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ROLES OF SEX AND HIV/AIDS EDUCATION IN SCHOOL



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Abstract: Technological development in this 21st century has advanced to the level that nothing is secret affair for youngsters. Social networks, mass media, and peer group influence have overtaken some of the parental responsibilities. Most of the adolescents nowadays have delved deep into all areas of life. Thus they tend to interpret and practice what they learnt wrongly. As a result, immoral acts, teenage pregnancies, and sexually transmitted diseases are rating high among adolescents. Therefore, this paper examined the roles sex education and HIV/AIDS education in school will play to save the youngsters from these troubles. Thus this paper was examined under these sub-heads: what is sex education and HIV/AIDS education, effective school based sex and AIDS education, importance of sex and HIV/AIDS education, and recommendations.

Keywords: Sex education, HIV/AIDS, school based sex, HIV/AIDS education

1.BACKGROUND

Traditionally, young people were not given any information on sexual matters because such discussions were considered taboo. Also it is widely believed that education about sex encourages young people to have sexual intercourse. Only the child's parents have the right to engage in such matters and this is not done until the child is set for marriage. Nowadays, parents are too busy fending for their families. Mothers are heavily involved in the work labour just to help alleviate the family financial problems. Thus they spent less time discussing with their children.

Consequently most young people now obtain information about sex from friends, media, social networks etc. These sources are not of balanced value and are deficient. Shekarau (2013), stated that children tend to put what they see on social networks into practice because there are no proper avenues to teach them the right thing. Thus many cases of teenage pregnancies were evident. To worsen the issue, some of them are infected with sexually transmitted diseases (STD's). Moreover, the out break of HIV/AIDS has placed these children on a higher risk of health and life.

In many African countries where AIDS is at epidemic levels, sex education is seen by most scientists as a public health strategy. Some international organization such as planned parenthood foundation (2008), considered that broad sex education programme have global benefits such as controlling the risk of over population, the advancement of

women's right, prevention of STD's diseases and HIV/AIDS infection etc.

HIV/AIDS is incurable disease which is transmitted through blood contact, and it is believed that its major mode of transmission is sexual intercourse. The virus that carries the HIV/AIDS destroys the human immune system and places an individual in a poor healthy condition thus, the need to introduce sex education to teach individuals on the need to avoid the deadly disease and other STD's. Sex education is education based on giving information about sexual matters to individuals; to alleviate the spread of STD's diseases and HIV/AIDS. Burt (2010), defined sex education as including all the educational measures which in any way of life have their centre on sex, aims at protection, presentation extension, improvement and development of the family based on accepted ethical ideas. He explained that neglect on giving detailed information about HIV/AIDS to individuals expose them to more danger and at risk behaviour.

Okowa (2013), stressed that the impact of HIV/AIDS has eroded decades of developmental goals and gains, stultifying economies and destabilizes societies. He further explained that HIV/AIDS has posed a serious obstacle to the attainment of decent work and sustainable development; also its effects are concentrated among the most productive age group.

According to United States Embassy Nigeria

reports (2011), Nigeria has the second largest number of people living with HIV (3.1 million) after south Africa (5.6 million); Nigeria accounts for 10% of the global HIV burden; approximately 215,000 people died from HIV in 2010; HIV is a major factor contributing to the declining life expectancy rate from 54 years in 1991 to 48 years in 2010. Furthermore, prevalence amongst most-at-risk persons and their parents (brothel and non-brothel-based female sex workers, men who have sex with men and injection drug users) remains high and accounts for 32.2% of new infections. They maintained that Antenatal Care (ANC) 2010 survey reported that 330,000 children under the age of 15 years need antiretroviral therapy (ART) thus they concluded that Nigeria is the third largest recipient of US Presidential Emergency Plan for AIDS Relief (PEPFAR).

In the same vane, National Agency for the Control of AIDS (NACA) (2011), reported that about 3.1 million Nigerians were living with HIV/AIDS whilst NACA (2013), has declared 3.4 million Nigerians HIV/AIDS positive; about 300,000 new infections occur annually with people aged 15-24 contributing 60% of the infections; HIV is the leading cause of death and disease among women of reproductive age (15-49 years); prevalence among young women aged 12-24 years is estimated to be three times higher than among men of the same age, finally, 16% of girls initiate sexual activity before age 15.

HIV/AIDS education for young people plays vital role in global efforts to end the AIDS epidemic. UNESCO (2012), reported that Kenya integrated AIDS education into all subjects at school, introduced a weekly compulsory HIV and AIDS lesson into all primary and secondary schools curriculum. Evaluation of 2000 schools found that AIDS education is effectively promoting healthy behaviour and reducing the risk of infection. Also Kenya witnessed a decline in HIV prevalence in the subsequent years – 1997/98, the prevalence was estimated at 10 percent; 2009 the figure was lowered to 6.3 percent.

A joint report by UNAIDS, UNFPA and UNIFEM (2013), stated that schools can be a primary source of information about prevention methods in the fight against HIV. According to them, if all children receive a complete primary education, the economic impact of HIV/AIDS could be greatly reduced and around 700,000 cases of HIV in young adults could be prevented each year, seven million in a decade. They concluded that in many countries, even the world's poorest, the more educated and skilled young people are, the more likely they are to protect themselves and the less likely they are to engage in risky sexual behaviour.

National Institute for Educational Development (1995), pointed that studies carried out in African countries showed that in schools where education about sexual development and reproduction was provided to learners, the rate of teen pregnancy fell dramatically. Also learners who were told at an early age about sexual development and reproduction realized the consequences of sexual experimentation and avoided early pregnancies and HIV infections. Thus they believe that education about sex encourages young people to have sexual intercourse is not true.

Critically examined, school play a pivotal role in

providing AIDS education for young people. Not only do schools have the capacity to reach a large number of young people, but school students are particularly receptive to learning new information. Therefore schools are well established point of contact through which young people can receive sex and AIDS education.

2. WHAT IS SEX EDUCATION?

Encyclopedia Wikipedia (2012) defined sex education as instruction on issues relating to human sexuality, including human sexual anatomy, sexual reproduction, sexual intercourse or other sexual activity, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence and birth control. Burt (2010) stated that the study of a person's sexuality include the study of the characteristics of being a male and a female. Also that, sexuality is an important aspect of the life of human being and almost all the people including children want to know about it.

Kearney (2008), in his own view, defined sex education as involving a comprehensive course of action by the school, calculated to bring about the socially desirable attitudes, practices and personal conduct on the part of children and adults, that will best protect the individual as a human and the family as a social institution. He further explained that various aspect of sex education are considered appropriate in school depending on the age of the students or what the children are able to comprehend at a particular point in time. In support of this view, Leepson (2010) suggested that sex education should be taught in the classroom.

Jeanette (2011) opined that sex education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. In summary effective sex education provides young people with an opportunity to explore the reasons why people have sex, and to think about how it involves emotions, respect for oneself and other people, their feelings, decisions and bodies.

2a. Skills Developed by Sex Education

Comprehensive sex education should develop in youngster skills that will enable him incorporate sex most meaningfully into his present and future life to provide him with some basic understanding on virtually every aspect of sex by the time he reaches full maturity. Furthermore it includes developing young peoples skills so that they make informed choices about their behaviour, and feel confident and competent about acting on these choices; thus they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV/AIDS.

The most vital part of sex education is to develop general life skills in young people. These skills include being able to communicate, listen, negotiate with others, ask for and identify sources of help and advice, decision making assertion, ability to recognize pressures from other people and to resist them; dealing with any challenging prejudice, seeking help from adults-parents, career professionals. Sex education also equip the young people with the skills to be able to differentiate between accurate and inaccurate

information, and to discuss a range of moral and social issues and perspective on sex and sexuality, including different cultural attitudes and sensitive issues like sexuality, abortion and contraception (Rubin and Kindendall, 2011).

3.What is HIV/AIDS Education?

HIV/AIDS education simply means educating or giving information about the disease called HIV/AIDS. AIDS that is Acquired Immune Deficiency Syndrome is a fatal disease indicating that anyone who has AIDS will die from it. There is no vaccine to prevent AIDS and no treatment cures AIDS. The virus which causes AIDS attacks the immune system which is a special system in the body that protects the body from germs and diseases. Contact with AIDS virus causes the immune system to break down to the extent that it cannot fight off other diseases (National Institute for Educational Development, 1995).

The virus that causes AIDS is called HIV. HIV stands for “Human Immune Deficiency Virus”. This implies that the virus can only live in human beings. HIV virus is of two stages: HIV stage I and HIV stage II. An individual can become HIV positive for many years without becoming ill, but the immune system is weakened continually until it cannot fight off germs and diseases. When diseases start to attack the body, it is then called AIDS. This implies that the immune system can no longer sustain the individual to fight against diseases (NACA, 2011).

3a. Skills Developed in Learners through HIV/AIDS Education

According to National Institute for Educational development (1995), HIV/AIDS education should not only include information about the transmission of the virus, but should also provide learners with skills on how to avoid risky behaviour. Some of these skills are:

Decision making: The ability to think carefully about a situation, decide what action you could take, consider the consequences of each action and choose the one you think is best.

Self awareness: knowing who you are, what you stand for and sticking to what you believe even though others may not agree with you.

Assertiveness: realizing what you are worth as an individual, and being proud of who you are. It also means taking control of a situation, standing up for your rights and making appropriate decisions on your own.

Negotiation skills: Includes the ability to use arguments to persuade someone to do something e.g to delay sex etc.

Practical skills: Includes the ability to use articles like condoms.

Communication skills: Includes the ability to listen carefully to what someone else is saying and understand them before trying to understand yourself. It also means being able to express your thoughts and feelings clearly.

They went further to explain that HIV/AIDS education should always be age-related so as to achieve the desired change in the learners. Also the teaching and learning must be based on the understanding and use of proper terminology and correct information, examination of

feelings, attitudes, beliefs and values, decision making, communication and assertiveness skills to enable the learners to take charge of their lives.

4. WHEN SHOULD SEX EDUCATION AND HIV/AIDS EDUCATION START?

There is no set age at which sex and AIDS education can start. Sex education that works starts early, before young people reach puberty and before they have developed established patterns of behaviour (Canseco, 2011). Also, it is important that young people know about HIV/AIDS and how it is transmitted before they are exposed to situations that carry a risk of HIV infection.

UNESCO (2009), opined that sex and AIDS education should begin as early as possible, and sustained throughout life, putting into consideration the physical, emotional and intellectual development of the young people as well as their level of understanding and age-appropriateness. They maintained that giving young people basic information from an early age provides the foundation on which more complex knowledge is built up over time. They advised that basic education on human reproduction should begin as early as age five. The children can also be provided with information about viruses and germs that attack the body. This provides the basis for talking to them later about infections that can be caught through sexual contact. Thus, this information provides the foundation on which children can build AIDS specific knowledge and skills as they develop; education about condoms, the risk of its misuses, its short falls and abstinence method can be introduced from around age nine. Full AIDS education should be delivered to young people during early adolescence (10-14 years) as it is likely that the risk of HIV infection will become increasingly higher as they progress into adolescence (15-19 years).

4a. Effective School-Based Sex and AIDS Education

School based sex education can be an important and effective way of enhancing young people's knowledge, attitudes and behaviour. UNESCO (2012), suggested that effective school sex and AIDS programme should include the following elements.

A focus on reducing specific risky behaviours

A basis in theories which explain what influence people's sexual choices and behaviour.

A clear and continuously reinforced message about sexual behaviour and risk reduction.

Providing accurate information about the risks associated with sexual activity, about contraception and birth control and about methods of avoiding or deferring intercourse.

Dealing with peer and other social pressures on young people; providing opportunities to practice communication, negotiation and assertion skills.

Uses approaches to teaching and learning which are appropriate to young people's age, experience and cultural background.

Is provided by people who believe in what they are saying and have access to support in the form of training or consultation with other sex educators.

AIDS education develops life skills and discusses matters relating to relationships, sexuality and drug use.

4b. Methods of teaching sex and HIV/AIDS Education in Schools

In teaching sex and HIV/AIDS education in the classroom, the following methods can be applied.

- i. Introduction
- ii. Small group discussions
- iii. Brainstorming
- iv. Drama
- v. Role play
- vi. Field trips
- vii. Story telling

I. INTRODUCTION:

To arrest the interest and attention of the learner, the lesson should be introduced in a captivating way. National Institute for Educational Development (1995) opined that the introduction of the lesson can take one of the various ways:

Putting HIV/AIDS poster in the classroom and ask children to say their observation.

Reading or telling a story about someone who is infected with the virus.

Bring a newspaper or magazine article with some statistics about HIV/AIDS and let the learners read it in small groups. Arrange an HIV/AIDS corner or bulletin board. Ask learners to bring any articles or pictures related to HIV/AIDS to build up a collection of materials.

Ask learners to write any question they have about HIV/AIDS on pieces of paper and put them in the box provided. After open the box and help the class to find answers to questions.

Divide the class into small groups and give each group pictures of things which are associated with the spread of HIV and things which are not (example a syringe, a mosquito, two people kissing, earring, razor blade, two people hugging, eating utensils etc). Ask the group to discuss the pictures and decide which things are associated with the spread of HIV and why, and those things which are not associated with HIV and why not. Have groups make a presentation to other groups.

It is important to emphasize that the choice for the introduction of the lesson depends on age of the learners. Apart from the above methods of introduction, other methods can be used.

(II) Small group discussion: Learners can discuss in groups from two to eight people. As a general rule, the more personal the topic under discussion, the smaller you should make the groups.

(III) Brainstorming: Is a creative technique which helps learners use their imagination rather than their reasoning to suggest solutions to problem. It generates a number of ideas and it can help shy away learners to become involved as there is no right or wrong ideas. The whole class can brainstorm together or learners can work in groups of 6-8.

(IV) Drama: It involves a written script which can be acted

out by the learners themselves or a professional drama group. Drama can emphasize points covered in a lesson, it can encourage learners to be creative especially if they write their own script. It can focus learners on a problem for a long time. It can help learners to understand a problem more concretely. It can help learners practice assertive behaviour.

(V) Role play: Formulate the problems for role plays so as to focus on the positive reactions or behaviour. In a role play, learners act out a situation spontaneously. It does not require the use of script. Role play can help identify attitudes of different people. It can help learners to explore group or personal behaviour. It can help learners see that other people have similar problems. It can help learners develop interpersonal skills. It can provide a subtle way of addressing sensitive problems. Example: Role Play: Jennifer is a pretty and clever girl but does not have all the beautiful things that some of her classmates have. One day, she is approached by a “sugar daddy” who promises to give her whatever she wants if she has sex with him.

(VI) Field Trips: are visits to places related to the topic, for example: hospitals/clinics, AIDS Organization, health organizations, blood banks etc. Field trips give the learners a chance to gain firsthand experience. It gives the learners the chance to explore their community/environment. It provides an interesting break from classroom learning. It can provide learners with other experiences which they could not have in the classroom, for example ideas for future careers. It brings school and community closer together.

(VII) Storytelling: Short, simple stories can be powerful tools for conveying information, values and skills. Stories are suitable for all ages. Issues can be dealt with in a non personal and non-threatening manner, storytelling is a method all children are familiar with so no introduction or explanation is needed. It can help learners consider different ways of dealing with a problem and the consequences of different actions.

4c. Importance of Sex and HIV/AIDS Education in Schools

Gruenberg in Wikipedia (2008), stated that sex education is necessary to prepare the young for the task ahead. Slyver (2008), stated that sex education teaches the young person what he or she should know for his or her personal conduct and relationship with others. Jeanette (2011), opined that sex education aims to reduce the risk of potentially negative outcomes from sexual behaviour such as unwanted or unplanned pregnancies and infection with sexually transmitted diseases including HIV/AIDS.

The epidemic effect of HIV/AIDS disease in Nigeria reveals the need that sex education and AIDS education be introduced into the Nigeria schools curriculum, from primary to tertiary levels.

4d. The benefits or the roles which this education could achieve include:

Educating the young people to protect themselves from becoming infected with the diseases and thus every effort is geared towards an end to AIDS epidemic.

Acquiring knowledge and skills about sex and AIDS education encourages young people to avoid and reduce

behaviours that carry a risk of HIV infections.

Adolescents are sexually active and are vulnerable to sexually transmitted diseases and HIV infection as a result of drug use. Thus knowledge of sex and AIDS education will help them make informed decision and avoid risky behaviour.

Aids education helps to reduce stigma and discrimination, by dispelling false information that can lead to fear and blame.

This is important for prevention, as stigma often makes people reluctant to be tested for HIV and individuals that are unaware of their HIV infection are more likely to pass the virus on to others.

Knowledge of AIDS education gets the young people informed about HIV, how it is transmitted before they are exposed to situations that carry a risk of HIV infection.

Sex education helps to reduce the risk of certain sexual behaviours and equip individuals to make informed decisions about their personal sexual activity.

Learners who were told at an early age about sexual development and reproduction realized the consequences of sexual experimentation and avoided early pregnancies and HIV infection (National Institute for Education Development, 1995).

It helps to encourage learners to abstain from or delay sexual intercourse until they are able to make a conscious decision to have sex in a one-partner relationship.

5.CONCLUSION

The epidemic effect of HIV/AIDS among adolescents in Nigeria, requires that no stone should be left unturned. To tackle this issue critically, Nigeria schools curriculum should be revised to include sex and HIV/AIDS education. Teachers should also be determined to teach it in the classroom at various levels of education.

5a. Recommendations

Based on the prevalence of HIV/AIDS epidemic in Nigeria, the following recommendations were made to help prevent the spread of the diseases.

Sex and HIV/AIDS education should be integrated into the school curriculum from primary to tertiary levels.

A weekly compulsory sex and HIV/AIDS lesson should be taught in the classroom.

Health workers should be invited in the schools from time to time to give lectures on such issues.

AIDS organizations should always mount campaign against HIV/AIDS in the streets and villages.

Seminars should be conducted for parents, so that they help to educate their children at home, since home is an informal education system.

At all levels of education, bill boards should be displayed in fight against HIV/AIDS.

HIV/AIDS clubs should be formed at all levels of education to fight against the spread of the diseases.

On monthly basis, schools should carry out campaign against HIV/AIDS in the streets.

Teachers should be properly trained to have the detailed knowledge of HIV/AIDS, so that they can equally teach the learners.

Teachers should avoid any personal bias they have about

sex/Education, and teach the learners the right thing.

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