

HIV/AIDS: THE MONSTER AGAINST SUCCESSFUL IMPLEMENTATION OF THE UNIVERSAL BASIC EDUCATION PROGRAMME IN NIGERIA

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Abstract

This paper with the title “HIV/AIDS: The monster against successful implementation of the Universal Basic Education programme in Nigeria” discussed the meaning of HIV/AIDS, its origin, modes of transmission and prevalence. It analysed the role of parents in the U.B.E scheme vis-à-vis the impact of HIV/AIDS on the success of UBE. Some recommendations were made to alleviate the suffering and deprivation of HIV/AIDS orphaned children to enable them enjoy their basic human right to education. The paper concluded that the Universal Basic Education Commission Headquarters should ensure that all necessary educational supplies to schools are made and on time too, and that effective supervision should be ensured to prevent abuse of these educational supplies by the school heads, and State Education Boards.

Presently, there is hardly anybody in Nigeria that has not heard of HIV/AIDS. Many families have even lost at least a member to this dreaded disease, and in some cases bread-winners and care-givers fall victims of HIV/AIDS and leave behind orphans, sometimes too tender to forge ahead in life. Considering education as the pivot around which everything in life revolves, the present-day Universal Basic Education programme looks helpless in the face of HIV/AIDS as parents still have enormous roles to play in the sponsorship of their children and wards despite the declaration of “Free and Compulsory Education Programme” by some states in Nigeria. This paper hopes to examine the impact of HIV/AIDS on the successful implementation of Universal Basic Education programme in Nigeria.

What is HIV/AIDS?

HIV is an acronym for Human Immunodeficiency Virus. It is the virus that causes AIDS. It is an organism much smaller than bacteria and is 1000 times smaller than the head of an office pin. It is an extreme parasite that cannot live or reproduce

outside a specific living host cell and exists in a very simple form -just a single strand nucleus covered by a protein wall (Umoh, 2009).

AIDS means “Acquired Immune Deficiency Syndrome”. Scientific studies reveal that when HIV enters the human body by whatever means, it attacks and destroys the body immune system which hitherto protected the body from harmful organisms such as viruses, bacteria, fungi and protozoa parasites which enter our body daily through the skin, eyes, nose, mouth, food and water. Having destroyed the body immune system permanently, the system lacks the ability to resist attacks against harmful organisms hence AIDS results (Umoh, 2009). Numerous infections which normally could have been fought to a stand-still by a healthy immune system now begin to destroy the body, after an incubation period of between 5 months to 10 years depending on the health history of the individual.

Origin of HIV/AIDS

According to ELF Petroleum Nigeria Limited (2007), HIV/AIDS was first reported officially in June 1981 in New York and California in United States of America among a group of previously healthy homosexuals, and in about a quarter of a century, has become the greatest pandemic ever, killing more than three million people worldwide in the year 2000 alone.

Nigeria’s first case of HIV/AIDS was reported in 1986 with the diagnosis of a 13 year old female hawkers. Since then the prevalence of HIV has increased from 1.8% in 1990 to 5% in 2003; in 2001, 5.8% of the population (7.5 million Nigerians) had tested positive to HIV, in other words 5 out of every 100 Nigerians had the virus including over 1 million children; and in 2007 as many as 3.5 million Nigerians were living with AIDS (ELF, 2007).

Theories about the origin of HIV/AIDS

ELF (2007) recorded four theories about the origin of HIV/AIDS, namely: the monkey theory, the laboratory theory, the progressive explosive theory, and the homosexual theory.

The Monkey Theory

This theory assumes that HIV/AIDS originated from monkeys. That it spread to humans through the activities of some commercial sex workers (females) who were paid to have sexual relationships with monkeys that were infected with the virus. After contracting the virus, the women spread it to men that had sexual intercourse with them, and so the spread continued further by the infected men and other recipients of the virus.

The Laboratory Theory

This theory believes that HIV was manufactured in the laboratory by scientists and introduced into the human body through injection. It assumes that the infected persons then continued to spread the injected virus through sexual intercourse and blood transfusion.

The Progressive Explosive Theory

This theory is of the view that HIV has always existed among human nature like all other diseases. It assumes that HIV/AIDS is as old as mankind, only that it had not manifested as an epidemic. The virus, according to these theorists, is thought to have been infecting people progressively till now that it has reached explosive stage for humans to be aware of it.

The Homosexual Theory

This theory believes that since HIV/AIDS was first diagnosed among homosexuals, it was the unusual, abnormal and unnatural sexual intercourse among men that resulted in the virus.

However, some religious zealots believe in the fifth theory of the origin of HIV/AIDS, namely, God's plague. This theory is held by some religious preachers that as God condemned Noah's generation by flood, and Sodom and Gomorrah by fire, so has he sentenced this generation to HIV/AIDS because of unprecedented promiscuous habitude.

HIV/AIDS Transmission

According to Umoh (2010), there are three main channels of transmission of HIV, namely: sexual intercourse, use of blood/blood products, and mother to child transmission.

Sexual Intercourse

This is believed to be the commonest gateway for the virus. This is made possible by the exchange of semen and vaginal secretions/fluid during male-female intercourse. About 95% of HIV/AIDS is transmitted by sexual intercourse.

Use of Blood/Blood Products

HIV is also transmitted by blood transfusion or use of other blood products that have not been screened and certified to be HIV free. In this category are also the sharing of needles, shaving devices and other skin-piercing devices such as needles for piercing ear lobe, blades, shaving knives, knives for circumcision and tribal marks and needles and syringes with HIV infected persons.

Mother to Child Transmission (MTCT)

- (a) During pregnancy a pregnant woman shares freely all life-sustaining nutrients with her unborn baby through her blood that passes on through nature’s pathways connecting the mother and child. By the same means an HIV infected mother passes on HIV to her innocent unborn child.

- (b) During breast-feeding an infected mother can transmit HIV through breast-milk to her innocent baby. This is pathetic because breast-milk is the major food for babies and most nutritious, with medicinal properties to protect the child.

HIV/AIDS Prevalence in Nigeria

CIA World Factbook (2015) reveals that in 2012, Nigeria had 3.1 per cent prevalence rate among adults ages 15-49 and was rated the second largest country with the number of people living with HIV.

Table 1 shows the current HIV/AIDS statistics in Nigeria according to the CIA World Factbook (2015):

Table 1: HIV/AIDS Statistics in Nigeria

Population	140 million
HIV prevalence rate (%)	4.1%
Population living with HIV/AIDS	3.1 million
Number of people in need of ARV	1.5 million
Number currently on ARV	359,181

Table 2 further revealed the adults HIV prevalence rate in Nigeria since 1999 as follows:

Table 2: HIV/AIDS Prevalence Rate since 1999

Year	1999	2001	2003	2007	2009	2012
Prevalence rate (%)	5.06	5.8	5.4	3.1	3.6	3.1

Table 3 shows the HIV/AIDS deaths in Nigeria between 1999 and 2012 according to 2012 estimate as contained in the CIA World Factbook (2015)


































Table 3: HIV/AIDS deaths in Nigeria between 1999 and 2012

Year	1999	2001	2003	2007	2009	2012
Number of deaths	250,000	170,000	310,000	170,000	220,000	239,700

Definition of HIV/AIDS Deaths: This entry gives an estimate of the number of adults and children who died of AIDS during a given calendar year.

Table 4

This table shows HIV/AIDS deaths among countries of the world.

Rank	Country	HIV/AIDS -deaths	
1	<u>Nigeria</u>	239,700	
2	<u>South Africa</u>	235,100	
3	<u>India</u>	135,500	
4	<u>Tanzania</u>	80,000	
5	<u>Mozambique</u>	76,800	
6	<u>Uganda</u>	63,300	
7	<u>Kenya</u>	57,500	
8	<u>Ethiopia</u>	47,200	
9	<u>Malawi</u>	45,600	
10	<u>Zimbabwe</u>	39,500	
11	<u>Cameroon</u>	34,600	
12	<u>Congo, Democratic Republic</u>	31,700	
13	<u>Cote d'Ivoire</u>	31,200	
14	<u>Zambia</u>	30,300	
15	<u>Indonesia</u>	26,800	
16	<u>China</u>	26,000	
17	<u>Thailand</u>	20,800	
18	<u>Ukraine</u>	18,100	
19	<u>United States</u>	17,000	
20	<u>Lesotho</u>	15,500	
21	<u>Chad</u>	14,400	
22	<u>South Sudan</u>	12,900	
23	<u>Angola</u>	12,600	
24	<u>Sudan</u>	12,000	
25	<u>Vietnam</u>	11,700	
26	<u>Burma</u>	11,600	
27	<u>Ghana</u>	11,600	
28	<u>Central African Republic</u>	11,000	
29	<u>Haiti</u>	7,500	
30	<u>Togo</u>	7,200	
31	<u>Colombia</u>	6,500	
32	<u>Madagascar</u>	6,200	
33	<u>Botswana</u>	5,700	

34	<u>Rwanda</u>	5,600 ■
35	<u>Swaziland</u>	5,500 ■

Source: CIA World Factbook (2015). <http://www.indexmundi.com/g/r.aspx?c=ni&y>.

The Role of Parents in the Universal Basic Education in Nigeria

What is Basic Education? Enuokoha (2002) observed that Basic education over the years has meant different things for different countries. For instance, in Jamaica, the term was identified with pre-school education; in Zambia, it was identified with the length of the compulsory schooling period, in Ethiopia, it meant a shortened period of primary schooling; in India, it was identified with education for the rural masses, and in Tanzania it meant conveying appropriate knowledge and skills to both young people and adults within the context of African socialism.

Universal Basic Education in Nigeria as launched by the then President Olusegun Obasanjo on September 30, 1999 according to Udokang (2002) implies that all children from the age of six will be formally educated free until they complete the Junior Secondary Education (JSS 3). The “Universal concept of the Nigerian Basic Education principle is that it is expected to be compulsory for all pupils within the target group.

In reality, the Nigerian Universal Basic Education programme entails only free tuition, leaving the huge burden of procurement of school uniforms, provision of text and exercise books (including other writing materials), transportation to schools, feeding, etc. to the parents.

Udokang (2002:139) enumerated the role of parents in primary schools to include:

- (i) Ensuring that their children go to school regularly on time and properly dressed;
- (ii) Let the school know about any concerns or problems which might affect the children’s learning or behaviour;
- (iii) Support their children in work set for completion at home’
- (iv) Provide other opportunities for home learning;
- (v) Attend parents’/careers’ meetings for discussion about the children’s progress and other supportive issues;
- (vi) Seek support for behaviour, policies and practices of the school;
- (vii) Keep changes of school to an absolute minimum and only in exceptional circumstances; and
- (viii) Not to unnecessarily make the child absent from school.

In addition to the roles enumerated above, Udokang (2002) observed that parents strive to secure their children’s safety and happiness in school; pressurize

teachers (and the school functionaries in general) to set high expectation for their children; expect teachers to keep them regularly informed of their children's progress; they want their children to be responsible, independent and have initiative; desire to have their children brought up by persons of excellent character and reputation; and also to have their children under teachers and caregivers with affection for children and who are socially and emotionally mature.

Impact OF HIV/AIDS on Universal Basic Education

Considering the frightening HIV/AIDS death figure of 239,700 in Nigeria (many of whom are parents and guardians) vis-à-vis the enormous roles that parents are expected to play in the successful implementation of the Universal Basic Education programme, the scheme obviously looks helpless. One may look at the death figure as grossly insignificant in view of the population of Nigeria, but when it is weighed against the background that many of the dead have left behind between eight (8) and ten (10) children or even more, and many more deaths occur in rural areas uncaptured or unrecorded by the health centres, then the position of this paper will be greatly appreciated.

Feeding: The Federal Government planned to add school feeding to the U.B.E. programme to alleviate the sufferings of school pupils, but in actual practice, no U.B.E. school known to this author feeds the pupils as it was envisaged. This therefore, means that pupils orphaned by HIV/AIDS cannot benefit from U.B.E. as they cannot learn with empty stomach.

School Books: The Universal Basic Education Commission makes half-hearted supply of textbooks to selected schools in the federation. Insufficient in supply as the books may be, the books always arrive the schools at the middle of each academic year thus making nonsense of the essence of the supply. In times like this, some parents procure textbooks from shops for their children and wards, leaving the HIV/AIDS orphaned children to lament their situations helplessly.

Walking Distance: Denga (2002) observed that in rural areas, most children trek for more than 2 kilometers from home to school. He lamented that this practice has the propensity to vitiate the vitality of children and result in lateness, absenteeism and truancy. To ease this problem, especially for the HIV/AIDS orphaned children, Universal Basic Education centres should be established within 1 or at least 1½ kilometres trekking distance from home. But in actual practice, the present U.B.E. has not built any new school. It only concentrates on existing schools.

School Uniforms/Equipment: It is sad to observe that despite the enormous natural endowment and wealth of Nigeria, poverty tends to characterize its citizenry as

corruption continues to eat deep into the fabrics of the nation's polity. School uniforms and other educational equipment were supposed to be necessary components to be supplied to the pupils and students, but in reality, this has failed to be. Orphaned children by HIV/AIDS lack the necessary school uniforms, writing desks, exercise books, foot-wears, etc. These deprivations place them in a bad emotional state to learn and compete with their parented counterparts whose needs are supplied functionally.

Conclusion

The successful implementation of the Universal Basic Education programme in Nigeria can only be measured on its ability to carry every Nigerian child along irrespective of family background. Presently, lopsided implementation of the scheme leaves much to be desired as the HIV/AIDS orphaned children cannot enjoy their basic right to education. This paper sincerely hopes that all necessary supplies and effective supervision be put in place for the scheme to achieve its desired goal of "Education For All" (EFA).

Recommendations

As much as this paper fervently prays that no stone should be left unturned in an effort to find a lasting cure to HIV/AIDS, the following other recommendations are made:

1. the school feeding programme that was intended to be a significant component of the U.B.E. scheme should be implemented;
2. new schools should be built in addition to existing ones, so that U.B.E. centres should be located at least 1 or 1¹/₂ kilometres trekking distance from the home of each Nigerian child;
3. school uniforms, text-books, exercise books, writing desks, foot wears, etc. should be supplied earnestly to U.B.E. beneficiaries; and
4. effective supervisory measures should be put in place by the U.B.E.C. headquarters to ensure that all supplied items are functionally utilized.

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