TEACHERS’ PERCEPTION OF INCLUSION OF HIV/AIDS IN THE SCHOOL CURRICULUM

Chris Nnadi
General Studies Division, Enugu State University of Science and Technology, Nigeria
E-mail address: chrisnnadi12@yahoo.com+234-803-5491-622

Abstract
This study investigated teachers’ perception of inclusion of HIV/AIDS into Health Education curriculum as a panacea for the spread of AIDS pandemic among secondary school students in Enugu State. Acquired Immune Deficiency syndrome (AIDS), a disease caused by human immune Deficiency Virus presently has no cure and so deadly that it takes a great toll on mankind. Education is a problem solving instrument for any society and curriculum is the instrument whereby the educational system strives to attain its goals. Teachers are potential instrument in driving home any curriculum document designed for the maximum benefit of the learners and their perception on every thing relating to education matters a lot. The population for the study was 5550 teachers teaching in 258 public secondary schools in Enugu State. The sample for the study was 765 teachers drawn proportionately from six education zones in Enugu State. Questionnaire which was validated by experts was the instrument used for data collection. Survey research design was used for the study. Three research questions guided the study. Mean scores were used to answer the three research questions. Some of the major findings show that teachers in secondary schools in Enugu State perceived the inclusion of HIV/AIDS into Health education curriculum on the students to include: knowledge of how to minimize the rate of AIDS transmission. Consequent upon the findings, some recommendations were made, one of which was that HIV/AIDS be included in the curriculum of all higher institutions. Suggestions for further studies were also made to the effect that a similar study of this magnitude be conducted to cover the entire teachers in the southeast geo-[political] zone of Nigeria.

Keywords: Perception, curriculum, teachers, HIV

Introduction
Two and half decades ago, Acquired Immune Deficiency Syndrome, (AIDS) was almost completely unknown. AIDS according to Thomas (1997) is an illness that occurs in the body when its immune or defence system is weakened. Combined United Nations programme on AIDS (UNAIDS) reported that AIDS was identified in 1981. Olumide (2002) wrote that AIDS was independently diagnosed in Young homosexuals by United states research group in 1981. For now, there is no known cure for this pandemic diseases. Human Immune Deficiency Virus (HIV) Cause AIDS this Virus can live in a person’s body for several years without causing any ill-effects (Garland, 2003). The person may feel perfectly normal but can transmit the virus to someone else through sexual activity or through blood (UNAIDS,2003). According to WHO (1999) a person infected with AIDS loses weight, feels tired, has cough, diarrhea, then gets sick with disease such as pneumonia, Tuberculosis, cancer which can then lead to death of the person.

Millions of people – both young and old, males and females have been infected by this pandemic disease globally. According to Eloike (2004), an estimate of 40 million people have been infected by the disease globally. He maintained that 3.1 million have been infected in Nigeria and 51639 in Enugu State.

There are records to show that Africa is one of the continents where AIDS is wide spread. WHO and UNAIDS (1999) reported that in 1997, over 3 million young people between the ages of 15 and 24 got infected with HIV and that 90% of these people lived in the developing countries of sub-sahara Africa, Asia, Latin America and the Caribbean. According to the report, the hardest hit were the youths of sub-sahara Africa where about two-thirds of all the HIV infections occurred. They reported that HIV positive young women out-
Numbered their male counterparts in the ratio of at least 2:1.

Young people aged 15 to 24 years comprise about 20% of the world’s population but accounts for 60% of HIV infection each year (UNAIDS 2000). In most developing countries of the world (Nigeria inclusive), only a small proportion of the people infected with HIV know that they are HIV positive (WHP Review 2000). Since this age range (15 – 24) falls within the school age years, there is need for proper AIDS education in schools to help curb the incidence of HIV/AIDS among the youths especially in Nigeria where population is fast growing. As observed by the United States Agency for International Development (USAID) (2004), the current 5.8% adult HIV prevalence rate, combined with Nigeria’s large and fast growing population of some 118 million means that Nigeria ranks currently third in the world in terms of the global AIDS burden.

In realization of the above situation, Udaja (2000) noted that Nigeria has adopted a multisectional approach as a strategy to deal with the epidemic as reflected in the creation of the National Action Committee on AIDS (NACA) on which all major line ministries of the federal government are represented. He maintained that this has helped to bridge the gap in the awareness level of both male and female, urban and rural dwellers.

As to how people contact AIDS, WHO (1999) reported that in Africa, unprotected heterosexual intercourse (penetrative sex without the use of condom) accounts for about 90% of HIV infections. Most of the remaining 10% occur through infected blood and homosexual. This disease (AIDS) according to Danziger (1998) has crossed national boarders as well as divisions of sex, race, age and class, thus becoming pandemic of unprecedented proportions.

AIDS infection in Nigeria according to WHP Review (2000) has extended beyond commonly classified “high risk” groups like the prostitutes, youths etc and now seems to be common among the entire population. It (WHP review 2000) reported that with adult prevalence rate of 5.8% in 2001, Nigeria as a nation is now threatened by an exponential and explosive growth of the AIDS epidemic. It then emphasized the need to seek urgent solution to this negative trend.

HIV/AIDS has been identified as having permeated three main sectors of Nigerian Economy namely; health, social and economic sectors (National Policy on HIV/AIDS, 2003). Education is known to be an important sub-sector within the social and economic sub-sectors. As stipulated in the Enugu State HIV/AIDS policy (2003), any threat to this sector will obviously have far – reaching consequences on the general well-being of the society. To support this assertion, the United States Agency for International Development (USAID 2004) stressed that education sector is seen as critical for human development because education and skill development are potential ways of raising the living standards of any country, it maintained that the threat posed by the HIV/AIDS epidemic is eroding the human resource base of educational systems in ways that are generally not being measured, assessed or responded to.

Statement of the problem

HIV/AIDS is real and has defied all curative measures, local governments, states and nations of the world are spending huge amount of their resources in attempt to fight HIV/AIDS but no practical solution on how to cure the disease seems to be in sight (WHO 1999). As reported by UNAIDS (1999) many nation’s economy seem to have been affected by HIV/AIDS (education industry inclusive).

In its subsequent report, UNAIDS (2000) noted that HIV/AIDS is eroding the supply of teachers and thus increasing the class sizes which affects the quality of education. It maintained that HIV/AIDS is also eating into family budgets thereby reducing the money available for school fees and increasing the pressure on children to drop out of school and marry or enter work force. It further observed that AIDS makes many children orphans which may affect their ability to stay in school.

The above areas are few among many ways HIV/AIDS affects the education industry. These are indicators that problems exist to be solved. According to Okoye (2003), one has to perceive a problem before he can solve it. Since education is supposed to be a problem solving instrument for the society and the curriculum an instrument whereby the educational system attain its goals, the researcher is not aware of any information on the
inclusion of health education into secondary school curriculum. Consequently, it becomes pertinent to investigate teachers’ perception of inclusion of health education into secondary school curriculum as a panacea for the spread of HIV/AIDS pandemic among secondary school students in Enugu State.

Research questions
Three research questions guided the study.

i) How do teachers perceive the inclusion of HIV/AIDS into health education curriculum in providing knowledge on how HIV/AIDS are transmitted


iii) How do teachers perceive the inclusion of HIV/AIDS into health education curriculum in creating consciousness on the risk factor associated with AIDS pandemic.

Research design
The researcher adopted a survey research design for the study. This is in line with Nworgu (1991) who stated that the design of a study can be classified as a survey if it involves the selection and samples from a chosen population which are considered to be representative of the entire group or population.

Area of the study
The study was conducted in secondary schools in Enugu State of Nigeria. Enugu State has six education zones of Agbani, Awgu, Enugu, Nsukka, Obollo – Afor and Udi.

Population of the study
The population for the study comprised all the 5530 teachers teaching in the 258 government owned secondary schools in Enugu State (Source planning, Research and Statistics Dept. Post Primary School Management Board, Enugu, 2011).

Sample and sampling techniques
The sample for this study comprised 814 teachers (387 males and 427 females) drawn from the six education zones in Enugu State through simple random sampling.

Instrument for data collection
The instrument used for this study was a questionnaire. The instrument was developed by the researcher. The response categories for the items were of four (4) point scales of strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). Strongly Agree had 4 points, Agree 3 points, while Disagree and strongly Disagree were assigned 2 and 1 points respectively.

Validation of the instrument
In order to ensure that the instrument used was valid, copies of the questionnaire were given to three lecturers who were research experts in the area of Health Education, from Faculty of Education, Enugu State University of Science and Technology (ESUT)

Reliability of the instrument
To ensure the consistency of the instrument, the researcher administered the questionnaire to ten teachers from Nawfia Comprehensive Secondary School in Anambra State and used Cronbach Alpha to calculate the reliability coefficient because the questionnaire items were polychotomous and in essay form. The ‘a’ value was found to be 0.75. The researcher consider 0.75 a high ‘a’ value and therefore used the instrument.

Administration of the instrument
The questionnaire was administered by the researcher personally to the teachers. Out of 814 teachers that constituted the sample for the study, the researcher distributed the questionnaire to 779 teachers and collected them on the spot out of which 765 (98%) were correctly filled and used for the study while 14 (2%) were discarded because they lacked the basic information required. This implied that 765 teachers were actually used for the study.

Method of data analysis
The raw scores gathered from the responses of the teachers were assembled, tallied and their means worked out. These mean scores were used to answer the three research questions that guided the study. In this case, any item that attracted a mean of 2.50 and above were regarded as agreement
while those less than 2.50 were regarded as disagreement.

**Interpretation of results**

Table 1 Mean scores of teachers’ perception on inclusion of HIV/AIDS into health education curriculum in providing enriching knowledge on how HIV/AIDS are transmitted.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Item Description</th>
<th>N = 765</th>
<th>X</th>
<th>SD</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health education teaches that one can contact HIV/AIDS through unprotected sexual intercourse with a HIV positive person</td>
<td>3.60</td>
<td>0.66</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Health education teaches that HIV/AIDS can be contacted through sneezing and coughing from HIV positive person</td>
<td>1.47</td>
<td>0.70</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Health education teaches that HIV/AIDS can be contacted by sharing of surgical and sharp objects with a HIV infected person</td>
<td>3.59</td>
<td>0.73</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Sharing of unsterilized injection with a HIV infected person</td>
<td>2.88</td>
<td>1.04</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sleeping in one room with HIV positive person</td>
<td>1.79</td>
<td>0.56</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Health education teaches that HIV/AIDS can be contacted through blood transfusion</td>
<td>2.99</td>
<td>0.94</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

Table 1 shows that high mean ratings of 3.60, 3.59, 2.99 and 2.88 were recorded for items 1, 3, 4 and 6. On the other hand a low mean ratings of 1.47 and 1.79 respectively were recorded for items 2 and 5. On the whole a grand mean of 2.72 was obtained for the six items, indicating that the respondents (secondary school teachers) generally agreed with the aspects of inclusion of HIV/AIDS into health education curriculum as providing enriching knowledge on how HIV/AIDS are transmitted represented by items 1, 3, 4 and 6.

Table 2: Mean scores of teachers’ perception of inclusion of HIV/AIDS into health education curriculum in creating awareness on how HIV/AIDS can be prevented.

<table>
<thead>
<tr>
<th>S/N</th>
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<th>X</th>
<th>SD</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Health education offer students the opportunity of knowing how HIV/AIDS are transmitted</td>
<td>3.54</td>
<td>0.77</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Health education offers an education package that can help students avoid indiscriminate sexual life</td>
<td>3.20</td>
<td>0.98</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Teaching of health education will discourage the students from using sharp objects</td>
<td>2.99</td>
<td>0.88</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Health education exposes the students to the risk associated with pre-marital sex</td>
<td>3.10</td>
<td>0.92</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 shows that high mean ratings of 3.54, 3.20, 2.99 and 3.10 were recorded for items 7, 8, 9 and 10 respectively. This is indicative of the fact that the respondents agreed with each of the items relating to inclusion of HIV/AIDS into health education as having positive influence on preventing the spread of HIV/AIDS. A grand mean of 3.21 was obtained for all the four items indicating that health education is healthy for successful living.
Table 3: Mean scores of teachers’ perception of inclusion of HIV/AIDS into health education curriculum as having the capacity of exposing students to the risk factors associated with HIV/AIDS.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Item Description N = 765</th>
<th>X̄</th>
<th>SD</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Health education teaches that HIV/AIDS limit the life span of the infected person</td>
<td>3.04</td>
<td>0.95</td>
<td>A</td>
</tr>
<tr>
<td>12</td>
<td>HIV/AIDS exposes the infected person to every sickness</td>
<td>2.95</td>
<td>1.03</td>
<td>A</td>
</tr>
<tr>
<td>13</td>
<td>Society stigmatizes those living with HIV/AIDS</td>
<td>2.64</td>
<td>1.06</td>
<td>A</td>
</tr>
<tr>
<td>14</td>
<td>Many children are rendered orphans by the ravaging scourge of HIV/AIDS</td>
<td>2.52</td>
<td>1.10</td>
<td>A</td>
</tr>
<tr>
<td>15</td>
<td>The chances of a HIV/AIDS carrier getting married is very slim</td>
<td>2.71</td>
<td>1.08</td>
<td>A</td>
</tr>
</tbody>
</table>

Grand Mean 2.77 1.03 A

Table 3 shows that mean scores of 3.04, 2.95, 2.64, 2.52 and 2.71 were obtained for 11, 12, 13, 14 and 15 respectively. A grand mean of 2.77 was obtained for the five items, indicating that the respondents generally agreed with all the aspects of risk factors associated with HIV/AIDS which the knowledge of health education is capable of exposing students to as represented by the five items.

Discussion of results
The analyses of the mean scores presented in table 1 indicated that inclusion of HIV/AIDS into health education curriculum had a positive effect since students who were exposed to health education lesson expressed knowledge of higher level of mode of HIV/AIDS transmission. This is in line with United States Agency for international Development (USAID) (2000) who stressed that there is need for proper AIDS education in schools to help curb the incidence of HIV/AIDS among the youths especially in Nigeria where population is fast growing.

The findings of this study as represented in table 2 showed that inclusion of HIV/AIDS into health education curriculum has a facilitative influence in the prevention of HIV/AIDS spread. This is in agreement with WHO (1999) who reported that in Africa, unprotected heterosexual intercourse (penetrative sex without the use of condom) account for about 90% of HIV infections, while the remaining 10% occur through infected blood and homosexual. Exposing students to health education lesson will help in minimizing over indulgence in unprotected heterosexual intercourse.

The findings also revealed that inclusion of HIV/AIDS into health education curriculum has the potential of exposing students to the risk factors associated with HIV/AIDS pandemic. This is in accord with, UNAIDS (2000) who noted that HIV/AIDS is eroding the supply of teachers and thus increasing the class size which affects the quality of education.

Conclusion
This study has striven to portray the need for curriculum planners to integrate HIV/AIDS into health education to be taught at secondary school level in Enugu State. Health education is expected to make optimum contributions in terms of exposing students to many ways HIV/AIDS pandeminc can be contacted, how it can be prevented and risk factors associated with HIV/AIDS. The paper therefore contended to conclude that the relevance of health education is imperative because the healthy mind can only be found in a healthy body.

Recommendations
Consequent upon the findings of this study the following recommendations were made;
- The federal, state and local governments should budget money during their annual budget specifically for HIV/AIDS awareness campaign. Teachers and students should be the first target audience for this programme.
- HIV/AIDS education should be introduced at all levels of education. Efforts should be made to find a way of building facts about
HIV/AIDS into compulsory subjects/courses in schools e.g. English etc. By this way, the students are indirectly being compelled to acquire significant knowledge of HIV/AIDS which can help in curbing HIV/AIDS infections among students and the general public. HIV/AIDS to be included in the curriculum of all higher institutions in Nigeria.

References


Planning, Research and Statistics Department, Post Primary School Management Board, Enugu, 2011.


