



Réseau Ouest et Centre Africain de Recherche en Education
Educational Research Network for West and Central Africa

**HIV/AIDS and the Education Sector in Nigeria:
Review of policy and research documents**

ERNWACA – Nigeria
with the support of IIEP

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EXECUTIVE SUMMARY

This literature review on HIV/AIDS and education in Nigeria was undertaken in preparation for a regional workshop on the “*Education Research Response to HIV/AIDS*” which took place in Bamako, Mali in June 2004. The aim of the workshop is to identify research gaps and develop the framework for a trans-national study on HIV/AIDS and education in selected Education Research Network for West and Central Africa (ERNWACA) member countries.

The documents reviewed were collected mainly in Lagos and Abuja (Nigeria) from various government agencies and ministries, non-governmental agencies (NGOs), donor agencies, and individual researchers working on HIV/AIDS. Additional information was sourced from the Internet. Although a reasonable amount of does literature exist on HIV/AIDS in Nigeria, relatively little deals specifically with education.

Findings on HIV/AIDS and education in Nigeria include:

- The prevalence rate of HIV/AIDS among Nigeria’s 120 million population increased from 1.8% in 1988 to 5.8% in 2001
- The prevalence rate for the most affected age group (20 – 24) is 6.5%
- The country has shifted from its initial health-focused responses to HIV/AIDS in the 1980s, to preventive education responses in the 1990s
- One significant response of the education sector to HIV/AIDS is the inclusion of Family Life Education and HIV/AIDS issues into the school curricula (at the basic and secondary school levels), teacher training institutions, and the use of non-formal strategies, notably peer education. The latter extends to out-of-school youths

Problems and challenges impeding HIV/AIDS interventions and programmes in Nigeria include:

- Paucity of data and information, and limited research and studies on the prevalence and impact of HIV/AIDS on different aspects of education. Available data to date are predominantly derived by estimation from sentinel sero-prevalence surveys
- Low capacity of educators and education personnel to deal with issues of HIV/AIDS
- Poor coordination of programmes and intervention responses to HIV/AIDS and education

- Poor monitoring and evaluation of programmes and interventions

The authors of this review make relevant recommendations in line with these challenges.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BNARDA	Benue State Agricultural and Rural Development Authority
DfID	Department for International Development
ERNWACA	Educational Research Network for West and Central Africa
FCT	Federal Capital Territory (Abuja)
HEAP	HIV/AIDS Emergency Action Plan
HIV	Human Immuno-deficiency Virus
LGA	Local Government Area
NACA	National Action Committee on Aids
NASCP	National AIDS and STDs Control Programme
NEACA	National Expert Advisory Committee on AIDS
NERDC	Nigerian Educational Research and Development Council
NGO	Non-Governmental Organisation
NIMR	Nigerian Institute of Medical Research
NMA	Nigerian Medical Association
NYSC	National Youth Service Corps
OAU	Organisation for African Unity
PCA	Presidential Council on AIDS
PLWHA	People Living with HIV/AIDS
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWAAN	Society for Women and AIDS in Nigeria
TOT	Trainer of trainers
UN	United Nations
UNAIDS	United Nations Joint Programme on AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health organisation

1. INTRODUCTION

The World Bank (2000) succinctly described the problem that prompted this study:

'HIV/AIDS is wiping out the development gains of a generation. The high prevalence countries cannot expect to gain any development momentum until the epidemic is brought under control'

When HIV/AIDS was first diagnosed in Nigeria in the early 1980s, the country embarked on a series of health-focussed initiatives to combat the epidemic. However, the rapid and alarming spread of the epidemic, which saw the prevalence rate rise from 1.8% in 1998 to 5.8% in 2001, caused the government to shift to mechanisms and strategies to prevent the spread, mitigate its consequences, and provide care and support for people living with or affected by AIDS. In this regard, education was identified as the critical means for achieving behaviour change in and out of the classroom.

The first national workshop on HIV/AIDS and education was held in Abuja, June 2002 and was organised by UNESCO and the Federal Ministry of Education with support from UNAIDS and DfID. The aim of the workshop was to identify appropriate preventive education responses to HIV/AIDS challenges in Nigeria. As a demonstration of its commitment to addressing HIV/AIDS on the continent, Nigeria hosted the Organisation of African Unity (OAU) special summit on HIV/AIDS in June 2001 during which the *Abuja Declaration* was made. The declaration of commitment by the United Nations General Assembly Special Session (UNGASS) in June 2001 emphasized a multi-sectoral approach in which preventive HIV/AIDS education and empowerment of youth are important strategies.

It is against this background that this literature review on HIV/AIDS and education was undertaken. The aim is to review existing policy and strategy documents and research reports; identify research gaps; and contribute to the development of the conceptual framework for national and trans-national studies on HIV/AIDS and education in selected ERNWACA member countries. Over fifty documents were reviewed.

2. NIGERIA AND ITS EDUCATIONAL INSTITUTIONS

Nigeria is a federal state with a population of approximately 120 million inhabitants in 36 states and the Federal Capital Territory (FCT) of Abuja. Some cities in Nigeria, like Lagos and Kano, are densely populated with populations of well over 15 million. Geographically, using the natural boundaries of the river Niger and Benue, Nigeria can be divided into three major areas: the North, the Southwest and the Southeast. There are over 200 ethnic groups in Nigeria. Nigeria obtained independence in 1960. Until 1999, when the fourth democratically elected government was sworn in, Nigeria had experienced little stable governance. Nigeria is the fifth largest petroleum/oil producing country in the world. Nigeria is also rich in a number of mineral and natural resources. Given its naturally endowed human and material resources, Nigeria could hardly be labelled a poor nation, yet many of its citizens live in poverty

Nigeria practices the 6-3-3-4 education system: 6 years of primary education, 3 years of junior secondary school, and 3 years of senior secondary school and 4 years of tertiary education. Table 1 below provides enrolment statistics for Nigerian tertiary institutions between 1991 and 1996 and for primary and secondary schools between 1999 and 2002.

Table 1: Numbers of Nigerian educational institutions and enrolment figures, 1991 – 2002

Institution type	Number		Enrolment	
	1991/92	1995/96	1999	2002
Universities	31	216 200	36	253 121
Polytechnics	36	60 085	45	140953
Colleges of education	51	70 613	62	89247
z				
Secondary schools	6 292	3 717 185	6 844	4,866,420
Primary schools	49 326	17 907 010	50 518	19,342,657

Sources: Ejiogu, A.M. (1986), Federal Office of Statistics (2001), Federal Ministry of Education (2003).

3. OVERVIEW OF HIV/AIDS PREVALENCE

In the early 1990s, Nigeria established an HIV sentinel surveillance system with the active collaboration of the World Health Organization (WHO). The first round of HIV sentinel surveillance in Nigeria was conducted in 1991 in nine states. Subsequent surveys were carried out in 1993 and 1995, covering 17 and 21 states respectively. The samples used in these surveys were women attending antenatal clinics, patients with sexually transmitted disease (STDs), patients with tuberculosis and female sex workers. Based on the results of these surveys, the following findings were made:

Percentage of 15-49 population that was HIV +	5.8%
Lowest State Prevalence	1.0%
Highest State Prevalence (Benue)	15.0% - 21.0%
Prevalence in age group most affected: 20-24yrs	6.5%
Estimated population that was HIV+ in 2002	3.47 million people
Estimated decrease in life expectancy in 2002 due to HIV	4.5 years
Estimated number of deaths due to AIDS by 2002	1.4 million
Number of children orphaned by AIDS in 2002	847,000

4. NATIONAL HIV/AIDS AND EDUCATION POLICY AND STRATEGY

Nigeria has passed through several phases in its response to the epidemic. The stages include an initial period of denial; a largely medical response; a public health response; and more recently a multi-sectoral response that focuses on prevention, treatment and impact mitigation interventions. The National Expert Advisory Committee on AIDS (NEACA) was initially responsible for the health response. In 1988, the National AIDS and STDs Control Programme (NASCP) replaced the advisory committee. NASCP still exists and is currently responsible for the health sector's response to HIV/AIDS. Subsequently, the President established the Presidential Council on AIDS (PCA) and the National Action Committee on AIDS (NACA).

Nigeria, in revising its HIV/AIDS policy, recognised the importance of a multi-sectoral approach to control the epidemic and its effects. Consequently, NACA is comprised of representatives from: the Presidency, the Federal Ministry of Health, the Federal Ministry of Education, the Federal Ministry of Youth and Sports, the Federal Ministry of Finance, and other relevant federal, state and parastatals as well NGOs and international organisations working on HIV/AIDS in Nigeria. The government also acknowledged the need for all Nigerians to accept responsibility for the prevention of HIV transmission and for the care and support of those infected and affected by the virus. The policy identifies the importance of upholding and protecting the rights of people living with or affected by HIV/AIDS, addresses the vulnerability of certain social groups including women and children to the HIV/AIDS epidemic, and develops appropriate measures to mitigate the debilitating effect of the epidemic.

A three-year HIV/AIDS Emergency Action Plan (HEAP) was formulated in 2001 and is now being implemented. NACA is responsible for coordinating the execution of the HEAP. The overall goal of the HIV/AIDS policy is to control the spread of HIV/AIDS in Nigeria, and to mitigate its impact to the point where it is no longer a public health, social and economic concern.

5. IMPACT ON THE EDUCATION AND RELATED SECTORS

According to Clement (2002), *'there is a growing awareness of the magnitude of the impact of HIV/AIDS on the various segments of the population most at risk.'* However, intervention programs for in-school youths have met with several challenges such as lack of political will, inadequate funds, low motivation, and issues of sustainability. Consequently, very few studies have been conducted on the impact of the epidemic on the Nigerian population.

Efforts to measure the impact have begun in one or two states. Charles et al. (2002) further noted with satisfaction that the work is being undertaken not in isolation but in concert with interventions and processes meant to improve general basic education provision and to ensure progress towards the attainment of the Education for All (EFA) goals.

5.1 Impact on educational policy, management and financing

According to the former Minister of Health, Prof. 'Beko Ransome–Kuti [1999], 'Over 60% of patients presented at Nigerian hospitals with abortion complications are adolescent girls, abortion complications account for 72% of all deaths among young girls under the age of 19 years and 50% of the deaths in Nigeria's maternal mortality rate are adolescent girls, due to illegal abortion. Of 127 pregnant schoolgirls, 52% were expelled from school. 20% were too ashamed to return, 15% would not return because their parents refused to pay tuition, and 8% were forced to marry. One of these alternatives is to give knowledge about sexuality to young people so that they can take responsibility for their actions. Allowing them to live and act in sexual ignorance is destructive to them and society. The problem of AIDS affects all aspects of the life of young people. They bear the greatest brunt of the disease and its spread is most rapid among them. They are therefore at the centre of the epidemic.'

Consequently, at the 46th Session of the National Council on Education in March 1999, approval was given for the incorporation of Sexuality Education into the national school curriculum. The Nigerian Educational Research and Development Council (NERDC) collaborated with other government agencies, NGOs and UN agencies to develop a curriculum on Sexuality Education, considered to be critical in helping young people acquire adequate knowledge, skills and responsible attitudes needed to prevent and reduce STIs and HIV/AIDS.

In Nasarawa State, for instance, the Ministry of Education in partnership with the United Nations Population Fund (UNFPA), strongly promotes family life education and adolescent reproductive health throughout the school system. This program is being implemented on two levels: by incorporating relevant subject matter into the school curriculum, and by training teachers. In the long term, the programme aims to establish anti-AIDS clubs and health clubs to sustain prevention efforts. Peer education training is also being planned (Adamu et al., 2001).

5.2 Impact on teaching and learning

Based on an empirical study, the Federal Ministry of Health (2002) speculated that HIV/AIDS could have the following impacts on the education system:

- Decrease in the supply of teachers;
- Increase in the training costs for teachers;
- Less public funding for schools;
- Drop in school enrolment, especially for girls;
- Loss of financial, material and emotional support for orphans towards successful schooling.

An empirical study is needed to ascertain these speculations.

5.3 Impact of HIV/AIDS interventions in secondary schools

The baseline and impact surveys administered questionnaires to over 2 000 students in order to assess the impact of the HIV/AIDS prevention project in secondary schools. Some of the major findings were:

- Students exposed to training from corps members and peer educators were better informed than other students on the modes of transmission, and reducing the risk of becoming infected with HIV/AIDS virus
- 5.6% of students had been tested for HIV, while only 62.0% of those that have never been tested would want to be tested;
- Students exposed to the peer education training showed better attitudes towards people living with HIV/AIDS (PLWHA).

The study concluded that the NYSC (National Youth Service Corps) peer educator programme is having a positive impact in reducing the rate of HIV/AIDS spread in the country (Federal Office of Statistics, 2003).

5.4 Impact on women and girls

According to UNAIDS Updates (1999), 55% of those infected with HIV/AIDS in sub-Saharan Africa are women and girls. Out of this population, 15-19 year old girls are the most vulnerable. The same report highlighted the plight of girls in the fight against the epidemic with this poignant remark from a young girl from Cote d'Ivoire:

'I'm often afraid when men say they prefer 'plain flesh' contacts; but it can be so difficult to resist when one has pressing needs. So I just surrender, praying that God should protect me'

This is seemingly true of many Nigerian girls too. However, these speculations have yet to be confirmed.

5.5 Impact on social and economic development

'The impact of the epidemic on the social and economic development of Nigeria has been substantial. It has contributed to the present decrease in life expectancy; increased the number of deaths of young adults; increased the number of orphans in the country; increased the cost of achieving developmental goals and increased the level of poverty in the country. It threatens to cause even worse socio-economic problems if the epidemic is allowed to further escalate' (Federal Government of Nigeria, 2003).

5.6 Special information on orphans and other at-risk populations

Nnamdi-Okagbue et al. (2003) commenced an assessment study of four states in Nigeria (namely Lagos, Anambra, Osun and Ebonyi) using qualitative and quantitative data collection procedures. Data analysis is ongoing. The Benue study also included some information of the impact of the epidemic on orphans. Apart from this, the only other information obtained on orphans was the projection carried out by UNAIDS in a study conducted in Nigeria. In the report, the following projections were made:

Adult AIDS cases	158,598
Adult AIDS deaths	139,282
Orphans by Parental AIDS death < 15 years	183,601
Cumulative AIDS Orphans from 1986-1998	610,540

Source: Federal Ministry of Health (1999): National HIV/AIDS Fact Sheet.

In a rapid assessment study conducted by Family Health International in Kano state, it was found that there were more than 2 000 children orphaned by AIDS in six metropolitan Local Government Areas (LGAs) (Ekong, et al. 2001).

5.7 Influence of advertisements on students' sexual behaviours

Smah (2003) assessed the impact of advertisements on secondary school students' (aged 11-19) choices and sexual activities in view of the HIV/AIDS epidemic in Nigeria. The findings showed that 96.3% of respondents reported that the media had influenced their drug use; 69.4% reported increased sexual activities due to the media; and 67.3% had knowledge of HIV/AIDS and its consequences. Although 51.5% reported being aware of the implications of unprotected sex, 73.6% of the respondents had never used condoms during sexual relations.

5.8 The worst hit state: Benue State

In the 1999 and 2001 national antenatal HIV sero-prevalence survey, Benue recorded the highest state infection rates: 16.8% and 13.5% respectively. Benue is often described as Nigeria's food basket with over 70% of its population listing agriculture as their main source of income. Concerns about the impact of HIV/AIDS on the agricultural sector have led BNARDA (Benue State Agricultural and Rural Development Authority) to request support from DfID to carry out an impact assessment study. By providing a better understanding of the HIV/AIDS epidemic in Benue State and its impact on individual households and entire communities, it was hoped that the study would help strengthen Benue's response to HIV/AIDS.

The sample included a total of 4 478 households, 1 058 of which had chronically ill household members (550 between 20 and 45 years of age) and 2 186 reported recent deaths of which 805 were adult deaths between the ages 20-45 over the past five years. 34% of total households in the study reported having orphans. A total of 374 orphans lived in 169 households, an average of 2.2 orphans per household. In 60% of the cases it concerned more than one orphan. Factors that contribute to the progression of the epidemic include:

- Cultural practices
- Multiple sex partners
- Early sexual debut
- High levels of promiscuity
- Inferior status of women and girls
- Migrant labour
- Commercial sex work
- High rates of sexually transmitted infections;
- Low availability and acceptance of condoms

5.9 Research methodologies used to study impact

For the Benue State study (arguably the only true impact study amongst the studies reported in this review), a workshop was held at the beginning of the study to inform stakeholders of the objectives and proposed methodology. Halfway through the study a progress report was given. This was repeated towards the end of the study, when a group of stakeholders participated in an analysis workshop of the study's preliminary results. For official approval, a study proposal was submitted to the Ethical Committee of the Ministry of Health in Benue State in July 2002. Before the start of the study, the leadership of the selected LGAs and wards were contacted. The purpose of the study and the methods were explained before requesting permission. Generally, the *proxy indicators approach* was used in this study. This involved the use of known symptoms of HIV/AIDS as parameters for determining the number, scope and impact of the epidemic. Other related impact studies reported used qualitative approaches, such as focus group discussions and interviews, rather than the traditional quantitative approach.

6. RESPONSE OF THE EDUCATION SECTOR

6.1 Summary of responses

The highlights of the *Education Sector's Response to HIV/AIDS in Nigeria* are summarised in the UNESCO, Abuja (2003) publication *Education in the Context of HIV/AIDS: A Resource Book*:

- Development of a National Strategic Action Plan in line with the country's HIV/AIDS Emergency Action Plan (HEAP);
- Establishment of a critical mass within the Federal Ministry of Education;
- Infusion of Family Life Education and HIV/AIDS issues into curricula of schools and teacher training institutions;
- Use of non-formal strategies (peer education, anti-AIDS clubs, drama, art, youth Dialogues, music, comic books, posters, etc.);
- Periodic sensitisation, mobilisation and awareness campaigns;
- Establishment of HIV/AIDS desks at parastatals under the Federal Ministry of Education;
- Strengthening of collaborations with NGOs, civil society, and donor agencies;
- Establishment of HIV/AIDS Preventive Education Unit at the National Teachers' Institute, Kaduna.

6.2 Actors and actions

With the firm belief that an effective response to the HIV/AIDS epidemic is the responsibility of all, stakeholders have embarked on numerous actions to combat the problem. A few examples are given below:

- The Federal Ministry of Education has a fully-fledged HIV/AIDS Unit which supervises and coordinates all HIV/AIDS activities in all the country's schools
- In 2002, NERDC produced the *National Sexuality Education Curriculum*, which has since been introduced in primary and secondary schools throughout the country.
- State and local governments have all also embarked on numerous programmes to address HIV/AIDS. In December 1999, the Lagos State Government inaugurated its

HIV/AIDS Foundation. Among activities carried out by its workgroups are: Training-of-Trainers (TOT) workshops in secondary schools to integrate HIV/AIDS into school curriculum, training of counsellors and training of barbers and cosmetologists.

- In 2002, NYSC in collaboration with UNICEF introduced a peer programme called “Empowering Youth through Young People.” The objective was to reach recent university graduates doing the one-year compulsory NYSC Programme with reproductive health and HIV/AIDS messages as well as training some of them to be trainers of peer educators in and out of schools.
- Many NGOs, such as the Society for Women and Aids in Nigeria (SWAAN), and the Society for Family International have also been active in outreach programmes, peer-education programmes, setting up of youth counselling centres, promoting behavioural change through radio/television programmes, promoting condom use, etc.
- Faith-based organizations (Christian and Muslim) have also embarked upon youth-centred activities aimed at raising awareness among youth and counselling them on HIV/AIDS, drug abuse and reproductive health issues.
- Finally, various educational institutions (primary, secondary and tertiary) have put in place programmes aimed at combating the HIV/AIDS epidemic (e.g. counselling, peer education, discussions, awareness campaigns, Parents’ Forum, etc.).

6.3 Assessment of the response

Since education focussed responses to HIV/AIDS in Nigeria are relatively recent, it is still too early to assess their effectiveness. However, the few evaluations that have been carried out suggest that while the preventive activities embarked on to date have succeeded in providing useful information and raising awareness about HIV/AIDS, they have been less successful in bringing about behavioural changes that lead to risk reduction practices. Neither have they led to better attitudes towards PLWA (Society for Family Health et al. 2003)

6.4 Research methodologies and data used to study responses

Many of the studies and reports used quantitative (structured questionnaires) and qualitative (interviews) methods (Omorieg et al. 2003). Other methods included:

- Focus group discussions

- Person-to-person participatory information-sharing techniques by peer facilitators
- Seminars
- Youth-friendly mediums of communication (e.g. songs, drama, rap sessions, quizzes and competitions)
- Radio and television discussions and drama programmes

Through these methods, researchers and programme officials were able to gather useful data and observe reactions to the intervention activities being carried out.

7. THE WAY FORWARD

7.1 What is lacking for effective response?

The Government, at the national, state and local levels showed little tangible financial commitment to the fight against HIV/AIDS in Nigeria. Even when policies and laws were in place to address HIV/AIDS, such policies were not backed with adequate budgets; and where budgets were available funds were rarely released. Consequently, more than 80 per cent of the studies and responses against HIV/AIDS in Nigeria to date were sponsored by bilateral and international agencies such as USAID, UNICEF, UNESCO, DFID, UNAIDS, WHO, etc. These issues need to be addressed if better results in the fight against HIV/AIDS are to be achieved.

7.2 Analysis of research gaps

Most of the data used in the studies reviewed were predominantly estimates and opinions. This raises the question of the reliability and validity of the findings and the interpretations thereof. There is a dire need for a factual assessment of the status and scope of HIV/AIDS in the country. Furthermore, the impact of the HIV epidemic on the education sector was hardly addressed in the studies reviewed. There is clearly a yawning research gap in this area in Nigeria.

7.3 Proposed research themes for national and trans-national studies

- Establish truly empirical baseline data, the necessary and sure foundation for all subsequent evidence-based interventions
- Research and establish the impact of the epidemic on all elements and segments of the education sector
- Carry out more research on policy implementation, by State, LGAs and Ministry budget lines
- Evolve pragmatic interventions to arrest and significantly reduce the spread of HIV/AIDS in the education sector (Window of Hope, 2002)
- Identify and address all religious and socio-cultural barriers in order to mitigate the impact of HIV/AIDS on the education sector

7.4 Recommendations for policy and action

From the literature reviewed, it can be concluded that awareness and knowledge about HIV/AIDS in Nigeria is at a reasonable level. As Oke et al. (2001) rightly observed, it is pathetic that though there is a generally high level of awareness of HIV/AIDS among the population, there is a very low level of response in terms of behaviour change.

Data currently available are speculative and the impact of HIV/AIDS on the education sector is scarcely studied. This may be due to the late response of the education sector to the epidemic. To ameliorate this situation, the following recommendations are made:

- Carry out more research and studies on prevalence and impact among populations in schools and institutions
- Greater sensitisation and involvement of pupils, students, teachers and other school personnel in different aspects of HIV/AIDS preventive education
- Education towards altering current negative attitudes to voluntary HIV testing
- Behaviour change and modification interventions towards the use of condoms and other risk reduction practices
- Provision of more counselling and treatment centres in schools, institutions and youth centres
- Extend peer education programmes to cover schools in all states of the Federation

- Involve other relevant adolescent and youth groups in peer education programmes, (e.g. school youth clubs, faith-based youth groups, community youth groups, student union groups, youth trade groups, etc.)
- Education and advocacy on the stigmatisation and discrimination of PLWH
- Coordination, supervision, monitoring and evaluation of the implementation and effectiveness of preventive education activities already undertaken or that are ongoing
- Build the capacity of educators and educational personnel to manage HIV/AIDS preventive educational activities and of researchers to research the issue
- Sustain advocacy among all stakeholders to maintain political and popular will and to ensure adequate funding and support for preventive education activities

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