Government Of Kaduna State - - - 71
Table 4.3.1: Independent t-test hypothesis on the perception of male and female students respondents perception regarding Awareness of Social Studies contribution towards reduction of cases of STD/HIV/AIDS - - - - - 75
Table 4.3.2: Independent t-test hypothesis on the perception of JSSII and JSSIII students respondents perception regarding Awareness of Social Studies contribution towards reduction of cases of STD/HIV/AIDS - - - - - 76
Table 4.3.3: Independent t-test hypothesis on the perception of Public and private school students perception regarding Awareness of Social Studies contribution towards reduction of cases of STD/HIV/AIDS - - - - - 77

OPERATION DEFINITION OF TERMS

Menace: Something dangerous

Pandemic: Occurring over a whole country or the world.

Ravages: Do great damage

Sexuality: Capacity for Sexual Feelings

Syndrome: A combination of signs, symptoms.

ABBREVIATIONS

AIDS:	Acquire Immune Deficiency Syndrome.
HIV:	Human Immunodeficiency Virus
NACA:	National Action on AIDS
NARHS:	Refers to National Aids Reproductive Health Survey
SEBPH HIV/AIDS:	Sexual Behaviour and Perception of HIV/AIDS
STDs:	Sexually transmitted Diseases
STIs	Sexually Transmitted Infections
WHO:	Refers to World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Sexually transmitted diseases (STDS) referred to as sexually transmitted infections (STIS) are the same as veneral diseases (VD). These are infections that are passed from one infected individual to another during sexual intercourse, (Gebhart and Young, 1994). Sexually transmitted diseases (STDs) can also be passed from mother to child during pregnancy, during birth or while breastfeeding. Sexually transmitted diseases (STDs) that are passed from mother to children are dangerous and can cause serious health problems for the children.

Acquired immune deficiency syndrome (AIDs) however, is not a question to be considered in isolation from our society, Nigeria in particular and the world at large. It cannot be dismissed as just another health problem. We must be aware of what social studies as a field of study is doing to help the youth to achieve in the society because a problem needs to create awareness among our youths (Joan and Taylor, 1988).

In Nigeria, youth are caught between tradition and the effects of socio-cultural changes brought about by the changing world order and peculiar local conditions. Over the last 30 years the society has been experiencing new phenomena especially in relation to the sexuality of youth. As the Nigerian society tends increasingly towards urbanization and modernization, expanding educational and economic opportunities have resulted in a drastic reduction in the influence that traditional codes of conduct bring to bear on young people's sexuality. As age at marriage continues to rise because of increasing educational opportunities, rapidly increasing sexual activity among unmarried teenagers is phenomenon that the Nigerian society must learn to confront (Nwagwu, 1995).

The burgeoning sexuality associated with puberty is often seen as the starting point for the transition from childhood to adulthood. This passage may be marked by religious rites after which young people especially girls are treated differently and are more closely supervised in their dealings with the opposite sex. This is because of the awakening of the sexual response system which, although not new to adolescence, may now lead to unwanted pregnancy, (Makinde, 1993). Another major concern arising form premarital sexual activity among young people is the possibility of contracting a

sexually transmitted disease, including, the deadly pandemic disease of this time – human immune deficiency virus (HIV).

While sexual feelings can be expressed in many ways that are not in themselves harmful to health, expression of sexual urge is often greater with anxiety or anger by adults, and frequently with fear, quilt and shame by the young people themselves. These responses combine to drive both sexual feelings and sexual behaviour underground, making communication about the healthy development of sexuality with affectionate and responsible relationship more difficult, (Amazigbo, 1997).

Sexuality is a sum total of one's feelings, not only as a sexual animal but as a man or woman in a human setting, (Williams, 1997). Sexuality is a physiological act in a psycho-social setting requiring philosophic and moral considerations, (Airiohuodion, 1997). Adolescent sexuality today is confusing and difficult not only for adolescent but also for health care providers who work with this group. Youth sexuality must be viewed as a physio-anatomical, biologic, psycho–social, moral and ethical phenomenon to understand all aspects of this state.

Youths today are striving to accomplish psycho – social tasks in the social climate that sends conflicting sexual messages, (Nicholas, 1986). Youth love mass media entertainment – radio, television, music, video, cinemas, comic books and more. The entertainment media love Youth too, because much of mass media entertainment is aimed at young adults who, even in many developing countries, often spend substantial amounts on entertainment. Love, romance and sex are favourite topics of entertainment and many young people say that this is where they learn about sex. What youth see and hear about sex in popular entertainment is often misleading, incomplete or distorted. From most mass media entertainment, the youth imbibe behaviour that put their health at risk.

1.2 Statement of Problem

Social studies curriculum is a programme which is part of government vehicle capable of developing the society. It's aimed at improving the ills of the society in different field of human endeavour, preventing and creating STDS/HIV/AIDS awareness among youths and other ills in the society at large.

However, there is general apathy with negative attitude among the generality of Nigerians especially junior secondary school student assume that after all since STDs/HIV/AIDS cannot be cured, why must they worry about what they are not sure of. National guideline) noted that many people especially our students still doubt the existence of STDS/HIV/AIDS in Nigeria and this is because many of them have not seen an STDS/HIV/AIDS patient.

Many are not convinced that the diseases are real, some still hold the fact that STDS/HIV/AIDS is not Nigeria problem but the problem of other countries while some said that STDS/HIV/AIDS are fabricated story to discourage people from illegal sex (Okanlawo, 1998). There is lack of adequate knowledge about the signs and symptoms of STDS/HIV/AIDS. The World Health Organization (WHO) (1986) says there is high transmission of STD/HIV/AIDS among the youths. However, any delay in controlling the spread of the deadly disease will definitely lead to a bigger problem. More deaths, more infection carriers and greater expenses in which Government and social studies education or the health professionals can hardly do any thing to help the situation (Population Reported, 1987).

Research conducted have shown that the young people are sexually active and the virus could easily be transmitted from one person to another. A number of socio-economic and environmental factors can compound the situation. These includes; poor economic, unemployment situation, breakdown of family and traditional values, peer group pressure and the need to "keep" up with the peer groups, bad habit of sexual behaviour and exposure to phonographic pictures, films and some sexual films from other channels, from cables even outside Nigeria. Even some highly intelligent students want to practicalise what they watch.

The problems of assessing the roles of social studies in preventing and creating STDs/HIV/AIDs awareness among junior secondary school in Kaduna North and South areas of Kaduna state have been for sometime a subject of discussion among the people and other visitors to the Local Government Areas. At present, there is no cure for HIV/AIDs. Education and prevention is therefore critically important. Therefore, establishing an effective ways of passing information on STDS/HIV/AIDS to the students will create awareness in them about STDS/HIV/AIDS epidemic, through social studies education.

1.3 Objectives of the Study

The research aims at achieving the following objectives:

i. To find out students' awareness of STD/HIV/AIDs among students/teachers of junior secondary schools in Kaduna North and Kaduna South.
ii. To find out from the students how social studies education create awareness on mode of transmission of HIV/AIDS and other STDs among JSS in Kaduna North and Kaduna South.
iii. To find out students' understanding of how social studies create awareness on the dangers associated with the scourge of HIV/AIDS among the junior secondary schools.
iv. To compare students' awareness between male and female students, JSS I, JSS II and JSS III students and between private and public students.

1.4 Research Questions

In order to come out with a good result the researcher decides to develop the following research questions.

i. How do students express their awareness of the existence of STD/HIV/AIDs in Kaduna North and Kaduna South?
ii. How do students express the ways by which social studies education teaches mode of transmission of STD/HIV/AIDs in your local government area?
iii. How does social studies education create awareness on the various effects or dangers of STD/HIV/AIDs among JSS students in Kaduna North and South?

1.5 Research Hypotheses

The following hypotheses were formulated and tested:

i. There is no significant difference between the opinions of respondents on the awareness and effect of STD/HIV/AIDs in Kaduna North and South L.G.A.

ii. There is no significant difference in the opinions of respondents on the various mode of transmission of HIV/AIDs among junior secondary schools in Kaduna North and South L.G.A, based on gender (male and female).

iii. There is no significant difference in the opinions of respondents on the various ways of creating awareness on the dangers associated with STD/HIV/AIDs scourge among junior secondary schools in Kaduna North and South L.G.A.

1.6 Significance of the Study

The need to stimulate, encourage and foster effects of social studies education on students awareness of STDS/HIV/AIDS among junior secondary schools in Kaduna North and South Local Government Areas. This is in view of the fact that, the government cannot shoulder the entire responsibility of educating all her citizens alone in trying to provide education for her citizens (Egwu, 2009).

The study is significant to the authorities in that it highlights the impact of social studies education for educational advancement on STDS/HIV/AIDS awareness. It will create a sense of awareness on the students and the society at large. The study shall be of particular contribution to junior secondary schools students in Kaduna North and South Local Government Areas of Kaduna state. It shall be beneficial to social mobilization officers, parents and other agencies that may be interested in the awareness on STDS/HIV/AIDS in Kaduna North and South Local Government Areas of Kaduna State of Nigeria.

Apart from creating awareness, the study would provide to Kaduna State Government with a comparison of awareness on STDS/HIV/AIDS with youths in other states which they can take advantage of. It would provide them with information on the level of awareness of youths on menace of the diseases. The study shall be significant towards the attainment of the goals and objectives of the National Policy on Education of 1981 and the successful implementation of policies in the education sector of Nigeria (2009) as well as the ideas of the Universal Basic Education Programme (2004) and the Millennium Development Goals declaration 2 and 3 in Nigeria.

1.7 Scope of the Study

The study will focus on an assessment of the roles of social studies curriculum in creating STDS/HIV/AIDS awareness among junior secondary schools in Kaduna North and South Local Government Areas of Kaduna State. Indeed, STDS/HIV/AIDS are national menace but because of extensive nature of the area, the researcher limits the study to Kaduna North and South Local Government Areas.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The chapter reviewed relevant literature and various studies based on the subject matter by different authors. The research efforts are to articulate relevant facts relating to the topic and also review all areas that have direct solution to the problem associated with an assessment of the roles of social studies curriculum in preventing and creating STDS/HIV/AIDS awareness among youths in Kaduna North and South local governments areas of Kaduna state and Nigeria at large.

This chapter, specifically reported the following:

- Concept of STDs/HIV/AIDs,
- Causes of AIDs,
- General effects of STDs/HIV/AIDs,
- Signs and symptoms of STDs/HIV/AIDs
- Government efforts towards the control of AIDs, and
- The role of Social Studies Education in preventing and creating STDs/HIV/AIDs awareness among students in junior secondary schools in Kaduna North and South LGA.

2.2 Concept of STDS/HIV/AIDS

Sexually transmitted disease, also called STD or STI for sexually transmitted infection are infections that can be transmitted from one person to another through sexual contact. According to the centers for Disease Control and Prevention, there are over 15 million cases of sexually transmitted disease cases reported annually in the United States. There are more than 25 diseases that are transmitted through sexual activity. Other than HIV, the most common STDS in the United States are Chlamydia, gonorrhea, syphilis, genital herps, human paillomavirus, hepatitis B, trichomoniasis, and bacterial vaginosis. Adolescent and the young adults are the age group at the greatest risks for acquiring an STD. Approximately 19 million new infections occur each year, almost half of them among people of ages 15-21. While HIV/AIDS: is an infection with Human Immune Deficiency Virus (HIV) results in a wide clinical spectrum ranging from a symptomic infection to the diseases called AIDS (Acquired Immune Deficiency Syndrome) in which the immune system is no longer able to fight against life threatening infections and malignancies.

Moreover, AIDs is a disease caused by destruction of the immune system by a virus called HIV. This virus is principally transmitted by sexual secretion and blood. For this reason, the two predominant modes of transmission at present time are sexual relation (Homo and hetro sexual) and exchange of contaminated syringes by drug addicts.

AIDS stand for Acquired Immune Deficiency Syndrome while HIV sands of Human Immune Deficiency virus in the beginning of the 1970's at a time when technology was one able to perform genetic manipulation. Research has shown that Africa has the highest cases of Aids followed by America, Europe, Australia, while cases of Aids in Asia is still low.

The case of STDS/HIV/AIDS is high in Africa due to movement of population into town and development of practice of injections of drugs under doubtful condition of sterility or purity. However, the first case of AIDS in Nigeria was reported in 1986 within a period of introduction of HIV infection into Nigeria to the late 1970's to early 1980's from two cases in 1986 to 1,803 cases have been reported to national AIDS and SDI control programme by June 30th, 1997 the trend of STDS/HIV/AIDS infection in the various population of sub-groups has shown a rise from a prevalence of 1.4% in 1991 to 4.1%

to 4.5% in 1995, among women attending antenatal clinics. While data collection in Nigeria is for from adequate is therefore, there is enough to show that Nigeria is already in the mainstream of countries with STDS/HIV/AIDS epidemics the population association with a large geographical area resulting complacency by both policy makers and general public (Shettu, 2001).

2.3 Causes of STDS/HIV/AIDS in Nigeria

Sexually transmitted diseases (STDS) referred to as sexually transmitted infections (STIS) are the same as venereal disease (VD). These are infections that are passed from one infected individual to another during sexual intercourse and other means. There are different types of STDS some are caused by bacteria, some by viruses and still others by fungi and parasites. Each one is caused by different germ. Most germs, which cause sexually transmitted infections, cannot live outside the body. HIV/AIDS are usually not transmitted from toilet seat, or door knobs. There are over twenty (20) different STD. Some of the most common STDS or STIS include the following: chamroid, syphills, Chlamydia, gonorrhea, public-lice or crabs, scabies, trichononiasis, herpes, hepatits B, human papiloma virus (HPV), monilia (candidiasis), HIV/AIDS.

Nwagbu (1991) said that the problem of the fast spread of AIDS in Nigeria as at today can be categorized into seven (7) factors these are:

(i) Inadequate facilities for screening to detect AIDS.

(ii) Inadequate or lack of updated information about the suspected or confirmed HIV/AIDS cases.

(iii) Lack of adequate and accurate knowledge about the signs and symptoms of AIDS among the masses.

(iv) Failure of most people to come out voluntarily for screening to know whether they are free from HIV/AIDS virus. This is particularly because of fear of discovering that one has AIDS is sero-positive and without care insight.

(v) Many people still doubt the ability of health workers who involved in screening for HIV/AIDS patients, before speaking like Nigeria, they will not believe it reality. Such a patient or patients or are yet to be seen in many places in Nigeria either physical or through moving pictures for the masses to see and identify with one of us.

(vi) General apathy couple with negative attitude of "I don't care among the generality of Nigerians that after all AIDS cannot be cured and there is no vaccine against it". Why must I worry about what I cannot help.

Other problems according to world Health Organization (WHO) and MARUTO conference of 1990 include the following:

The Long incubation/Latency period as problems: the average time for acquisition of the AIDS virus to development of AIDS disease is about six months to ten years. The long period of latency means that the disease is invisible in the community for a long time. By the time large number of people begin to come up with HIV related illness the diseases have been spreading for years and is likely to have been established in the community and it is not written on the foreheads of the infected person. It is very difficult to get people to worry about something they cannot see or have not seen particularly the "doubting Thomas" HIV infected individuals an infections to others throughout their long latency incubation period.

Sexual transmission problem: Sex, the primary and major route of HIV/AIDS transmission offer unique difficulties to effect prevention and control of the epidemic disease. Sex is powerful motivated activity between two individuals homosexual and hetero sexual, alike. In every cultural setting, sex is surround by taboos. These cultural condition and social control covers not only who can do it but how and with whom you may talk about it. This is a problem because you can't fight a war without talking about gun.

Talking about sex makes many health workers uncomfortable, patient incommunicable, the media nervous and politicians reluctant for fear of offering someone.

The medieval attitudinal problem: In the middle ages, conditions such as leprosy and mental illness were considered shameful. The same attitude persist today among the masses. This association of disease and shame is inconsistent with scientific and humanistic attitudes towards diseases and patients, but it has been a recurring theme of AIDS epidemic. When the responses to a disease is feeling of shame, objective assessment and constructive action becomes impossible on the part of both patients and society. Lack of free and open discussion is inevitable if the patients or the society is ashamed of the condition. If society sees a disease such as AIDS as shameful it is possible to discriminate against its victims. A patient of a country that perceives AIDS to be a shameful condition will misinterpret effort to recognizes and deal with proclaim as being discriminatory.

Problem of time: HIV/AIDS is a public health emergency failure to deal with the disease timely is dangerous because of its potential for rapid spread. For example HIV or prevalence in Thailand drug abuses went from less than 1% to 40% in seven

months. Because of the nature of the AIDS problem, any delay in controlling the spread will lead to a bigger problem, more infections more deaths and greater expenses next month or next year when the government individual, social studies or communities to get around responding to the problem effectively. The issue of wife inheritance among many cultural groups in Nigeria, wherever some body dies and the wife is expected to be inherited by any of the brothers of the deceased. This can also increase the spread of HIV/AIDS if either of them is a carrier. There is need therefore to look into cultural practice that open us to HIV/AIDS infections and do this, every individual must personally break the silence on the norms and practice that fuel or is fueling HIV/AIDS epidemic.

HIV/AIDS has also been on an increased rate because prostitution and women trafficking has not been properly checked. This being so, the spread of the diseases is sure to increase every second. Many Nigerian girls are tripled to Italy all in the name of getting white collar jobs, but they always end up practicing, all sort of prostitution, at the end most of these girls, contact this killer disease and come back to Nigeria to distribute the disease as a gifts from abroad to any man how sleeps with them, (have sex with them).

To actually fight this ideally disease everybody must create or develop self control with all carefulness because AIDS is not written on individuals forehead as mentioned earlier. You may see somebody, looking healthy but yet he/she is a carrier and it is this lack of identification mark on the part of the victims that is causing the disease to spread any how, now and then. For those who see sex as fun should be very careful. Sex can really be fun but AIDS is not funny. Five minuets fun or enjoyment as many call it is enough to ruin ones life.

Unprotected sex is another major causes why the disease is moving fast. Many junior secondary school students have the lukewarmness to use condom before having sex, which is very dangerous as far as HIV/AIDS is concerned. This group of individual finds it difficult to believe that reality of HIV/AIDS "AIDS IS REAL, IT IS HERE AND IT IS MOVING FAST ON A VERY HIGH SPEEDOMETER"

2.4 Mode of Transmission

The spread of AIDS today is a major concern of the whole world and it is making persons and even government to panic. There are now many diseased persons in America, Asia, Europe, Australia,

South America, Africa (World Health Organization). In 1989 by WHO, it was estimated that by the year 2000, a total of 15 to 20 million adults would be infected with HIV and at least 5 to 6 million adults would have developed AIDS.

The virus survives only by colonizing individual cells in the body. The major documented and so far modes of transmission are through and virginal sexual intercourse, sharing of contaminated needless, transfusion of infected person in donor insemination and vertical transmission from mother to festus in uterus that is from mother to baby (Mindel, 1988).

2.4.1 Sexual Contact

In Africa where AIDS is much more common than in Britain, the virus seems to have spread mostly as a result of hetero-sexual sex. Experts don't know precisely how the virus is transmitted sexually, one theory say's that semen and vaginal or rectum and the skin covering the penis. But whatever, the explanation it is clear from the pattern of the spread of HIV throughout the world that it can be transmitted by either anal or vaginal sexual intercourse, and that it can be passed on from a man to woman or to another man and from a woman to man (Yelding, 1988).

2.4.2 Blood

Infected blood has to get into an individuals blood stream for infection by blood to be possible. The virus can be transmitted during the transfusion of contaminated blood or blood products or through an operation such as a transplant or skin graft if the donors are infected (Yelding, 1988).

2.4.3 Donor Insemination

The risk of infection through donated sperm is now negligible. The Department of Health in the U.S.A recommend that donor for HIV infection at the time of donation and that semen is frozen until a second blood test is carried out three months later (Yelding, 1988).

2.4.4 Birth

A mother infected by pregnancy, may likely infect her baby. A maternal fetus or infant pattern of transmission is now becoming important with inutero passage of virus or transmission at birth or via breast milk (through breast feeding). Pregnancy can also precipitate over the disease in a mother who is carrier. In one study of 20 infants born to infect mother, 13(566) has serologically and/or clinical evidence of infections with HIV-III several months after birth (WHO, 1989).

It is note worthy that transmission by tears and saliva has not be confirmed and also studies of the household members of patients infected with HIV have found no evidence of casual transmission of the virus through daily domestic activities (Yelding, 1988).

2.5 General Effects of STDS/HIV/AIDS

STDS/HIV/AIDS now outbreak every other killer disease as the top killer in Nigeria. It is disheartening that STDS/HIV/AIDS is disseminating our developing countries, Nigeria in particularly and it is seriously threatening to erase all the hard won, success achieving in our political economic, social, religious, scientific and technology spheres. This is because virtually everyone infected this killer disease which no body want to hear of, will surely die and there is no two ways about that. Not only dying but with serious suffering and difficulties also. This is so because most of the victims end up being rejected and ignored by their relatives, friends and parents to prevent themselves from being infected. The number of AIDs death and the people with full blown aids is rising rapidly. In Nigeria, a sample survey shows that 40-50% of workforces are already infected. This automatically lead to loss of lives of these workers, the companies and the productivity of the companies become less as a result of less active workers which will definitely lead to insufficient

supply of goods in the market for people consumption. The end result is unaffordable and exorbitant increase in price of goods available in the market, for it is said and known that "the lower the supply, the higher the price of the commodities. Hence when people do not have means of purchase the little ones available in the market, austerity, hunger, anger, immoral vices which cut across different kinds of crimes, becomes the order of the day in the society. And the question we need to ask ourselves is "are we moving forward or backward? Eden (2003) said AIDS today also has been recorded as the prominent cause of death among children. Health reprocess are already over-burdened and unable to cope with the epidemic. The devastating effects of STDS/HIV/AIDS are greatly alarming. Thus, as children loss their parents and are made orphans, teachers loose the children (i.e pupils and students) children loose their teachers, businessmen and women loss their customers, farmers die and leave their farms hospital loss their patients and factories loose their workers making the epidemics become not only a healthy problem but a full and total development crisis.

STDS/HIV/AIDS is significant threat to Nigerian today development since the epidemic has killed more than 1.7 million Nigerians and orphaned more than 1.5 million children. These

orphaned children today do not go to school because of lack of sponsor and their chance of realizing themselves, their potentiality is being blocked and their chance of contributing their own quota also to the economic, social, political, scientific and technological development of their country cannot be dreamt up, as the importance of education (formal education) to the economic social, political, scientific and technological development cannot be over emphasized.

AIDS is already eroding the country's modest health gains of the past generation. AIDS has drastically reduced life expectancy at birth, which rose from 47 to 53 years in Nigeria between 1980 to 1995 respectively. This of course, expectancy has failed and by 2004 might drop back to 47 years. This of course according to Akinsele (2002) is a reflection of rising adult morality and its estimated that the crude death rate today is 20 percent higher than it was in 1990.

STDS/HIV/AIDS has also driven a growing epidemic of tuberculosis over the past years as it now the commonest opportunities infection in HIV positive patients. The epidemic may already be costing Nigeria at the macro level as much as five percent of its growth each year. The welfare of household, communities and

enterprises are in jeopardy at the micro-level because the vast majority of those infected were in their productive years as workers and parents.

Akinsele (1991) and I quote:

> *"As mobility and morality grow, AIDS will deplete scarce capacity in the public sector, progressively gains in human development, undermine key public investment, diminish total productivity growth and pose a mountainous burden of care and support to house holds and communities".*

Akinsele (2002) further state that many health experts and already reported that Nigeria, Ethiopia, China and Russia might be at a point where the epidemic would become more serious in the next five years and the number of infection could be doubted. According to Eden, L. (2003) who quoted Akinsele (2002) who also quote World Health Organization (WHO) "Succession overcoming the STDS/HIV/AIDS epidemic demands an expectations personal; moral, political and social comments on the parts of everybody. The report noted that leadership in the family, community, school, civil service and government must be involved in a concrete effort to help the spread of the disease in Nigeria.

UNAIDS (2002) states that: less developed countries have made impressive progress in human development since the second world war. However, these achievement are being undermined as

countries fall into deeper poverty, economics stumble and the impact of the epidemic is felt across society.

2.5.1 Signs and Symptoms of STDS/HIV/AIDS

Researchers have shown that to make diagnosis the person with STDS/HIV/AIDS at least three (3) major and nine (9) minor signs. According to health workers (1987), after holding a two days workshop states that the very common signs and symptoms of AIDS include the following:

Major Signs: Loss of more than 1% body weight

- Chronic diarrhea for more than one month
- Prolonged fever for more than one month.

Signs: Persistent cough for more than one month.

- Recurrent herpes rooster.
- Thrust in mouth and throat.
- Generalize itching skin diseases
- Swollen glands
- Loss of memory
- Chronic generalized herpes simplex
- Peripheral nerve damage.

AIDS should be suspected if the above symptoms persists especially in an area with many people with AIDS.

2.5.2 Prevention of STDS/HIV/AIDS

According to Ramalinaswam, (1993) he says “to cure is a duty, to prevent is a responsibility: preventing and cure are the twin engines that should drive our effort for the control of STDS/HIV/AIDS”. All men and women must work towards prevention of STDS/HIV/AIDS as it is the only hope of eradicating the disease and thus ensure his continual survival. As there is no vaccine against STDS/HIV/AIDS health education is therefore the most important method of preventing STDS/HIV/AIDS. Everybody should be educated on different ways by which STDS/HIV/AIDS can be transmitted. People should change their views about sexually and sexual behaviour. They should avoid homosexuality and when it comes to heterosexual sex that should stick to one partner and if this cannot be done, condom should be used.

2.5.3 Injection

Everyone must be careful about injection, those who abuse drugs must stop because if they do not stop the habit; they are exposing themselves to STDS/HIV/AIDS. One never knows if the injection has been used before by an STDS/HIV/AIDS patient and is being reused. Unsterilized, needles should not be used. One must

refuse it, it is to be used for more than once whenever one is taken injection in the hospital. Insist that they use new sterile needles and syringes (Yeldign, 1988).

2.6 Government Efforts Towards the Control of STDS/HIV/AIDS

According to Ademu Nwapbu (1999) "AIDS has no respect of any person or status sex, age, coliur, race, religion, wealth, poverty, education, or illiterate" everybody or anybody who fails to protect himself against the disease transmitted through the main gate mentioned above is surely at risk. Anybody who engages in this behaviour without adequate and accurate protection particularly reckless and unprotected sexual intercourse without proper use of condom, which is 10% helpful and 20-30 failures is at risk.

Nigerian government, at present has the primary weapon in the fight against STDS/HIV/AIDS is: Information education and communication (I.E.C) aimed at modifying high risk behaviour. Therefore changes in people knowledge, belief and practices certainly not related to act now is of paramount need. This is not the time for procrastination. There is still not drug available to cure HIV/AIDS up till this minute of writing the work. A few drugs such as AZT (Azidothymidne AZT) retrovirus for its chemical name Sazidodeozy thymedine) can only help show down the process but they are very expensive and in short supply everywhere during the previous time.

But now the drugs are accessible in each an every general hospital across the federation. Research also reveal that a Nigerian Medical Doctor, Dr. Abala Kawas said to have come out with the medicine against HIV/AIDS infection put this to a large extent have not been agreed upon by other medical experts and it is not even the cure.

No reliable nation and government like Nigeria government will keep up looking at this type of national health of destroying the whole nation. To solve this problem will require the combined efforts of government through their various agencies for example, health and educational institution as well as the individuals particularly informed, educated and counseled about STDS/HIV/AIDS prevention and control measures.

In it resolution, the World Health Assembly (WHA) under the auspices of the World Health Organization (WHO) during the fourth international conference on AIDS at stock home serve (1988) adopted a resolution to HIV infected people with AIDS. Accordingly, WHO (World Health Organization) urged all governments:

a. To protect the human right and dignity of HIV infected people and people with AIDS as members of population grouped into avoid discriminatory action, stigmatization against them in the provision of services employment and travels.
b. To ensure the confidentiality of HIV testing and promotes the availability of confidence counseling and other support and services to HIV infected people and people with AIDS.

However, the press had it that the Nigerian government have been and are still supporting AIDS programme by helping it success in any way possible. The Federal government of Nigeria through educational institutions has incorporated AIDS education in the course syllabus to be offered in the school. It is believed that through this, the students who like Sunday Olise, one of the Nigerian footballers was also allowed to campaign loudly, and publicly through Nigerian Television Authority (NTA) where he said AIDS is real, if you cannot stay without having sex used condom.

The federal government also urged that patients suffering from HIV symptoms because they cannot fight infections should be given treatment to ease these symptoms as far as possible. Every herbal medicine is traditionally rushed. Their rise should be encouraged by relief pain, itching and fever or any other symptoms world Health Organization (WHO) advised:

Many countries have reported that the use of condom among sexual partners should be encouraged even though it has a failure rate. The health workers having seen that the virus is transmitted through semen, virginal secretion and blood transfusion suggest the following:

1. Having sex with only one faithful partner.
2. Do not have sex with prostitutes (male or female) or people who go out with them.
3. Do not have an injection except in a recognized health institution where you are sure that their instruments are well sterilized.
4. Make sure that the instruments for circumcision are properly boiled.
5. A woman who knows or suspects that she is a HIV carrier should avoid becoming pregnant.

Social studies education is not left in the campaign against STDS/HIV/AIDS. It has in its syllabus aids education at junior secondary school and at tertiary level. This is to enable youths to be aware of the existence of the diseased.

2.7 The Role of Social Studies Education in Creating STDS/HIV/AIDS Awareness among Junior Secondary School Students

AIDS is a dangerous disease that cannot be left alone in the hand of government. Combined efforts need to be made if we need positive change in the rapid spread of disease. It is not supposing therefore that many social studies professionals (academics) have picked up the challenge to be involved in different activities that will help reduce STDS/HIV/AIDS spread in Nigeria.

In order to join hands together to fight AIDS crisis, many social studies professionals advocacy (academics) through their programmed frowns at causal sex culture, pre-marital sex and all forms of sexual sin, which is more pronounced among our junior secondary school students. The rate of cause and pre-marital sex is too high and thus is major route of STDS/HIV/AIDS transmission. Social studies professional, among others advised and encouraged junior secondary school students, that they must not have sex, they should wait till they get marry. Talking about sexual sin involves all aspect like fornication homosexuality, prostitution, lost and in fact any form of sexual relationship outside marriage in their awareness, sexual relationship is only limited to married couple alone (Okanlawon, 1998).

It is also a fact that AIDS awareness campaign is carried out on the radio. Some junior secondary school students still believe that sex is a natural phenomenon that gives pleasure and as such, God should not punish people indulging in it.

Encyclopedia Britannica (2003) quoting UNAIDS (2002) stated that to raise public awareness, advocates began promoting of weaving of a loop of red ribbon to indicate their concern. Activist, groups lobby government to fund education, research and treatment

support groups provided a wide range of services. Victims were memorialized by more than 44000 panels of AIDS memorial quilt, which was displayed world wide both to raise funds and to emphasized the human dimension of the tragedy. The United Nations designated December 1st was world AIDS day:

Mach et al (2002) also noted that in the absence of financial resources to pay for new drug therapies, many African countries had found education to be the best defense against the disease, nationally distributed posters and public awareness campaigns, starting as early as kindergarten have all helped to stem the spread of STDS/HIV/AIDS.

2.8 Theoretical Framework

This study is premised on the Social Learning Theory. In social learning theory Albert Bandura (1977) states behavior is learned from the environment through the process of observational learning. Children observe the people around them behaving in various ways (Bandura, 1961). Individuals that are observed are called models. In society children are surrounded by many influential models, such as parents within the family, characters on children's TV, friends

within their peer group and teachers at school. Theses models provide examples of masculine and feminine behavior to observe and imitate.

They pay attention to some of these people (models) and encode their behavior. At a later time they may imitate (i.e. copy) the behavior they have observed. They may do this regardless of whether the behavior is 'gender appropriate' or not but there are a number of processes that make it more likely that a child will reproduce the behavior that its society deems appropriate for its sex.

First, the child is more likely to attend to and imitate those people it perceives as similar to itself. Consequently, it is more likely to imitate behavior modeled by people the same sex as it is. Second, the people around the child will respond to the behavior it imitates with either reinforcement or punishment. If a child imitates a model's behavior and the consequences are rewarding, the child is likely to continue performing the behavior. If parent sees a little girl consoling her teddy bear and says "what a kind girl you are", this is rewarding for the child and makes it more likely that she will repeat the behavior. Her behavior has been reinforced (i.e. strengthened).

Reinforcement can be external or internal and can be positive or negative. If a child wants approval from parents or peers, this approval is an external reinforcement, but feeling happy about being approved of is an internal reinforcement. A child will behave in a way which it believes will earn approval because it desires approval. Positive (or negative) reinforcement will have little impact if the reinforcement offered externally does not match with an individual's needs. Reinforcement can be positive or negative, but the important factor is that it will usually lead to a change in a person's behavior. Third, the child will also take into account of what happens to other people when deciding whether or not to copy someone's actions. This is known as vicarious reinforcement.

This relates to attachment to specific models that possess qualities seen as rewarding. Children will have a number of models with whom they identify. These may be people in their immediate world, such as parents or elder siblings, or could be fantasy characters or people in the media. The motivation to identify with a particular model is that they have a quality which the individual would like to possess. Identification occurs with another person (the model) and involves taking on (or adopting) observed behaviors,

values, beliefs and attitudes of the person with whom you are identifying.

The term identification as used by Social Learning Theory is similar to the Freudian term related to the Oedipus complex. For example, they both involve internationalizing or adopting another person's behavior. However, during the Oedipus complex the child can only identify with the same sex parent, whereas with Social Identity Theory the person (child or adult) can potentially identify with any other person. Identification is different to imitation as it may involve a number of behaviors being adopted whereas imitation usually involves copying a single behavior. In view of the fact that the theory states that individuals particularly children are influenced by what they see, this theory fits into this study as it explains the role that social studies education can play in creating awareness on STDs.

2.9 The Review of Related Empirical Studies

The purpose of this section was to review more significantly relevant literature in the area of awareness of STDS/HIV-AIDS among junior secondary schools, though there have been few research work done in Nigeria subject, scholars have shown interest.

Many studies have been done on sexual behaviour of adolescents around the world. Available data showed a high proportion of adolescents are sexually active.

School children of today are exposed to the risk of being victims of HIV/AIDS - which was quite unknown to their predecessors a few decades ago. The epidemic of HIV/AIDS is now progressing at a rapid pace among young people. Studies have reported that young people form a significant segment of those attending sexually transmitted infection (STI) clinics and those infected by HIV (Urmil, Dutt, Sharma and Ganguly, 1999). Programme managers and policy makers have often recommended that schools can act at the center point for disseminating information and education on HIV/AIDS. Hence school education has been described as a 'social vaccine', and it can serve as a powerful preventive tool. In India, there is a wide gap between the inputs in the HIV/AIDS curriculum for schools and the actual education that is imparted (Boler and Jellema, 2005). As children are a valuable resource for the future of a country, it is imperative that they be equipped with ample amount of information so as to protect themselves and their counterparts from falling a prey this still-an-incurable killer disease.

Nicholas et al in his Ibadan study found that 38.4% of the adolescents were sexually exposed. He also found a pattern of condom usage among adolescents, 47.9% of the adolescents who had sexual intercourse once or twice in a month used condom as against 20.5% of them who had sexual intercourse 3 or more times per month.

Odujinrin in a survey of 950 secondary school students in Lagos in 1990, found of 29% of sexually active students, only 21% had ever practiced any form of contraception. The proportion of sexually active adolescents found in other studies in Nigeria ranges from 40% Anambra to 77% in Benin City. Between 20-40% of unmarried adolescents aged 15 to 19 years in Ghana, Kenya and Togo.

In general, the average age of sexual debut ranges between 15 and 17 years. The 1990 national demographic and health survey of females within reproductive age group found the median age at first intercourse to be just over 16 years. In a research review of 3,485 women in Kinshasha, Democratic Republic of Congo, the mean age at fist intercourse to be just over 16 years, while 14 years was found for both sexes in Cameroon. Amazigo (undated) states noticed that the proportion of sexually active students rose with age, however

they found no difference in sexual activity by gender or school location (urban or rural).

In a study of Gambia (2010), 37% of the 14-24 year age group ever used condom. Lack of information about contraception and limited access to family planning methods were significant obstacles to the use of contraceptive methods among single women. While adolescents usually start romantic relationship, which might include sex because of physical attraction with their fellow students, the desire for material and financial reward or gain is the primary motivating factor for sexual relationship with older partners. This explains the mean age difference between adolescent females and their partners. In Guinea mean age difference for adolescents aged 15-19 compared with the age group 20-24 years. The cultural reluctance of parents to discuss sexual matters with their children, let alone give them sex education, ill prepares adolescents to face the challenges of social life when they leave home for studies or to seek job opportunities in urban areas.

A review of studies on STDS/AIDS has revealed a high knowledge about these diseases among adolescents. Temin (2009), using focus group discussion (FGD) to study perception of sexually transmitted diseases among secondary school students in Benin

City found a high awareness of AIDS among their study population. The participants agreed that condoms were the best method of STDS prevention, Abstinence was thought to be the next most commonly used method of prevention, followed by monogamy. Girls mentioned abstinence and monogamy frequently. Although in most of the studies respondents considered condoms the best way to avoid STDS, the reported prevalence of condom use showed a gap between knowledge and practice.

This systematic review is conducted in order to determine awareness and knowledge o school-going adolescents in Europe of sexually transmitted diseases, not only concerning HIV/AIDS, but also other STDs such as chlamydia, gonorrhoea, syphilis and human papillornavirus (HPV). Where possible we will identify differences in awareness and knowledge by key demographic variables such as age and gender, and how awareness has changed over time.

Although knowledge and awareness have been reported to have a limited effect on changing attitudes and behaviour, they are important components of sex education which help promote informed, healthy choices. As schooling in Europe is generally compulsory at least up to the age of 15 years and sex education is

part of the school curriculum in almost all European countries, school-going adolescents should be well informed on the health risks associated with sexual activity and on how to protect themselves and others. In view of the decreasing age of sexual debut and the reported increasing numbers of diagnosed STDs among young people, results of our review can help point out areas where STD risk communication for school-attending adolescents needs to be improved.

Nigeria has not been spared by the HIV/AIDS pandemic. Presently, Nigeria ranks forth after India, South Africa and Ethiopia on the list of the worst affected countries of the world. Since the first cases of AIDS were reported in Nigeria in 1986, various efforts have been made to assess the magnitude of the problem and to monitor its trends.

Summary

Sex education messages to junior secondary school students should clearly communicate that abstinence from sexual intercourse is the most effective methods of preventing, unwanted sexually transmitted diseases. However, it is not advisable for education programmes to provoke fear and shame in adolescents about

sexuality in order to enforce abstinence from sex. This is because in as much as adolescents need clear messages on benefits of abstinence, programmes must also address the likelihood that some young people have intimate relationships. Society must also recognize that majority of youths will become sexually active in their teenage years. Youths should therefore receive support and awareness for developing intimate sexual relationships.

It would be immense benefits to recommend that all the institutions/organization or individuals who are involved in the implementation of the national policy population and development should focus their attention on raising the level of awareness among stakeholders for the provision of youth's sexuality education. Another argument is that while sex education equips youths with superficial knowledge insufficient enough to guide them to further exploration.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This data gathering process is the most vital aspect in social science research process. This is so because data are indispensable for arriving at the solution to the problem under the investigation. For this reason this chapter examines the steps taken to conduct the study. This chapter describes:

i. The research design,
ii. The population,
iii. Sample and sampling procedure,
iv. The research instrument,
v. Content validity,
vi. Pilot study,
vii. Administration of questionnaire and analysis.

3.2 Research Design

The research adopted survey research design. According to Baba (2005) a survey is a research study that investigates existing characteristics of a large group of persons, objects or situations by collecting data from a portion or a few of those persons, objects, or situations. The idea is that whatever is found in the sample would be used to describe the population from which it was composed.

3.3 Population of the Study

Omooba, (2010) indicated population in research refers to the number of people or phenomenon the research will cover in terms of generalization of the collected analysed and interpreted data. It is the sum total of the element in the study. Also, according to Best and Khan (1989) population is any group of persons, objects, or institutions that poses one or more common characteristics of interest to a researcher. The population of this study, therefore, consisted of a total of ten thousand two hundred and seventy four (10,200) social studies students in junior secondary schools of both private and public schools in Kaduna North and South local Government Areas (LGAs) of Kaduna State (Inspectorate Educational Division of Kaduna North and South, 2012).

3.4 Sample and Sampling Techniques

A sample according to Baba (2005) is "that portion of the population that the researcher selects for the purpose of data collection and analysis". It also refers to the segment of the population that is used in a study to gathered data. According to Omooba (2010), sampling techniques are statistical procedures for selecting the sample or sub-group out of the entire population from which the survey information will be obtained.

The sample for this study is derived through simple random sampling. Omooba, (2010), simple random sampling techniques as the procedure or method that give every member in the population an equal chance of being selected. The random sampling technique was used in selecting the schools, the use of freedom pieces of paper. The names of each of the fifty (50) junior secondary schools in the two local government areas (North and South) of Kaduna State, were written on each piece of paper squeezed and dropped in a dip bowl, mixed and turning them. Twenty (20) students were called to pick a piece each (20 schools).

These twenty (13) schools in line with the opinion of Nwagwu S. N. (2005), who adviced that 25% of the total population should be used as sample of the study. Seven (7) government junior secondary schools and six (6) private junior secondary schools. 10,200 Krejcie and Morgan (1970), sample = 386.

3.5 Instrumentation for Data Collection

The instrument that was used for this research work was questionnaire. The questionnaire contains statement which the respondents have to reach in writing so as to get out information required.

The questionnaire items were structured, it was the type requiring the respondents to give responses such as; agreed, strongly agreed, disagreed, strongly disagree.

3.5.i Pilot Study

The questionnaire was pretested on 90 students of JSS Rigachikun in Kaduna State, in order to ascertain the reliability of the questionnaire. The respondents were requested to indicate their responses to each statement by ticking one of the categories of agreement or disagreement. To ensure that individual opinions were freely expressed, respondents were required to work on the questionnaire in their classrooms. The researcher went round to check if responses on the attitude statements were scored and items analysis were computed and found to be reliable. The researcher collected the questionnaire back after the administration. The ambiguous items in the questionnaire will be corrected and reconstructed before the final administration of the questionnaire would be done.

3.5ii. Validity and Reliability of the Instrument

The data collected from the pilot study were subjected to a reliability test using the Statistical Package for Social Sciences (SPSS).

3.5.2 Validity of the Instrument

Validity is a check to test efficiency and suitability of instrument, to measure what is expected, so as to minimize errors and misinterpretations. The students' questionnaire which were the main instrument that were used for this research were developed under the supervision and guidance of the supervisors. Constructive criticisms of the items in the questionnaire would be brought the questionnaire to a final shape for this research. Miri (1982) says "psychological measure may be said to have validity if it measures something of which some authority or group of authorities asserts that it does measure. Omooba, (2010) explains that an instrument is valid when it measures truly and accurately the quality or ability it was designed to measure.

3.6 Procedure for Data Collection

The questionnaire was administered to nine hundred and sixty (960) respondents in both two local governments; Kaduna North and

South cutting across the junior secondary schools. A total sample of twenty four (24) people were selected in each of the 50 schools. The questionnaire as approved by the project supervisor were distributed without much problem through the cordial relationship built with the respondents in the course of the investigation and collection of the completed questionnaire were carried out one (1) week in order to allow the respondents to have enough time to think critically and logically respond to the items raised in the instruments.

3.7 Statistical Analysis Procedure

In order to analyse the data and determine the findings from the information collected from the various sources, the results were presented in tabulation form using frequency, t-test technique was chosen because the data is discrete and continuous.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents the data analysis, including its discussion of results. The chapter involves a total of 960 respondent questionnaire duly returned. Whose responses form the data analysis of this study using the Statistical Package for the Social Sciences (SPSS). The respondents were the junior secondary school students selected from North/South Local government areas of Kaduna state. The first section of this chapter presents the bio data variables analysis by means of frequencies and percentages, while the second section answers the research questions using frequencies and percentages. The mean item responses were calculated on the modified 4-point liker scale. The third section presents and interpret the three null research hypotheses by means of inferential statistical techniques of Independent t-test statistics to determine the perception of respondents based on sex, school type and classes at 0.05 alpha level of significance. The fourth section outlined the major findings of the study and the last section discussed the findings of the study in detail.

4.2 **Analysis of the Bio data variables of respondents**

Table 4.2.1: Distribution of respondents by Sex

Sex	Frequency	Percentage	Cumulative Percent
Male	553	57.6	57.6
Female	407	42.4	100.0
Total	960	100.0	

According to the outcome of table 4.1.1 above out of the total 960 respondents in this study, 553 of them representing 57.6% are males while the remaining 402 representing 42.4% are females.

Table 4.2.2: Distribution of respondents by Age

Sex	Frequency	Percentage	Cumulative Percent
Less than 12 yrs	180	18.8	18.8
12 – 15yrs	550	57.3	76.0
16 – 19 yrs	180	18.8	94.0
20 yrs and above	50	5.2	100.0
Total	960	100	

Outcome of the above table showed that 180 of the sampled JSS student respondents representing 18.8% are less than 12 years while 550 (57.3%) are between 12 – 15 years as against 180 others representing 18.8% that are within the 16 – 19 years and the rest 50 representing 5.2% are from 20 years and above.

Table 4.2.3: Distribution of respondents by type of school

Sex	Frequency	Percentage	Cumulative Percent
Public	546	56.9	56.9
Private	414	43.1	100.0
Total	960	100.0	

Details of the above table revealed that 546 of the students representing 56.9% are from public schools while the remaining 414 representing 43.1% are from private secondary schools.

Table 4.2. 4: Distribution of respondents by class

Sex	Frequency	Percentage	Cumulative Percent
JSS 1	335	34.9	34.9
JSS 2	325	33.9	68.8
JSS 3	300	31.3	100.0
Total	960	100.0	

As shown in table 4.1.4 above, 335 representing 34.9% of the students were sampled from JSSI class while 325 (33.9%) are JSSII classes and the rest 300 (31.3%) are from JSSIII class.

4.2. Answering of Research Questions

Research Question One: What Are The Opinion of Students on The Awareness of STD/HIV/AIDS in North and South Local Government Of Kaduna State.

Table 4.2.2.1: Opinion of students on t On The Awareness Of STD/HIV/AIDS In North And South Local Government Of Kaduna State.

Item	SA	A	D	SD	X	*f*x	Dec
HIV/AIDs do not exist in the society at all	419	57	60	17	3.59	.03	.08
School children can have HIV/AIDs/STD virus.	438	36	56	23	3.61	.35	.083
HIV/AIDs exists among parents only.	304	103	104	42	3.21	.04	.099
Only people that lives in the urban areas have HIV/AIDs.	362	92	72	27	3.43	.07	.89
People who are not sexually active do not have the fear of contacting HIV/AIDs.	396	72	56	29	3.51	.04	.88
It is only the men that contact HIV/AIDs/STDs.	329	117	82	25	3.36	.04	.89
Every lean people have HIV.	392	92	50	19	3.55	.03	.03
Everybody that is sick is a victim of HIV/AIDs/STDs.	437	75	19	22	3.68	.03	.03
Pastors/Immams or Clergy can equally have HIV/AIDs/STDs.	432	83	25	13	3.69	.03	.67
Animals and birds can equally have HIV/AIDs/STDs.	413	65	59	16	3.58	.03	.78

The outcome of table 4.2.1 above revealed the Opinion of respondents on The Awareness of STD/HIV/AIDS in North and

South Local Government of Kaduna State. Majority of the respondents irrespective of their gender status classes are of the opinion that there are many other ways of contracting STDS/HIV/AIDS apart from sexual intercourse. This item attracted the students' highest mean responses of 3.5877 and 13.8318. The male detailed response on this view showed that 419 of them strongly agreed, while 57 agreed and another 60 disagreed and the male students strongly disagreed with this item 17. The female respondents detail response on this item revealed that while 280 of them strongly agreed, 77 others agreed, and the remaining 14 disagreed with this opinion 36. Also, majority of the male and female respondents are of the opinion that economic conditions of youths make them to be engaged in promiscuous acts thereby contracting this disease as this item attracted their second highest individual mean responses of 3.5877and 3.5307 respectively. Male detail response on this opinion showed that 419 of the were in strong agreement, while 57 agreed, 60 others disagreed and the rest 17 of the male respondents strongly disagreed on this opinion. The female detail response on this revealed that while 280 strongly agreed, 77 others greed, while the remaining 36 disagreed with this view.

Research Question Two: What Are The Opinion Of JSSII and JSSIII Respondents on mode of transmission of STD/HIV/AIDS In North And South Local Government Of Kaduna State.

Table 4.1.2: Opinion of JSSII and JSSIII respondents on t On mode of transmission of STD/HIV/AIDS In North And South Local Government Of Kaduna State

Item	SA	A	D	SD	X	*f*x	Dec
Social studies do not teach the mode of transmission of HIV/AIDs as part of the learning experiences.	353	74	90	36	3.35	.04	.97
You can get HIV/AIDs when you wear a piece of condom before sleeping with people that are not your wife or husband.	355	83	83	32	3.35	.03	.94
When you sterilize the blade use by people who have HIV/AIDs, you wills till get HIV/AIDs/STDs.	303	104	103	43	3.21	.04	1.00
Sharing the same toilet with an infected person can equally increase one's chance of getting the disease.	359	92	73	29	3.41	.03	.90
Wearing the same cloth with an infected person does not make one infected.	391	73	57	32	3.49	.03	.89
It is not necessary to screen blood of HIV/AIDs before it is transferred to another person.	323	120	82	28	3.33	.03	.91
It is a bad habit to inject so many people with one single syringe because all of them are sick and needs it.	387	95	51	20	3.54	.03	.81
Keeping so many boyfriends/girlfriends (sexual partners) reduces the risk of HIV/AIDs infection.	432	76	21	24	3.65	.03	.75
When an infected mother gives birth to a child, it is dangerous for the child to feed on the mother's breast.	428	86	26	13	3.68	.03	.67
You will be infected with HIV/AIDs when you don't teach properly.	408	66	61	18	3.56	.03	.81

The outcome of table 4.2.2 above revealed the opinion of respondents on The Awareness of STD/HIV/AIDS In North And South Local Government of Kaduna State. Majority of the respondents irrespective of their classes are of the opinion that there are many other ways of contracting STDS /HIV/ AIDS apart from sexual intercourse. This opinion attracted the highest mean response of 34.5967 and 33.1179 by JSS II and JSSIII respectively. The JSSII respondents detail response on this item showed that 300 of them strongly agree, while 31 agreed, 6 others disagreed and the rest 4 of the JSSII strongly disagreed. The JSSIII female respondents response on this item revealed that while 353 strongly agreed, 74 agreed, while the rest 90 disagreed on this item. In the same vein There is relationship between STD/HIV/AIDS and youths protection from its infection, according both JSSII and JSSIII with mean responses of 34.5967 and 35.1179 respectively. Details of JSSII respondents of this item revealed that while 353 strongly agreed, 24 pothers agreed while 10 disagreed and the rest 9 strongly disagreed. The JSSIII respondents responses on this item revealed that while 296 strongly agreed, 8 others agreed, while 27 disagreed and the rest 5 strongly disagreed to this item.

Research Question Three What Are The Opinion Of Private and public Respondents On The Awareness Of danger or effects of STD/HIV/AIDS In North And South Local Government Of Kaduna State.

Table 4.1.3: Opinion of Public and private respondents on the danger or effects of STD/HIV/AIDS In North And South Local Government Of Kaduna State

Effect of Social Studies on the Creation of Awareness on HIV/AIDs

Item	SA	A	D	SD	X	*f*x	Dec
Social studies education do not create awareness in people on the danger of HIV/AIDs.	402	64	68	19	3.53	.02	.45
Social studies students cannot be a victim of HIV/AIDs.	386	77	68	22	3.50	.04	.86
The moral contents of social studies curriculum is enough to teach students on the effects of HIV/AIDs.	432	76	21	24	3.66	.03	.75
Teachers of social studies education are not allowed to talk about HIV/AIDs in the classroom.	428	86	26	13	3.68	.03	.03
Students of social studies cannot be ignored on my other ways of contacting and avoiding the disease.	408	66	61	18	3.56	.03	.81

The outcome of table 4.2.3 above revealed the opinion of public and private school Respondents on The Awareness of STD/HIV/AIDS in North and South Local Government of Kaduna State. Majority of the respondents irrespective of their type of school are of the opinion that there are many other ways of contracting

STDS/HIV/AIDS apart form sexual intercourse. This opinion attracted the highest mean response of 35.1953 and 35.5946 by JSS public and private school respondents respectively. The public school respondents detail response on this item showed that 546 of them strongly agree, while 56 agreed, 56 others disagreed and the rest 6 of the public school respondents strongly disagreed. The private school respondents' response on this item revealed that while 414 strongly agreed, 43 agreed, while the rest 7 disagreed on this item.

4.3 Testing of Research Hypotheses.

Hypothesis One: There is no significant difference between the opinion of male and female respondents on the awareness and effect of STD/HIV in Kaduna North and South L.G.A.

Table 4.3.1: t-test showing no difference between the opinion of respondents on the awareness and effect of STD/HIV in Kaduna North and South L.G.A

Variables	N	Mean	SD	t-cal	Df	Prob.	t-critical
Male	553	35.1953	4.40966				
Female	407	35.5946	3.90216	1.520	958	.129	1.98

The result of the above t-test shows that the t-calculated value (1.520) is less than the t-critical value (1.98) at 958 degree of freedom and at 0.05 level of significance. The observed level of significance P(.129) is greater than 0.05. This means that there is no significant difference in the opinion of respondents on the awareness and effect of STD/HIV in Kaduna North and South L.G.A. Therefore, the null hypothesis is retained.

Hypothesis Two: There is no significant difference between the opinions of JSS II and JSS III respondents on various mode of transmission of HIV/AIDs among junior secondary schools in Kaduna North and South L.G.A. based on gender (male and female).

Table 4.3.2: t-test showing no difference between the opinion of respondents on the various mode of transmission of HIV/AIDs among junior secondary schools in Kaduna North and South L.G.A based on gender (male and female).

Variables	N	Mean	SD	t-cal	Df	Prob.	t-critical
JSS II	553	34.5967	4.41651	1.836			
JSSIII	407	35.1179	4.24854		958	.156	1.98

The result of the above, t-test shows that the t-calculated value (1.836) is less than the t-critical value (1.98) at 958 degree of freedom and at 0.05 level of significance. The observed level of significance P(.156) is greater than 0.05. This means that there is no significant difference between the opinion of respondents on the various mode of transmission of HIV/AIDs among junior secondary schools in Kaduna North and South L.G.A. based on gender (male and female). Therefore, the null hypothesis is retained.

Hypothesis Three: There is no significant difference between the opinion of respondents in public and private schools on various ways of creating awareness on the dangers associated with STD/HIV/AIDs scourge among junior secondary schools in Kaduna North and South L.G.A.

Table 4.3.3: T-test showing no difference between the opinion of public and private school students respondents on various ways of crating awareness on the dangers associated with STD/HIV/AIDs scourge among junior secondary schools in Kaduna North and South L.G.A.

Variables	N	Mean	SD	t-cal	Df	Prob.	t-critical
Public	553	17.9295	2.46839	2.604			
Private	407	18.3317	2.21739		958	.009	1.98

The result of the above, t-test shows that the t-calculated value (2.604) is greater than the t-critical value (1.98) at 110 degree of freedom and at 0.05 level of significance. The observed level of significance P(.009) is less than 0.05. This means that there is a significant difference between the opinion of respondents on the various ways of creating awareness on the dangers associated with STD/HIV/AIDs scourge among junior secondary schools in Kaduna North and South L.G.A., the null hypothesis is rejected.

4.4 Summary on Findings

i. There is no significant difference between male and females in their level of awareness of STD/HIV/AIDS in North/South local government of Kaduna state

ii. There is no significant difference between JSSII and JSSIII students in their level of awareness of STD/HIV/AIDS in North/South local government of Kaduna state

iii. There is no significant difference between public and private school students in their level of awareness of STD/HIV/AIDS in North/South local government of Kaduna state.

4.5 Discussions on Findings

The discussion on the findings of this study will be discussed as they agree or disagree with the relevant quoted literatures.

Hypothesis One: The outcome of this hypothesis showed no significant differences in the level of perception of male and female students regarding the awareness of STD/HIV/AIDS in North/South local government of Kaduna state. The research questions revealed that both male and female students are of the opinion that majority of the respondents irrespective of their gender status classes are of the opinion that there are many other ways of contracting STDS/HIV/AIDS apart form sexual intercourse, and also believe that this item attracted the male and female highest mean responses of 35.1953 and 35.5946. The male detailed response on this view showed that 525 of them strongly agreed, while 11 agreed and another 11 disagreed and the rest 6 of the male students strongly disagreed with this item. The female respondents detail response on this item revealed that while 413 of them strongly agreed, 7 others agreed, and the remaining 7 disagreed with this opinion. While most of them also believe that economic conditions of youths make them to be engaged in promiscuous acts thereby contracting this disease as this item attracted their second highest individual mean responses of 35.1953 and 35.5946 respectively. Male detail response on this opinion showed that 491 of the were in strong agreement, while 25 agreed, 31 others disagreed and the rest 6 of the male

respondents strongly disagreed on this opinion. The female detail response on this revealed that while 391 strongly agreed, 18 others greed, while the remaining 18 disagreed with this view.

The outcome of hypothesis two showed that there is no significant difference between JSS II AND JSS III students in their level of awareness regarding the existence of STDS/HAIV/AIDS IN North and South local government areas of Kaduna state. The response to the research question revealed that majority of both groups believe that there is relationship between STD/HIV/AIDS and youths protection from its infection according both JSSII and JSSIII with mean responses of 34.5967 and 35.1179 respectively.

Hypothesis three also revealed that there is no significant difference between public and private students in their level of awareness regarding the existence of STDS/HAIV/AIDS IN North and South local government areas of Kaduna state. Answer to the research question further confirmed that both groups The outcome of table 4.2.3 above revealed the Opinion Of public and private school Respondents On The Awareness Of STD/HIV/AIDS In North And South Local Government Of Kaduna State. Majority of the respondents irrespective of their type of school are of the opinion that there are many other ways of contracting STDS/HIV/AIDS

apart form sexual intercourse. This opinion attracted the highest mean response of 17.9295 and 18.3317 by JSS public and private school respondents respectively. The public school respondents detail response on this item showed that 518 of them strongly agree, while 11 agreed, 11 others disagreed and the rest 6 of the public school respondents strongly disagreed. The private school respondents response on this item revealed that while 420 strongly agreed, 7 agreed, while the rest 7 disagreed on this item.

CHAPTER FIVE

SUMMARY, CONCLUSION, RECOMMENDATIONS

This chapter summarizes, concludes and offers useful suggestions as well as suggestions for further studies in the related field.

5.1 Summary

The study was presented under five main chapters which this section intends to summarize. Chapter one introduced the study, and the general background of the study.

It was broken into three specific objectives, research questions and three research hypotheses. Significance of the study and statement of problems were also discussed in this chapter.

Chapter two presents the detailed literature reviews and the conceptual studies related to the study. The concept of STD/HIV/AIDS awareness among JSS students STD/HIV/AIDS mode of transmission, sex contact, blood, genetic effects of STDS/HIV/AIDS, efforts of government in controlling STDS/HIV/AIDS, and role of social; studies education in creating STDS/HIV/AIDS, Chapter three discussed the study's

methodologies adopted. The descriptive survey design was used by means of structured questionnaire to gather data from the respondents made up of the junior secondary school students from selected secondary schools in the North/South local government areas of Kaduna state. The sampling technique adopted was dividing the state into strata and randomly selecting secondary schools from each strata, then using Krejcie and Morgan to select a sample size of 980 that was proportionally distributed across the selected schools. Reliability statistics was carried out using the 90 respondents from Government junior Secondary school RIGACHIKUN. A cronbach's reliability coefficient of .836 was realized confirming the reliability of the instruments. Chapter four presented and discussed the results of the data analysis. Section 1 discussed the bio data variables comprising of sex, Age, irrespective of their gender status classes are of the opinion that there are many other ways of contracting STDS/HIV/AIDS apart form sexual intercourse. It of the hypotheses testing analysis, significant difference exist between the male and female in their perception and awareness of STDS/HIV/AIDS in South/North local government areas Majority of the respondents were also of the opinion that there are many other ways of contracting STDS/HIV/AIDS apart form sexual intercourse

The summary of the data analysis findings as well as the discussions on the major findings as they agrees or contradicts with the literature review completed the chapter. Chapter five was on study's overall summary, conclusion as well as recommendations for further studies.

5.2 Conclusion

Based on the outcome of the study, the following conclusions can be deduced. Most students were aware that:

- There are many other ways of contracting STDS/HIV/AIDS apart form sexual intercourse Practices and beliefs of some cultural practices is a problem of girl child education.
- There is relationship between STD/HIV/AIDS and youths protection from its infection
- Economic conditions of youths make them to be engaged in promiscuous acts thereby contracting this disease

5.3 Recommendations

Based on the findings of the study, the following recommendations are suggested that will go a long way in creating higher level of awareness of STD/HIV/AIDS,

1. The curriculum of JSS social studies be reviewed periodically to include more findings and discoveries on transmission and preventions of STD/HIV/AIDS.
2. Religious leaders and traditional leaders should preach the dangers inherent in illegal sex before marriage and act of faithfulness among married couples.
3. Government should finance increase and improve public awareness of STD/HIV/AIDS through constant workshop, debates, talk shows in the schools
4. Government should improve the economic status of the girls by providing free education, free books to discourage them from having sex due to monetary reasons.
5. The Parents/Teachers Association of each school should meet regularly to discuss how to control the students and prevent them from having sex.
6. Government should enact strict laws against those who stigmatize patients or victims of STDS/HIV/AIDS.

7. Government should control the type of sexual programs shown on the Televisions, radio, papers to encourage the students to be decent.
8. Teachers and parents of the students should monitor the peer group they keep as most sexual activities are engineered through peer group influence.
9. Government should distributes posters starting as early as kindergarten and public awareness campaigns.
10. Government and individuals should arranged with multinational pharmaceutical campaigns to make STDs/HIV/AIDs drugs available in Africa at lower cause.

5.4 Suggestions for Further Studies.

The following are suggestions for further studies in the related area of study:

1 Effect of Socio-cultural factors on the spread of STD/HIV/AIDS among JSS students in Kaduna state.

2 Effect of ICT on the prevalence rate of STDS/HIV/AIDS among students of secondary schools Kaduna state.

3 The effect of non-psychological variables on the girl awareness and spread if STD/HIV/*AIDS in* Kaduna state

5.5 Contribution to Knowledge

i. This work revealed the level of awareness of students on the various issues of HIV/AIDs/STDs and how to create a free society devoid of the scourge.

ii. The study also revealed that social studies education curriculum should be strengthened to be able to contribute towards creating awareness of students of various issues of HIV/AIDs/STDs in Kaduna state.

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APPENDIX

A QUESTIONNAIRE ON AWARENESS OF STDS/HIV/AIDS

Ahmadu Bello University,
Faculty of Education,
Department of Social Studies
A.B.U., Zaria.

Dear Respondent(s)

A questionnaire aimed at investigating the "Effect of Teaching Social Studies in the Junior Secondary School, in Increasing Awareness on STDS/HIV/AIDS in Kaduna North and South Local Government Areas of Kaduna State".

Please kindly assist me to answer the following questions as honesty as possible, your answer will only be used for the purpose of this research and will be confidentiality kept.

Yours Faithfully,

Rahila James (Mrs)

Section A: Personal Data

Instruction: You are to tick ( ) the appropriate column against each question according to your personal views.

1. Sex (a) Male ( ) (b) Female ( )
2. Age _____
3. Local government (a) Kaduna North (b) Kaduna South
4. Type of school (a) Public ( ) (b) Private ( )
5. Class (a) JSS I ( ) (b) JSS II ( ) (c) JSS III ( )
6. Student _____

Section B: Influence of Social Studies Students' awareness of STDS/HIV-AIDS

KEYS

SA - Strongly Agreed

A - Agreed

D - Disagreed

SD - Strongly Disagreed

We study HIV/AIDs as part of social studies curriculum

S/No	Item	SA	A	D	SD
1	HIV/AIDs do not exist in the society at all.				
2	School children can have HIV/AIDs/STD virus.				
3	HIV/AIDs exists among parents only.				
4	Only people that lives in the urban areas have HIV/AIDs.				
5	People who are not sexually active do not have the fear of contacting HIV/AIDs.				
6	It is only the men that contact HIV/AIDs/STDs.				
7	Every lean people have HIV.				
8	Everybody that is sick is a victim of HIV/AIDs/STDs.				
9	Pastors/Immams or Clergy can equally have HIV/AIDs/STDs.				
10	Animals and birds can equally have HIV/AIDs/STDs.				

Causes of Mode of Transmission of HIV/AIDs

S/N	Item	SA	A	D	SD
1	Social studies do not teach the mode of transmission of HIV/AIDs as part of the learning experiences.				
2	You can get HIV/AIDs when you wear a piece of condom before sleeping with people that are not your wife or husband.				
3	When you sterilize the blade use by people who have HIV/AIDs, you wills till get HIV/AIDs/STDs.				
4	Sharing the same toilet with an infected person can equally increase one's chance of getting the disease.				
5	Wearing the same cloth with an infected person does not make one infected.				
6	It is not necessary to screen blood of HIV/AIDs before it is transferred to another person.				
7	It is a bad habit to inject so many people with one single syringe because all of them are sick and needs it.				
8	Keeping so many boyfriends/girlfriends (sexual partners) reduces the risk of HIV/AIDs infection.				
9	When an infected mother gives birth to a child, it is dangerous for the child to feed on the mother's breast.				
10	You will be infected with HIV/AIDs when you don't teach properly.				

Influence of Social Studies on the Creation of Awareness on HIV/AIDs

S/No	Item	SA	A	D	SD
1	Social studies education do not create awareness in people on the danger of HIV/AIDs.				
2	Social studies students cannot be a victim of HIV/AIDs.				
3	The moral contents of social studies curriculum is enough to teach students on the effects of HIV/AIDs.				
4	Teachers of social studies education are not allowed to talk about HIV/AIDs in the classroom.				
5	Students of social studies cannot be ignored on my other ways of contacting and avoiding the disease.				