

RE-FOCUSING HEALTH EDUCATION CURRICULUM FOR IMPROVED INTERVENTION AGAINST THE SPREAD OF HIV/AIDS IN NIGERIA

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Abstract

The relevance of curriculum underscores the realisation of the objectives of the National Policy on Education. Education is aimed at producing the total man, thus, curriculum has become a veritable means of realizing this laudable objectives. The various curricula put in place to ensure the people are equipped with the requisite knowledge and information for a health competent society have been grossly deficient, thus, the unabating spread of HIV/AIDS in Nigeria. The paper examined the present health education curriculum with the view to apprising its effectiveness at achieving the purpose it is meant for. Also, the paper examined the trend of the spread of HIV / AIDS in Nigeria and the cause of the spread inspite of the various efforts already put in place by the government and non-governmental organisation to curb the spread. The study made use of data from the National Sentinel Survey. The study revealed that the health education curriculum lacks some bite that make the curriculum difficult to address the pressing needs of our health sector. The paper proffered solutions to these difficulties by refocusing the curriculum for better performance.

Introduction

Curriculum is a term that is derived from the Latin word "currere" meaning "the course to be run". This means curriculum is an impediments that must be overcome. Simply put, curriculum entails completing of a particular task. It was Bobbitt in 1924, that condensed the above description of curriculum by describing curriculum as a "race" itself. Therefore, if one will improve the level of information of the people on HIV/AIDS the health education curriculum must be refocused to give the people the capacity for informed decisions on HIV/AIDS issue.

What is Health Education?

Health Education involves a bunch of motivational strategies and activities to assist the people to take intelligent decision based on scientific knowledge acquired and to actually take the necessary action - practice, because it is what the learner does that he learns, and not what the teacher does. According to Moronkola 2002, health education can be described as a concept, discipline, course of study, approach or method by which right information is made available to people and simultaneously stimulating positive health attitudes and practices in them to promote personal and community health". Murrery (1995), regarded health education as a planned educational intervention focusing primarily at what voluntary actions people can take on their own as citizens looking after their own health or as decision makers looking after the health of others and the common good of the community.

Aims of Health Education

Health education principally equips people with the right capacity to take informed decisions on issues bordering on their health. According to Moronkola (2002), health education is to encourage people to value health as a worthwhile asset and making people know how they themselves can take actions to promote their health as individuals and that of their community. This definition underscores the importance of attitudinal change as the prime purpose of health education. Moronkola (1999), asserted that the various definitions of health education can make one to include the following as belonging to the premise of aims of health education:

- i. To instill in people, the need for a healthy life for quality living that will ensure high productivity.
- ii. To teach people how to take care of their personal and community health.
- iii. To change people's negative attitude towards health to positive ones

- iv. To encourage people to use available health services,
- v. To make people see the need for preventing diseases rather than spending more time and money for treatment,
- vi. To encourage people to continue with their local ways of life that promote health.

Therefore, the essence of education is to produce a total man, a man that possesses the right capacity to make him take informed health decisions. Thus, the escalating spread of HIV within the populace means the level of health education in the country needs to be upgraded to the level where the people could adopt practices that enhance their total well being.

HIV / AIDS Issues: Despite all efforts to slow down the spread of **HIV/AIDS** and mitigate the impact, the epidemic still remains one of the greatest challenges facing the present generation worldwide most especially in line developing countries. **AIDS** is a new type of global emergency that came into being more than two decades ago. It has become an unprecedented threat to human development; it requires sustained action and commitment over a long time. **AIDS** will continue to challenge us for many decades to come. From its first two documented deaths in California in mid 1981, **AIDS** has marched relentlessly across countries and continents, scything down more than 25 million people along the way, Barre-Sinuousi of Institute Pasteur, Paris, discovered **HIV** as

Lymphadenopathy Associated Virus (LAV), In 1984, an American Scientist, Papovic Gallo and co-workers discovered that the virus which infected cell lines permanently and productivity is the same as the virus from patients with **AIDS** and **AIDS** related diseases in America, Europe and Central Africa. This virus was referred to as **HIV-I**, ten other subtypes of **HIV-I** have so far been isolated. By 1985, another human virus different from **HIV-I** was recognized in a patient in Africa, that was known as **LAV-2** and **HIV-2**, this is also linked with **AIDS** and **AIDS-** related disease, **HIV-2** is less virulent than **HIV-I** infections.

So far, the pandemic has claimed over twenty million people globally, with an estimated forty million people living with **HIV/AIDS** 2.6. Million more than 2004. Twenty five million of these are living in Sub-Saharan Africa of whom 57% are women, in 2006 2.8 million people were infected in Sub-Sahara Africa in 2004. Young people aged 15-24 accounted for 40% of new infections in 2006, (UNAIDS Report 2006).

In Nigeria, the HIV was discovered in the body of a 13 years old sexually active girl in 1986, the national **HIV/AIDS** epidemic has risen from a zero-prevalence of under 0.1% to 1.8% in 1991/92, 3.8% in 1993/94, 4.5% in 1995/96 and 5.4% in 1999, 5.8% in 2000, 5% in 2003. The 2005 National HIV sentinel surveillance noted that, the national prevalence has dropped to 4.4%. Nigeria, 300,000 infections were recorded among pregnant women in Nigeria in 2005, while 200,000 died of **AIDS** related diseases while 70,000 of these were children. Nigeria is the third highest country with the **HIV/AIDS** infection in Africa, she is trailing behind Ethiopia and South Africa. (NACA Report 2006).

The 2005 sentinel survey, still revealed that some parts of the country are worse affected than the others. For instance, while Ekiti State has a prevalence rate of 1.6%, Benue State still has prevalence rates of 10%, 11 of Nigerian 36 states still have prevalence rates of over 5% which is the threshold level. In Oyo State, the prevalence rate is 1.8% while Ondo State has increase rate from 2.3% in 2003 to 3.2% in 2005 (National Strategic Plan for HIV and AIDS 2005 and NACA Report 2006).

Nowhere has the impact of **HIV/AIDS** been more severe than Sub-Saharan Africa, according to reports, the African famine is a clear example of how the impact of **HIV/AIDS** is fuelling other crises.

Re-Focusing Health Education Curriculum

In re-focusing health education curriculum, the following factors must be put into consideration:

- i. Health is both personal and communal issue.
- ii. School setting is temporary, curriculum must be made to be extended to various homes.
- iii. The person who is to implement the curriculum must be versed in all health issues.
- iv. All stakeholders must be carried along during the various processes,
- v. The method of implementing the curriculum must take local content into consideration
- vi. Evaluation must determine the needs of the students and guide subsequent planning en implementation.

Therefore, any curriculum that will re-focus Health Education programme according to Adeleke, (2002), should choose its programmes from the broad areas of health education programme* like:

- i. Social factors influencing health
- ii. Education for parent-hood
- iii. Health in the school and community
- iv. Safely at home and on the road
- v. Relationship
- vi. The environment
- vii. Diet
- viii. Exercise
- ix. Personal growth and development
- x. Drug / smoking
- xi. Personal hygiene

Therefore, according to Adeleke (2002), these learning contents can be implemented with various teaching methods such as shown in the diagram below:

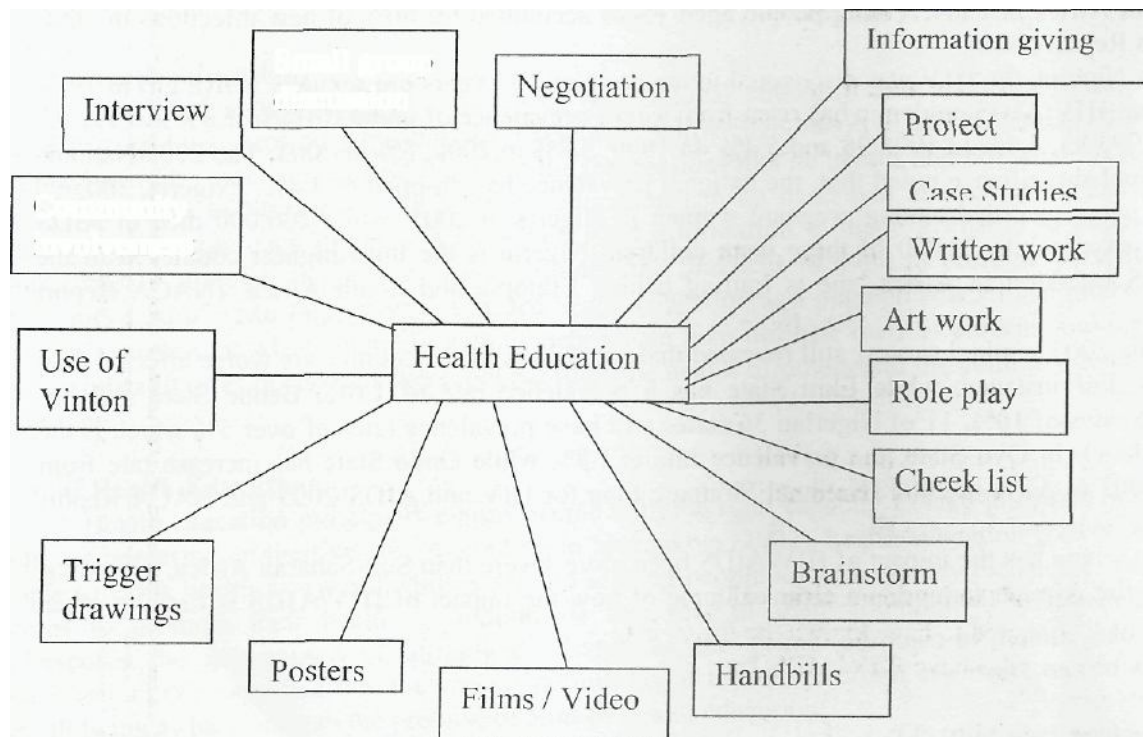


Fig. 1

The methods in fig I according to Adeleke (2002), may be used to implement the learning contents earlier stated above. These methods will be adopted to build the capacity of the students on

HIV/AIDS issues. To stop the spread of HIV/AIDS in Nigeria, the learning contents above must aim at providing the following:

- a. Quantity Information:** One of the factors that makes the difference in HIV/AIDS spread in African and develop countries is information. The level of information available to an average Africa on HIV/AIDS issues is less compared with what is obtainable in developed nations. In United Kingdom the number of adults living with HIV/AIDS at the end of 2005, was 66,000 (Health Protection Agency's Annual Report on HIV/AIDS and STDJ, while Nigeria has an estimated number of 3.4 million people living with the virus. The quality of information available to people is insufficient while some people have information about some aspects they lack information about some aspect of HIV/AIDS thus endangering themselves as a result of insufficient information. People must have enough information about the basic facts of HIV/AIDS: (1) meaning of HIV and AIDS (2) modes of Transmission (3) symptoms (4) how not to contract HIV/AIDS (5) window period, incubation, CD4 cell, viral load etc. (6) VCCT (7) care and support (8) stigmatization. As a result of insufficient information.
- b. Quality Information:** While some people are actually aware of information about HIV/AIDS issues, the quality of information they have is questionable. Some people still make use of obsolete information that new researches have rendered invalid.
- c. Consistent Information:** There is need for one to always seek for new knowledge on HIV/AIDS issues. Since HIV/AIDS is a development issues, one should continually be looking for information on how to live with, within and without HIV / AIDS. The search for knowledge must not stop, as this will help in devising strategies to be used in stopping the spread of HJV/AIDS issues.
- d. Exhibited Information:** This is the end product of information acquisition, hence people are expected to exhibit the information they acquire by involving in acts that will stop the spread of HJV/AJDS. This involves exhibiting positive behaviours that will help mitigate the impact of HIV/AIDS on the infected and the affected.
- e. Disseminated Information:** It is not enough to have quantity, quality, consistent or exhibited information about HIV/AIDS, it is more useful if the information so acquired is passed on to as many as possible people in order to make them see the reason while they must join the crusade against the spread of HIV/AIDS.

The various activities will be evaluated based on the exhibited behaviour as a result of interaction with the curriculum:

- a. To stop the spread of HIV by not engaging in activities that could predispose one to contracting HIV.
- b. To be one's brothers' keeper by not engaging in activities that could expose our brothers to the risk of HIV
- c. To spread information on why and how to live with, within and without HIV/AIDS.

- d. To support community based activities aimed at stopping the spread of HIV and mitigating the impact of HIV/AIDS.

At the end of the implementation of a re-focused curriculum programme, the students would have been well equipped to have known the following:

- i. That those who have **HIV/AIDS**, have not done anything 'special' that others have not done before and that they are not 'sinners' nor 'outcasts'. ii. That the multiplier effects of **HIV/AIDS** are very high and we may all be caught in the web if we do nothing.
- iii. That AIDS is reducing average life expectancy in sub-Saharan Africa from 62 years to 47 years. (UNAIDS Reports, 2005)!
- iv. Children and young people are especially hard-hit by the epidemic with 70,000 Nigeria children died in 2005 alone. (National HIV/AIDS Sentinel Survey 2005).
- v. That with the current trend in Nigeria, a person that turned 15 years old in 2005 has a 65% chance of becoming infected with HIV by his or her 50th birthday. (National HIV/AIDS Sentinel Survey 2005).
- vi. 8,000 people died of AIDS every day. (UNAIDS Reports, 2005).
- vii. In 2002, the World Bank estimated that the number of primary school pupils in 2010 would be reduced by 24% in most countries as a result of effects of HIV/AIDS. (UNAIDS Reports, 2005).
- viii. HIV/AIDS will put the health sector under more strain. In sub-Saharan Africa, the annual direct medical costs of HIV a positive person (excluding an anti-retroviral therapy) is estimated at US\$30 per capital when overall public health spending is less than US\$10 per capital for most African countries. (UNAIDS Reports, 2005).
- ix. AIDS pushes people deeper into poverty as households lose their breadwinners, livelihoods are compromised and savings are consumed by the cost of health care and funerals. (UNAIDS Reports 2003).

Conclusion

Health Education programme is needed for our nation to grow and develop. HIV/AIDS has reduced quality of many Nigerians and is rendering homes, communities and the nation poorer. An intervention that will address if not curb the spread of HIV/AIDS is desired. Thus re-focusing health education curriculum is a good step at providing a "total man" that is fixed from the rampaging scourge of HIV/AIDS.

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