RECOGNIZING EDUCATION AS A SOCIAL VACCINE TO HIV/AIDS CONTROL IN NIGERIA

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Abstract
This study is designed to critically analyze how education could be used as a social vaccine to HIV/AIDS control in Nigeria. This is with particular reference to how the killer disease could be prevented against children of school age in Nigeria. This idea is occasioned by the fact that the disease has kept many school aged children away from school through either direct infection, orphanage or stigmatization. More so, it has been observed that children of under 15 years are the most vulnerable. Thus, through the adoption of the four (historical, analytical, prescriptive, speculative) methods of philosophical inquiry into problems and issues, the study reveals that preventive measures against HIV/AIDS which were initially exclusive function of medical practitioners are not true, rather, research evidence (UNICEF, UNAIDS 2003) has shown that the education sector can as well and essentially be the single most powerful weapon against HIV transmission. The analyses also brought to the open that if the trend of the HIV/AIDS is not halted, the Education For All by the year 2015 will be an illusion in Nigeria. Finally, in order to accelerate the education sector response to HIV/AIDS in Nigeria, the family life HIV/AIDS Education (FLHE) should be implemented in all schools in Nigeria.

The incurable HIV/AIDS disease that was first discovered in the USA in 1981, and later in Nigeria in 1986 has now become a global worrisome issue affecting all sectors of human endeavour, including the education sub-sector. It is against this backdrop that this study is focused on how education could be used as a social ‘vaccine’
against the killer disease, with a view to protecting children of school age and young adults in Nigeria.

Without being told, we are aware of the daily discouraging reports of HIV/AIDS across the globe over the years. For example, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2003) report, the global HIV/AIDS pandemic was said to have claimed 3 million lives globally. More so, an estimated 5 million people were said to have acquired the HIV which brought the total figure to 40 million persons that lived with the virus in December 2003.

Thus, the HIV/AIDS pandemic that was initially discussed in low tunes has eventually become a household word in the world over. It has become one of the most contemporary challenges to development, social progress and the survival of the human race in the century. Beyond the hardship it imposes on the individuals, families and communities, the disease is seriously eroding hard won decades of development strides, undermining economies, education and fundamental human rights (Gbadamosi, 2005) to mention but a few. It is sad to reveal that HIV/AIDS has kept many school aged children away from school either through direct infection/orphanage or stigmatization. According to the UNAIDS (2003) report, of the millions that were infected and died, children under the age of 15 years were the worst affected. About 25 million children were said to be infected with 500,000 dead cases recorded.

Statement of the Problem

In the Nigerian situation (UNAIDS, 2003), as at the year 2003, Nigeria was occupying the 27th position on the list of countries infected by the HIV/AIDS in the world, and it ranked second position in Africa in 2003 (after South Africa) with the highest number of infections. Children of school age were said to be the most vulnerable.

This essentially is the crux of the problem because it stands to be argued that the magnitude of the infections has increased in Nigeria. According to the UNAIDS (2003) report, it was estimated and projected that, if the HIV/AIDS trend continued, by the year 2010, 40 million children in 23 African countries will have lost one or both parents to AIDS. In 2014, the fear is still great.

Aims and Objectives

The aim of this study is to accelerate the education sector response to HIV/AIDS prevention in Nigeria. Precisely, the cardinal objectives of this study are to;

- critically analyze the relevance of education in the fight against HIV/AIDS in Nigeria, with specific reference to children of school age.
- examine the relationship between HIV/AIDS and education with emphasis on:
  (a) Impact of HIV/AIDS on education,
  (b) What education can do at different stages of HIV/AIDS infection
Methodology

This study is library based. The ideas and issues discussed are generated from books, journals, magazines, workshop papers and other relevant documents and sources of authentic information. In doing that, the researchers adopted the historical, analytical, prescriptive and the speculative methods of philosophical inquiry into problems and issues.

Accelerating the Education Sector Response to HIV/AIDS in Nigeria

Preventive measures against HIV/AIDS were initially thought by many to be an exclusive function of medical practitioners alone. But interestingly, research (UNICEF, UNAIDS 2003) has shown that the education sector can as well, and might potentially be, the single most powerful weapon against HIV transmission.

The concept of education (traditional/western) is well known in all societies across the globe. But its definition, content, methodology, quality and goal may differ from individuals and societies due to environmental differences, problems and needs. Nevertheless, education is universally accepted as the development of intellect, knowledge, character, skills of individuals and transmission of cultural values of society. It kills the blight of ignorance, fear, superstition and disease. It is the pivot of development.

Education is strongly predictive of better knowledge, safer behaviour and reduced infection rates. Hence, the UN experts conclude education functions as a kind of ‘social vaccine’. Abreast of the fact that young people hold the key to stopping AIDS, World leaders pledged at the UN General Assembly special session on AIDS, (UNICEF/UNAIDS, 2001) to reduce HIV prevalence among adolescents by 25 percent by the year 2010 through education.

Over the years, no medical vaccine had been discovered for HIV cure. The education ‘vaccine’ is not only the best one available, but it is also as UNICEF notes, “likely to be the only one available for the foreseeable future”. Education did not only protect individuals against HIV, but also helps societies as a whole to work together to keep people safer. Recent studies reveal that young people with little or no education may be more likely to contract HIV than those who have completed education. According to Peter P. (Executive Director of UNAIDS, 2001) without education, AIDS will continue its spread, and with AIDS out of control, education will be out of school.

The above probably led to the spring 2002 launch of the education for all Fast Tract Initiative – FTI. The FTI promotes better coordinated donor support (USD $515M) from the Group of seven (G7-USA, Japan, Germany, UK, Francis, Italy, Canada) wealthiest nations to developing countries that are seriously committed to attain the 2015 Millennium Development Goal (MDG) on universal completion of primary education.
HIV Prevention: Why the Focus on Children and Young People

Who is a child? The definition/description of the term child varies in Nigeria. In some context, it is socially constructed and differs from one profession or cultural context to another. However, according to the joint UNAIDS/UNICEF/USAID (2002) report entitled “Children on the Brink 2002”, and in most international and national instruments, children are defined as boys and girls up to the age of 18 years. In Nigeria the legal constitution defines a child as a person under 18 years of age. In the context of HIV/AIDS, a child is one who is under the age of 15 and who, in most cases does not have certain rights in society; but are considered as our ‘window of hope’.

The following are some of the reasons for focusing the HIV/AIDS control sensitization more on children and young people.

- Children are numerous. According to the UNAIDS (2002) in its 1999 world AIDS campaign with children, the primary and secondary school enrolments accounted for about 18% of the world population in 1995. While in sub-Saharan Africa, children under school age numbered more than 230 million, which was over 30% of its people.
- Children are very vulnerable to HIV/AIDS. It is on record (UNAIDS estimate) that in 1999 about 510,000 children under the age of 15 became infected.
- Children are more in need of help than any other age bracket. Many of them have been orphaned by HIV/AIDS, abandoned, discriminated and stigmatized.
- Children are the leaders of tomorrow. They have idealistic desire and optimistic to stop the HIV/AIDS pandemic. The delegation of the young people who represented the youths in the 1993 international conference on STD/AIDS in Africa expressed thus: “we strongly believe that our energy, idealism and commitment can be used to stop further spread of the HIV/AIDS epidemic that is devastating the social and economic fabric of our own countries”. (UNAIDS 1999, p.4).
- Most of the children are at the period of sexual awakening, learning and experimentation, they therefore seriously need help.
- Children are the windows of hope of our future. Though, some might already have been infected through mother-to-child transmission (MTCT), those within 5-14years (primary school) age group; majority of them are not infected. Our goal is to maintain them to remain free from the disease.

Relationship between HIV/AIDS and Education

Education has the power to help prevent the spread of HIV infection by weakening the grip of HIV/AIDS, but paradoxically, the disease also can weaken educations’ ability to function effectively and thus have a strong grip on education.

Impact of HIV/AIDS on Education

- Low school enrolment, retention and completion rates.
- Pupils drop out from schools.
- Absenteeism of pupils and teachers.
- Poor performance of both pupils and teachers.
**Recognizing Education As A Social Vaccine …**

- Decrease in the number of teachers.
- Increase in budgetary allocation of education.
- Low quality products.
- Stigma and discrimination in schools

**What Education can be done at Various Stages of HIV/AIDS Infections**

**a) Stage of no HIV Infection**
- Preventive education e.g. sensitization workshops, rallies, etc.
- Use of FLHE curriculum in schools.
- Establishment of youth friendly centres.

**b) Stage of HIV Infection**
- Establishment of voluntary confidential counselling and testing centres (VCCT).
- To access anti-retrovirus drugs (ARVS).
- Policies to ensure job security.
- Policies to address stigmatization and discrimination at work place.

**c) Stage of AIDS Death**
- Provision of OVCs to access to education.
- Care and support for OVCs.

**Suggestions**

Need for curriculum renewal so as to centralize the issues of HIV/AIDS control to include:
- Reproductive health and sexual education from the time children start school;
- HIV/AIDS in community;
- Human rights relationship and responsibilities;
- Greater reliance on education by peers from within and outside the school;
- Comprehensive reorientation of teachers and educational administrators;
- Greater involvement of NGOs, CBOs, churches and voluntary organizations.

**Care and Support for AIDS Patients**

This should include:
- Family life, social needs, friendship, association;
- Co-working, relations employment, education, sexual life;
- Nutritional needs: Fats and oil, vitamins and mineral proteins;
- Psychological needs: Confidentiality, empathy, love, support, acceptance, elimination of stigma and discrimination, support in thought, words and deeds;
- Spiritual needs and testimonies. With God all things are possible. The burden of HIV/AIDS patient can be solved by God. Though, religion nowadays has been abused by many people, but the truth is that with faith if we cry out unto God when in trouble, he will surely heal us. This is clearly stated in the Holy Bible thus: “Then they cry unto the Lord, in their trouble ... he sent his word and healed them,... Ps. 107:19-20.
Summary

Education is recognized as the only way out for the world to adopt in the fight against HIV/AIDS pandemic.

Conclusion

The HIV/AIDS is affecting the education sector in the areas of low supply quality of trained teachers and the capacity of pupils to continue education, in terms of low enrolment, retention and completion rates.

Recommendations

There is urgent need for the compulsory implementation of the Family Life HIV/AIDS Education (FLHE) in all schools in the Federation.

References


