THE INTEGRATION OF HIV/AIDS STUDIES INTO THE SCHOOL CURRICULUM OF EDO STATE, NIGERIA: AN EXPLORATORY INVESTIGATION

Kofi Poku Quan-Baffour, Matthew Ovbiebo Osaigbovo

University of South Africa, South Africa E-mail: Quanbkp@unisa.ac.za, Attitude_Altitude@yahoo.com

K E Mohitlhi

Mmabatho College of Nursing, South Africa E-mail: emohitlhi@nwpg.gov.za

Abstract

HIV/AIDS has become a threat to every individual, family, community, nation and the entire humankind in the contemporary modern world. Scientists, researchers, traditional healers and medical practitioners have not succeeded in their effort to get a cure for the scourge of HIV/AIDS. People in the developing countries, especially, those in rural communities, are less informed about the pandemic. The absence of the study of HIV/AIDS in the school curriculum has resulted in the fact that people do not formally learn to know more about the pandemic and this has resulted in myths regarding its causes and spread. In Edo state of Nigeria like many other parts of Africa victims of HIV/AIDS do not receive much support from their families because of the fear that they risk contracting the disease by drinking from the same cup, eating from the same bowls or touching the victims. Lack of education has been a single most serious cause of wrong perceptions and myths. One way to demystify HIV/AIDS is to integrate the study of the pandemic into the mainstream school curriculum as a teaching and learning subject. Public education through technological media does not reach a majority of the rural population in Edo State which is why the spread does not seem to abate. This paper explores the feasibility of introducing HIV/AIDS into the school curriculum in the Edo State of Nigeria. It is assumed that the teaching of HIV/AIDS in schools could assist in dispelling the myths surrounding the pandemic and that the knowledge gained from studying the disease might empower the people to live with it, manage it and reduce the infection and stigma attached to HIV/AIDS.

Key words: stigma, myth, curriculum, pandemic, HIV/AIDS awareness.

Introduction

HIV/AIDS came to the lime light in the 1980s and has since then wreaked havoc in every hamlet, village, town, community, region, country and continent. HIV/AIDS which knows no bounds has become a threat to the entire humankind in the contemporary modern world. Its effect on social and economic development of the developing world has been more devastat-

159

ing because of illiteracy and myths associated with the pandemic. The disease which has no cure does not spare anyone and therefore the rich and the poor, powerful and less powerful, educated and the uneducated, men and women, the beautiful and the ugly are either infected or affected by it in one way or the other. Scientists, researchers, traditional healers and medical practitioners have not succeeded in their efforts to get a cure for HIV/AIDS. People in the developing countries, especially those in rural communities, are less informed about the pandemic on account of illiteracy. HIV/AIDS is not taught in schools as a formal learning area to provide basic and even scientific knowledge among the youth who might educate their families about the spread and prevention of the pandemic. In view of its absence from the school curriculum the opportunity to formally study and learn about the disease is very limited in most rural communities. Because it is not studied as a school subject most rural community members do not have knowledge and information about HIV/AIDS and this has resulted in myths which exaggerate its nature - causes, prevention and how to live with the pandemic.

This exploratory study took place in the Edo State of Nigeria with a population of 3.2 million people and HIV/AIDS prevalence rate of 4.4% in 1999 which increased to 5.2% in 2004 [International Journal of Health Research, IJHR, 2008]. The federal government's HIV Sentinel Survey, (2004) reports that of the 36 states in Nigeria Edo State ranks 21 on the list of infections with a prevalence of 4%. About 50% of the population of Edo State is uneducated and this lack of education might be the single most serious cause of the wrong perceptions and myths which exaggerate the causes and spread of AIDS. At the moment no cure has been found for the disease which has a devastating effect on all aspects of community life. To stem the tide all efforts should be made to educate people about it not only to create awareness but also to unravel the unfounded and exaggerated stories about the pandemic.

In the Edo State of Nigeria and as it might be in other parts of Africa, victims of HIV/AIDS do not receive much support from their families and community members because of the fear that they risk contracting the disease by touching, drinking from the same cup, eating from the same bowls or using the same toilets with the victims. For this very reason we propose that the best way to demystify the disease [create awareness about causes, prevention and how to care for its victims] is to integrate HIV/AIDS into the mainstream school curriculum to enable more people become aware of it. In Edo State public education through technological media such as radio, magazines, and newspapers does not seem to gain much root among the majority of the rural population mostly because of illiteracy. This could be one of the reasons why the spread does not seem to abate. In the rural areas illiterate parents and community members rely very much on their children [school learners] for information hence studying AIDS as a school subject (just like mathematics, social studies, economics etc) may have a very positive value in providing the correct information to the less privileged family and community members.

Although medical science has developed medicine to prolong life for people infected by AIDS this alone cannot contain the pandemic. Despite medicines to prolong the lives of infected people and information provided by the media in 2002 an estimated five million new infections occurred with a death toll of three million (Irwin, Millen & Fallow, 2003). Among the greatest obstacles to a broad mobilisation against the pandemic is misinformation. To act swiftly and effectively people must have sound knowledge through a more holistic approach e.g. reading material (literature), film, cinema, drama, or movies. Through these media even the illiterate can hear, see and understand better than relying on 'hearsay' or rumours. That is, AIDS education must occur at various places through various media both at school and the community (mosque, church) since the disease has become part and parcel of the contemporary life.

In this paper we propose the introduction of HIV/AIDS into the school curriculum in the Edo State of Nigeria. We contend that the teaching and learning of the pandemic as a school subject could improve awareness, perception and attitude and also dispel or destroy the myths associated with the disease. The authors also of the opinion that the knowledge gained from

160

studying HIV/AIDS as a subject would enable people in the State of Edo to live with it, manage it and reduce the infection and stigma attached to HIV/AIDS. The qualitative research approach in the form of interview was used in exploring the views of a cross section of residents of 5 communities in the Edo State on the feasibility of introducing the study of HIV/AIDS into the school curriculum.

The School Curriculum and HIV/AIDS

In the contemporary developing world education is seen by many as a vehicle for the realisation of socio- economic and political innovation and advancement. Through education, economic, social and political norms, values and aspirations of a particular society are taught to its young members who would become the future leaders. Education is an important pillar and vehicle for the transmission of values and aspirations of what a particular society deems important for its children to learn. An important pillar which supports the education system to transmit values, knowledge and skills from young members of society is the curriculum. The concept curriculum and its importance have been diversely explained by many researchers and writers from different perspectives due to its complexity. Quan-Baffour (2000, 3) for example, describes curriculum as teaching and learning experiences for which an educational institution is responsible. To him, curriculum covers what is considered important to be taught to the younger generations of a society. Concurring with this view point Farrant (1988, 24) points out that a curriculum represents the distilled thinking of society on what it wants to achieve through education. It tends to mirror society itself, reflecting its aims, values, priorities and aspirations. According to the Oxford Advanced Learner's Dictionary (2000) the term curriculum embraces

- The whole body of course offered by an educational institution or one of its branches
- All planned school activities, including courses of study for organised play, athletics, dramatics
- Any particular body of courses set for various majors e.g. engineering.

In formal education, a *curriculum* is a set of courses, and their content, offered at a <u>school</u>, college or a <u>university</u> which equip learners with relevant values, knowledge and skills on their way to adulthood.

The International Bureau of Education (2006, 2) affirms that the term curriculum is mostly used to refer to the existing contract between society, the state and educational professionals with regard to the educational experiences that learners should undergo at a certain stage of their lives. The various descriptions of the term here point to the fact that curriculum clearly spells out the knowledge, skills and values a particular society considers important and useful for its development. It is thus an instrument which utilises the experiences and activities of learners for their development and their societies at large. A formal *curriculum* however, is usually prescriptive, and is based on a more general <u>syllabus</u> which merely specifies what topics must be understood and to what level to achieve a particular grade or standard. A *curriculum* may be partly or entirely determined by an external, authoritative body such as a province or a state of a country. For example in a federal country such as Nigeria each state may design and build its own school *curriculum* with some input from the central government.

Although we have provided various perspectives on the term *curriculum*, in our discussion here the emphasis is on two operational meanings viz: the range of courses from which students choose what subject matters to study, and a specific learning programme. In the latter case, the *curriculum* collectively describes the teaching, learning, and assessment materials available for a given course of study. We argue that there are situations where a *spiral curriculum* is promoted to allow students to revisit a subject matter's content at the different levels

161

of development of the subject matter being studied. Our contention is that when and where HIV/AIDS is integrated into the school *curriculum* students could apply what they learn at school to their social contexts. This is in keeping with the constructivist approach to *curriculum* development where children are actively engaged with educational environment for the realisation of learning outcomes i.e. discovery learning. Learning is much more than memory hence it is argued that for students to really understand and be able to apply knowledge they must be engaged in active tasks or be guided to solve problems(Von Glaserfeld,1992). Since HIV/AIDS affects almost every family and community its inclusion in the learning experiences of students could be a valuable pedagogic decision. Students could find more about the disease in their communities to enhance their classroom experiences. A typical modern official *curriculum* may include communications, numeracy, information technology, and social skills and basic mathematical principles (Hawes, 1979).

There are many developing countries which face the challenge of curriculum reform either by integrating new learning areas which are critical to their development or by de-emphasising outdated school subjects which may not address their values and aspirations. This is due to the fact that as various institutions of society change its values, needs and aspirations regarding development also change and therefore calls for integration of new learning areas.

As Salia-Bao (1989, 3) contends that for a curriculum to serve its real purpose, it must assist the pupils to see the value of the past in relation to the present and the future; it must equip the children with the necessary skills for modern living; and it must help to keep the children a fully integrated members of his community. This makes it imperative to introduce HIV/AIDS studies into school curriculum in regions where the disease is fast spreading to create more awareness among children who are the future generation.

HIV/AIDS has no cure and since its effect on society- socially, economically and politically is very devastating it must be part of the learning experiences at school for children to understand its causes and how to manage the pandemic. HIV/AIDS is everybody's concern because both the infected and affected may be stigmatised in their communities. In deed the development of African countries depends on the relevance and functionality of a school curriculum which addresses the current needs of society such as the HIV/AIDS pandemic. Summing up the urgency for its integration into the curriculum the international bureau of education (2006) states that HIV/AIDS as a school subject matters because,

- Schools are embedded in communities with the potential to reach more children and young people than any other institution
- Schools often do serve as community hubs and centres for outreach, providing opportunities for individuals and a wide range of groups to participate in HIV/AIDS prevention and education measures.
- Teachers are an invaluable resource for education and information, and are often motivated and willing to contribute to HIV prevention
- As a group in which the majority are not infected with HIV, children and young people represent a 'window of opportunity', and it is vital to not overlook them [in the fight against the pandemic in all communities]

Methodology of Research

This paper was an exploratory study on the feasibility of introducing HIV/AIDS into the school curriculum in Edo State of Nigeria. It aimed at finding out the views of a cross-section of the population on the proposal to study the pandemic as a school subject. The exploratory study therefore made use of the qualitative methods of enquiry in the form of interviews. The data gathered comprised in-depth interviews with 500 people randomly selected from five towns [i.e. Auchi, Oregbeni, Benin city, Igueben and Ogba] in the Edo State. In each of the five

16

towns a total number of 100 individuals were interviewed. The survey drew on ordinary people of all gender including students, teachers, head teachers, headmasters, parents, education officials, community leaders, chiefs, health workers, church leaders, traders and businessmen and women. The interviews took the form of semi-structured discussions which were guided by a set of open-ended questions. The questions sought the opinion of a cross-section of residents of the five selected towns on specific issues related to HIV/AIDS and how people could acquire relevant and scientific knowledge about it. To this end the 4 items on the interview schedule centred on the knowledge, perceptions, myths, and how best the people of Edo State can learn and acquire basic knowledge about the pandemic. The survey took two months to complete due to logistical difficulties such as transport and accommodation. The number and working of questions were identical for all respondents in each town. Again the sequence in which the questions were asked was the same in every interview. In this way the researchers were certain that any variations between responses were attributable to actual differences between the respondents and not variations in the interviews.

Instrument for Data Collection

A qualitative and explorative research design was used for this research due to the nature of the study i.e. exploring the views of a cross-section of people on how understand HIV/AIDS. Five big towns in Edo State namely, Auchi, Oregbeni, Benin City, Igueben Ogba were purposively selected for this exploratory study because of the large number of people in these towns and the high HIV/AIDS prevalence. The researchers randomly selected 100 people from each of the 5 towns for interview. Interview was used in data collection because of its advantage of providing respondents with the opportunity to verbally and non-verbally express their views on the problem under study. Again through interview the researchers were able to probe deep into the responses provided by the respondents. The advantage of qualitative research is that it gives a rich description of the phenomenon under exploration (Bell 1999). In collecting the data the researchers designed an interview schedule comprising 8 open-ended items. The items focused on what participants know about HIV/AIDS, their source of information, attitudes towards HIV/AIDS, how to change attitudes and perceptions about the pandemic and the best way to obtain basic reliable knowledge and information about the disease. A cross -section of the population in the 5 selected towns were randomly interviewed in April- May 2009. The respondents included school children, parents, community leaders, and local politicians, chiefs, head masters, nurses, civil servants and teachers.

Data Analysis

The study explored the views of residents on the possibility and feasibility of integrating the teaching of HIV/AIDS into the school curriculum in the Edo State of Nigeria.

Results of the Interviews

• People's knowledge about HIV/AIDS

Regarding the extent of respondents' knowledge about the HIV/AIDS pandemic in general 300 [60 % of the total respondents of 500] affirmed that they have very little basic knowledge about the origin and nature of the pandemic. The 300 respondents added that because of illiteracy they rely on relatives, friends and neighbours for information on the disease.

The other 200 respondents [40 %] said they read about the disease from the media i.e. radio, news papers and television. They agreed that public education through the media does not provide them with sufficient knowledge about the pandemic. All the respondents [100%]

163

suggested that for most people in the Edo State to know more about the pandemic they should be equipped with basic reading skills in both English and the main indigenous language commonly used in the area.

• Perceptions and myths

As a sequel to the knowledge about the disease was the question of perception and myths regarding HIV/AIDS. Two hundred and eight [208] out of the 500 respondents constituting 42% said HIV/AIDS is a disease for the prostitutes, 156 [31.2 %] said it is a punishment from the gods of the land because of peoples' sins while 136 [27.2%] said the disease is made by witches to destroy their enemies.

• The best way to acquire basic knowledge and change attitude about the disease.

When asked about the best way for the people of the Edo State to acquire scientific knowledge about the pandemic all the respondents [100%] mentioned education as the only best way forward. Three hundred and ninety five constituting 79% of the respondents added that learning about the disease must start right from the primary school.

Discussion

The above responses clearly indicate that the people of the Edo State generally lack basic knowledge about HIV/AIDS. The lack of knowledge due to illiteracy has largely contributed to wrong perceptions about the nature and causes of disease. The lack of reading skills make people to rely on few family and community members for information about HIV/AIDS. Those who obtain information about the disease spread it among community members through word of mouth and this may lead to distortions, exaggeration and misinformation about the disease because the information is usually not first hand. The wrong perceptions as a result of inability to read could account for the wild myths about the causes of HIV/AIDS in the Edo State. Apart from illiteracy the information or education through radio, television and news papers reaches very few people who have radios and television or can read both local and international news papers on the disease. In most poor homes television which is taken for granted elsewhere might be available because they cannot afford it. The lack of first hand and basic information has created wild myths about how the disease is contracted. This is confirmed by the responses. For example one elderly man of about 70 years said, 'once a person contracts this disease s/he cannot get cured so why waste money and time on them?' Another confirmation about the wrong information and distortion about the disease came from a middle age woman who said, 'we must not associate with AIDS victims in any way. These people [victims of the disease] must have their own utensils, one must not use same cups, spoons, toilets, clothes etc used by them. We cannot risk our lives assisting them in any way'.

Thus in the absence of in-depth or basic knowledge about the disease people create their own ideas, perceptions and myths out of fear of the disease. This means there is a need for concerted effort from the State government to formally educate people in order to dispel the myths and wrong perceptions about HIV/AIDS. This, according the respondents, would assist the future generation to have in-depth knowledge about the disease. As some of the responses indicated HIV/AIDS must be taught at schools. In this way the knowledge acquired through studying the disease as a school subject could help dispel the wrong perceptions and wild myths circulated about it in the various communities in the Edo State. Apart from schools adults can also learn about it through literacy classes. This is confirmed by 105 respondents who suggested that the government should establish literacy classes and encourage all adults to attend in order to be able to read for themselves about the disease. As the responses indicated illiteracy is the main cause of ignorance, the wrong perceptions and unfounded myths about HIV/AIDS. To this end basic reading skills in both English and the two dominant local languages of Edo State [Bini and Esan] may go a long way to reduce the spread as well as the wrong perceptions and

16

myths about the pandemic. Although the 500 people were interviewed individually at different places and dates they all agreed in their responses that formal education is the best way to educate citizens of Edo State about the disease. They all shared the view that the HIV/AIDS must be integrated into the school curriculum and taught like all other school subjects.

Conclusion

This exploratory study was done to find out the views of the people of Edo State regarding the integration of HIV/AIDS into the school curriculum. Five hundred people- school children, students, parents, politicians, teachers, educationists and chiefs were interviewed. The responses provided by the participants are crucial to the effort to fight the HIV/AIDS pandemic. It is clear from the results of the survey that the people of Edo State are generally less informed about the HIV/AIDS pandemic hence much ignorance, wrong perception and wild myths doing the rounds among the residents of Edo State. As a disease that affects all aspects of socio-economic life [e.g. farming, trading, industries, families and sustainable development of the State] it must be tackled through education and this must be spearheaded by the State government. The results from the exploratory study clearly indicate that the solution to HIV/AIDS pandemic in Edo State of Nigeria is education. The paper therefore concludes that HIV/AIDS must be integrated into the school curriculum and taught like all school subjects as a measure to stem the tide of the pandemic.

References

Bell, J. (1999). *Doing* your research project: A guide for first-time researchers in Education social sciences. Second edition. Buckingham: Open University Press.

Farrant, J. S. (1988). Principles and Practice of Education. Singapore. Longman Ltd.

Federal Ministry of Health, Nigeria. (2004). *National HIV Sero-prevalence Sentinel Survey* Department of Public Health Technical Report pp. 1-94.

Hawes, H. (1979). Curriculum and Reality in African Primary Schools. London. Longman Ltd.

International Bureau of Education. (2006). *Manual for integrating HIV/AIDS Education in School Curricula*. UNESCO, Geneva pp. 1-32.

International Journal of Health Research, IJHR (2008), March, Volume 1. Number 1. pp. 27-37.

Irwin A, Millen, J & Fallows, D. (2003). Global AIDS; Myths and facts: Tools for fighting the AIDS pandemic. Cambridge, South End Press.

Oxford Advanced Learners' Dictionary (2000). 6th edition Oxford University Press.

Quan-Baffour, K.P. (2000). A Model for the evaluation of ABET Programmes. D.Ed. Thesis. University of South Africa.

 $Kofi\ Poku\ QUAN-BAFFOUR,\ Matthew\ Ovbiebo\ OSAIGBOVO,\ K\ E\ MOHITLHI.\ The\ Integration\ of\ HIV/AIDS\ Studies\ into\ the\ School\ Curriculum\ of\ Edo\ State,\ Nigeria:\ an\ Exploratory\ Investigation$

PROBLEMS
OF EDUCATION
IN THE 21st CENTURY
Volume 23, 2010
165

Salia-Bao, K. (1989). Curriculum Development and African Culture. London. Edward Arnold Ltd.

Von Glaserfeld, E. (1992). A Constructivist's view of learning and teaching. In R, Duit, F, Golderg & H. Niedderer (eds.) *Research in Physics learning: Theoretical issues and empirical studies*. Kiel. IPN (Institute for Science Education) pp. 30-37.

Adviced by Boris Aberšek, University of Maribor, Slovenia

Kofi Poku Quan-Baffour	Associate professor in adult education and Acting Chair of the Department of Adult Basic Education & Training, University of South Africa, Peller Street, Pretoria, South Africa. E-mail: Quanbkp@unisa.ac.za Website: http://www.unisa.ac.za
Matthew Ovbiebo Osaigbovo	D.Ed research student at the department of Adult Basic Education and Training, University of South Africa, Peller Street, Pretoria, South Africa. E-mail: Attitude_Altitude@yahoo.com
K E Mohitlhi	Nursing Educator, Mmabatho College of Nursing, South Africa. E-mail: emohitlhi@nwpg.gov.za