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## **Abstract**

Universities have come under serious attack because of their lackluster response to HIV/AIDS. The article endeavours- from an institutional perspective- to what extent National Open University of Nigeria (NOUN) has responded to this challenge. This is done by, first, highlighting NOUN basic structures that position it to respond better to the epidemic; second, by assessing HIV/AIDS institutional policy framework put in place. It concluded that although NOUN has identified the impact the epidemic has on the university, it has not addressed HIV/AIDS in depth and scope, even though its structures position it better in such a fight: NOUN can either take a leadership role or endanger itself considering its numerical strength and geographical spread.

**Keywords:** Open University, HIV/AIDS, NOUN, institutional policy, basic structures

## **Introduction**

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) constitute one of the biggest threats to the global agenda. What HIV and AIDS does to the human body, it also does to institutions. It undermines those institutions that protect us (UNESCO 2000:22). This is exactly the manner in which HIV and AIDS are placing enormous challenges on the higher education sector – weakening demand for and access to education, depleting institutional and human capacity, reducing availability of financial resources for the sectors, and impeding the delivery of quality education (UNESCO 2006:11). Yet, the World Education Forum, held in Dakar in April 2000, noted that a key objective of an international strategy must be to realize the enormous potential that the education system offers as a vehicle to help reduce the incidence of HIV/AIDS and to alleviate its impact on society (UNESCO 2000:23). Evidence indicate that education can be one of the best defenses against HIV as it equips young people with invaluable tools to increase self-confidence, social and negotiation skills, to improve earning capacity and family well-being, to fight poverty and to promote social progress.

Across fifteen countries surveyed in Round 2 of the Afrobarometer, evidence indicates that large proportions of people have either lost family or friends to AIDS or suffer under the burdens of AIDS by caring for sick family members or orphans (Afrobarometer, 2004:1). In most of these countries, the HIV prevalence rate exceeds 5%; it is therefore becoming clear that the epidemic is rapidly undermining every aspect of society, families, health, education, industry, and economic development (Kelly, 2003:65).

According to Piot, cited in Katjavivi and Otaala (2003), education is at the core of one of the great challenges facing humanity: winning the fight against AIDS. Education is life-sustaining; it furnishes the tools with which children and young people carve out their lives, and is a life-long source of comfort, renewal and strength. The world's goals in promoting education for all (EFA) and in turning back the AIDS epidemic are mutually dependent. Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach.

In this study, focus is on the relationship between university and HIV/AIDS, in the framework of the 'Education Vaccine' against AIDS (Vandermoortele & Delamonre, 2002.). This study deals with two aspects of the relationship, i.e. how are research problems formulated between education as a vehicle for reducing the incidence of HIV/AIDS, and education itself being threatened by the disease: while the first is a perspective of hope, that there is a way, the well known and tried way of more universal and better quality education for reducing further spread of the AIDS pandemic, the second is a perspective of sober caution, that maintaining hope and achieving success in the combat with HIV/AIDS necessitate careful attention to protecting the health and functioning of the education system. As will be shown shortly, these two themes are inextricably linked in practice (Coombe, 2002; Coombe & Kelly 2002:36).

Thematically, this study belongs to a tradition in the social sciences within which the nexus between universities and HIV/AIDS are investigated in a broad sense. The research questions for this study have been narrowed down considerably, both in terms of coverage and scope. The first part of this study focuses on problem choice. Here the

central questions are: (a) *What impact does HIV/AIDS have on education?* (b) *How can education serve as a vaccine against HIV/AIDS?* This part investigates the bi-causal effect of AIDS and education. The second part of the study discusses (c) *why universities in the fight against HIV/AIDS?* The third part which focuses on National Open University of Nigeria (NOUN) considers (d) *What efforts has NOUN made in the fight against HIV/AIDS?* The question is raised against the backdrop that there are basic structures in place, and the modus operandi of NOUN that positions it better to fight the epidemic or to be weakened by the epidemic. A central concern here is not only to investigate efforts made so far but also to explore other areas that may be improved upon. In this part also, a brief historical account of NOUN is provided as a general background and as an introduction both to the research questions and the particular nature of NOUN.

### **Education and HIV infection**

Studies by Vandemoortele and Delamonica (2002:6) have argued that inverse association between disease burden and the level of education exists for most infectious diseases. The incidence of malaria and cholera, for instance, are known to be negatively associated with the level of education. For HIV/AIDS, there may be an exception during its initial introduction into a society because of its main propagation channel, but further down the lane, the ‘education vaccine’ theory works, as it is often said that people who wear a tie do not die of cholera. Combined with macroeconomic policies, education is generally a key factor in promoting social well-being and poverty reduction, because it directly affects national productivity, which in turn determines living standards and a country’s ability to compete in the global economy (Krueger and Mikael, 2000).

Investment in education is therefore vital because it promotes achievements of six of the eight Millennium Development Goals (MDGs): reducing poverty, achieving universal primary education, improving gender equality, reducing infant mortality, improving maternal health, and lowering the prevalence of HIV/AIDS. For boys and girls, education has been proven to provide protection against HIV infection (World Bank, 1999). The evidence that education itself protects against HIV is strong. Data for the late 1980s and early 1990s, when the epidemic was just emerging showed a positive correlation between

level of education and rates of infection. Kelley (2000) in a study in Zimbabwe found a marked decline in HIV prevalence rates in the 15 to 19 year-old boys and girls with a medium to higher level education, but an increase among those with lower educational levels

Education is also among the most powerful tools for reducing the social and economic vulnerability that exposes women to higher risk of HIV/AIDS than men. Evidence abundantly show that girl’s education can go far in slowing and reversing the spread of HIV by contributing to poverty reduction, gender equality, female empowerment, and awareness of human rights. It also has crucial economic implications for female economic independence, delay marriage, family planning and work outside the home (UNAIDS, 2000a; Gregson, Waddell, and Chandiwana, 2001).

### **HIV infection and Education**

HIV/AIDS has pronounced adverse impact on both the supply and demand for education. The epidemic can affect the performance of educators through increased deaths, absence, and the financial and emotional burden of care giving for relatives and friends. The death of one teacher deprives a whole class of children education. An estimated 860,000 children in sub-Saharan Africa lost teachers to AIDS in 1999 (Kelley, 2000b). In a recent survey in Nigeria, it was discovered that illness (of self, relatives, or friends) combined with funerals accounted for the majority of reported absence of teachers from work (Ssenigozi et al., 2004:30). Death and illness are thus affecting education sector administrators, finance and planning officials, inspectors, and managers in many countries. These losses represent the loss of sector knowledge, with major negative consequences.

**Table 1: School Administrators Reasons for the number of days missed**

Reasons for Absence	% Responding “Yes”	Mean number of days missed
Illness (self, relatives,& friends)	33.8	1.1
Funerals	27.1	0.6
Training	47.4	2.6
To do other non-teaching work	14.9	0.4
Other factors	22.6	0.8
Total		5.4

**Source:** Ssenigozi et al., 2004:30

The impact of the epidemic on the demand for education is less clear. The school age population will be smaller than in the absence of AIDS, but will nonetheless continue to grow. AIDS mortality does not have its primary effect on school-age children. An estimated 3.8 million children have been infected since the epidemic began, and more than two-thirds have died. UNAIDS reports that in 1999, 570,000 children under 14 have died of AIDS, the vast majority of them in sub-Saharan Africa (UNAIDS, 2000a). During this time, approximately four times as many adults (aged 15 to 49) died of AIDS. This fundamentally generates a cohort of AIDS orphans, which are further at risk of infection and death. In monetizing the review made so far, HIV/AIDS is estimated to add between \$450 million and \$550 million per year (at US dollar values for 2000) to the cost of achieving EFA in 33 African countries. This implies that the epidemic increases the total EFA financing gap for the countries by about one-third (World Bank, 2002:25).

### **HIV/AIDS and Universities**

When any society comes face-long with a problem, it turns to its schools, and asks what they are doing about it. In the context of HIV/AIDS, schools are expected not only to communicate knowledge, but also to instill values and promote behaviours that will enable students to protect themselves against HIV infection. Yet, there are more challenges to these responses from the universities, which are themselves not idyllic HIV-free institutions, been cut a swathe through by the epidemic. Kelley (2003:1-23) has argued that despite the high prevalence of HIV/AIDS in the environments in which many universities operate, it is apparent that they have not institutionalized a consistent response to the scourge, as the epidemic has not been integrated into their core operations. In universities where such is acknowledged, there is an inertia or ‘hush-up’ response to the epidemic.

A growing literature however has identified the imperative of an institutional university response to the epidemic (Kelley, 2003; Katjavivi and Otaala, 2003; ACU, 2001; Anarfi, 2000; Mwape and Kahuria, 2000). Revisiting their submissions, nine reasons are germane for the demand for universities to reposition themselves towards the epidemic:

- i) No university is immune to the disease;
- ii) The disease has the potential to impair institutional functioning;
- iii) The long lead-time between initial infection and the development of AIDS has major implications for universities;
- iv) The mandate of service to society demands the engagement of every university with HIV/AIDS;
- v) Universities have a special responsibility for the development of human resources;
- vi) Universities are crucial agents of change and provider of leadership directions for society;
- vii) Universities should be at the forefront in developing deeper understandings of HIV/AIDS;
- viii) HIV/AIDS raises a host of complex moral, ethical, human rights, and legal issues that cry out for the kind of knowledge, understanding and insights that universities are specially well-equipped to provide;
- ix) HIV/AIDS is not a passing phenomenon but one that is likely to beset society for much of the remainder of this century.

At long last, universities in Africa are coming to the realization that HIV/AIDS is real; death has become a common place among staff, students, and the community. Pioneer efforts by the Association of African Universities (AAU), the Association of Commonwealth Universities (ACU), and the South African Universities of Vice-Chancellors Association (SAUVCA), offered the need for African universities to adopt a holistic response to the epidemic within their institutions and across the higher education sector. The Working Group on Higher Education (WGHE) of the Association for the Development of Education in Africa (ADEA) decided to undertake case studies on the ways HIV/AIDS affects some universities in Africa, and to document the response and coping mechanisms that these institutions have developed. Out of these cases emerged a synthesis entitled **‘Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS’**. This report acknowledged that ‘a thick cloak of ignorance surrounds the presence of the disease in the universities. This

cloak is amply lined with layers of secrecy, silence, denial, and fear of stigmatization and discrimination' (Kelley, 2001).

Other initiatives from African universities worth mentioning are the Training of Trainers Course (TOT) involving the UNDP and University of Natal for three individuals from each of 31 African universities identified on HIV/AIDS and development. The overall aim for the TOT is to “contribute to prevention of HIV/AIDS amongst students and staff within a broader vision/framework of addressing the issues of prevention, care and mitigation of the pandemic. The specific aims include: (a) train academic staff in methodology and methods of curriculum development and teaching HIV/AIDS; (b) empower university teachers to integrate HIV/AIDS into their own teaching and to provide similar training to their university staff; (c) enhance research related to HIV/AIDS within the university and among other related stakeholders.

In Nigeria, the National Universities Commission (NUC) and UNESCO have introduced HIV/AIDS training programme for all staff of educational institutions in sub-Saharan Africa, including primary, secondary, universities, polytechnics/tecnikons, and colleges of educations. The programme specifically targets teachers and teacher trainers who are involved in the delivery of basic and higher education in Africa.

Kelley (2002:29) however has argued that “although there has been considerable tinkering around the edges, universities have not taken the bull by the horn in order to gain control over HIV/AIDS. In some settings, what universities have undergone is equivalent of somewhat botched varicose veins operation. In none has it been given the heart transplant that it really needs”.

### **National Open University of Nigeria- A background**

The Open University Act which subsist in the Law of the Federation of Nigeria (1980) Appendix III came into effect on July 22, 1983. After a spell of closure, the University was revitalized and rechristened National Open University of Nigeria (NOUN) in 2002. This has been against the backdrop of the realization that distance education has emerged



as an increasingly important policy options for educational planners in developing countries (Ambe-Uva, 2006). The adoption of the distance education mode of instruction delivery shows that it is “an educational process in which a significant proportion of the teaching is conducted by ‘someone’ removed in space and time from the learner. The link between that ‘someone’ and the learner is therefore necessarily provided by different means of communication and instruction” (Perraton, 2001).

A special case for the sustenance of an Open University system in the developing countries, but especially in Nigeria has been made by Jegede (2007:7), in one of his submission that “Nigeria is an enigma, displaying a glaring contrast of development and inadequacies cohabiting side by side in many spheres of life”. Specifically, Jegede has argued that:

- Using the human development index (HDI), an index used to measure a country’s performance on four key indicators- life expectancy, GNP per capita, gross primary school enrolment and access to safe water- Nigeria ranks 151<sup>st</sup> among 174 nations.
- Nigeria has been described as country ‘too rich to be poor’, yet it is a land of abounding poverty with more than 70% of its population living below US\$1 per day.
- Nigeria, since independence has been known for its quality education and its versatile, mobile and excellent population. However, over 55 per cent of its population are illiterates while another 10 per cent reverts to illiteracy as a result of falling quality of education or the lack of opportunities to acquire more learning skills, after their primary school education.

The Nigerian experience therefore provides an enviable environment for this mode of education to thrive. This is an environment characterized by increasing population, growing national demand for education, dwindling of financial resources, increasing fiscal constraints, and narrowing of access to education. NOUN therefore aims to salvage the demand for placement in higher education without compromising quality education

delivery. This is its realization that majority of Nigerian's are yet to be reached (the class of the poor, illiterate, women, marginalized and those living in remote areas) through one form of education or the other. When we therefore consider her population of 131.5 million, her Human Development Index (HDI) of 0.453 and her 52.2% rural population (ADB, 2006:93-94), what we visualize and the conclusion drawn is the tremendous need to meet the demand for education at all cost.

**Table 2: Selected Basic, Demographic and Education Indicators for Nigeria**

<b>Basic Indicators</b>	<b>Most Recent Year</b>							
Area (KM <sup>2</sup> )	923 768							
Population Density (Per KM <sup>2</sup> )	142							
HDI Value (0-1)	0.453							
	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
Total Population (Millions)	112.1	114.9	117.6	120.4	123.1	125.9	128.7	131.5
Urban (%)	41.1	42.1	43.0	44.1	45.1	46.1	47.0	47.8
Female (%)	49.7	49.6	49.6	49.6	49.5	49.5	49.4	49.4
Gross National Income Per capita (US \$)	260	260	260	300	300	350		
<b>Demographic &amp; Education Indicators</b>								
Annual Population Growth Rate Total	2.5	2.4	2.4	2.3	2.3	2.2	2.2	2.2
Urban	5.1	4.9	4.6	4.9	4.6	4.4	4.2	4.1
Female	2.4	2.4	2.3	2.2	2.2	2.2	2.1	2.1
Life Expectancy at Birth- Total (Years)	44.3	44.0	43.8	43.6	43.3	43.5	43.7	43.8
Life Expectancy at Birth- Female (Yrs)	45.0	44.6	44.3	43.9	43.5	43.7	43.8	44.0
Infant Mortality Rates (per 1000)	116.2	115.8	115.3	114.8	114.4	113.1	111.9	110.6
Crude Death Rate (per 1000)	19.1	19.2	19.2	19.3	19.4	19.2	19.0	18.8
Total Fertility Rate (per woman)	6.2	6.1	6.0	5.9	5.8	5.7	5.6	5.5
<b>Gross Enrolment Ratio</b>								
Primary-Total	91.0	98.0	103.0	103.0	119.0	-	-	-
Primary-Female	79.0	88.0	92.0	86.0	107.0	-	-	-
Secondary-Total	33.8	34.4	34.9	35.5	36.0	-	-	-
Secondary-Female	31.1	31.3	31.4	31.6	32.0	-	-	-
Adult Illiteracy Rates-Total	39.0	37.5	36.0	34.6	33.3	31.9	30.6	29.2
Adult Illiteracy Rates- Male	30.1	28.8	27.8	26.7	25.6	24.5	23.5	22.4
Adult Illiteracy Rates-Female	47.4	45.7	43.9	42.3	40.7	39.1	37.4	35.8

**Source:** ADB Statistics Pocket Book 2006; Vol. VIII, pp.93-94

The data in Table 2 confirms that uncertain health outcomes await youths in Nigeria. It buttress the fact one-third of the population live on incomes of less than 1 US \$ per day; has low human development (<0.5000) according to UNDP 2004 HDI, which measures a country's achievement in terms of life expectancy, educational attainment and adjusted real income.

Also worthy for our consideration, Nigeria is currently estimated to have the highest number of persons living with HIV/AIDS in Sub-Sahara Africa (SSA), with the exception of South Africa. As of the end of 2003, about 5.4% of Nigerian ages 15-49 were estimated to be HIV-positive, a steady increase from an estimated 1.8% of the adult population 15 years ago (FMOH, 2001; UNAIDS, 2004). Nigerian epidemic is also characterized by one of the most rapidly increasing rates of new HIV/AIDS cases in West Africa. Evidently, HIV/AIDS is at epidemic proportions in Nigeria having crossed the threshold of 5.0% and could become the leading cause of adult morbidity and mortality among people in the most productive age group of 15-49. The impact would put a severe dent on the nation's progress in education, and devastate all facets of society.

The challenges of the impact of the epidemic on SSA are far reaching. While the HIV/AIDS is the world's fourth biggest killer, it is number one in SSA (UNAIDS 2002). In 2002, the region contained only about 7.5% of the world's population but accounted for approximately 70% of people living with HIV/AIDS, 70% of incident HIV infections, and 77% of the AIDS deaths (UNAIDS/WHO, 2002). Approximately 29.4 million SSAs between ages 15 and 49 are living with HIV/AIDS- almost 9% of the adult population (UNAIDS/WHO, 2002:6). Whereas life expectancy in the sub-continent increased from 44 years in the 1950's to 59 years in early 1990's, it dropped to 49 and is projected to drop further (UNDP, 2000a). According to the World Health Organization (WHO, 2002: vx), life expectancy in the region would be 62 years without epidemic. Reduced life expectancy rate has serious repercussion on the health and functioning of universities.

**Table 3: Life Expectancy With and Without AIDS in Selected African Countries**

Country	2000			2010		
	With AIDS	Without AIDS	Years Lost	With AIDS	Without AIDS	Years Lost
Botswana	39.3	70.5	31.2	29	73.2	44.2
Ethiopia	45.2	56.1	10.9	42.1	60.1	18.0
Kenya	48	64.9	16.9	44.3	68.4	24.1
Nigeria	53.6	57.8	4.2	38.9	64.9	26.0
South Africa	51.1	65.7	14.6	35.5	68.3	32.8
Swaziland	40.4	57.7	17.3	29.7	61.5	31.8
Zimbabwe	37.8	69.9	32.1	32.5	72.8	40.3
Zambia	37.2	58.7	21.5	38.9	72.8	33.9

**Source:** UNDP (2004) Human Development Report, Nigeria

With the above gloomy picture, what basic structures does NOUN possess that position it to tackle the epidemic, in the context of 'within' the university, and 'service' to its community?

### **Basic Structures in Noun**

The NOUN adopts what is best known as a learner-centered approach to learning. A learner-centered educational process means departing from a conventional teaching and learning culture to one which employs a wide range of tools to effect learning outcomes. These tools recognize and are designed for self-learning. They include printed course materials, tutor marked assignments, self assessment exercises, and feedback systems, radio and television broadcasts, audio and video tapes, CD Rom's, A-Tutor, and individualized counseling and help through telephone, facsimiles or electronic mail. It is not insignificant that these tools also relate to the world of work.

Equally important, in a country of continental dimension such as Nigeria, NOUN geographical spread from its initial 18 Study Centers in 2003 to 27 Study Centers in 2007 shows that it has the potential to reach the nook and crannies of Nigeria. It also shows the extent to which the epidemic can attack NOUN if concerted efforts are not made to stem the tide. The current enrolment of the university which stands at 35,000 as of 2007 is projected to grow to more than 100,000 by the year's end (Jegede, 2007:15). The university is therefore a valuable tool that typically meets the needs of people who can not leave their houses or job places for a long time. It reaches people in communities in which they would otherwise be deprived of opportunities to learn. It equally makes a significant contribution by increasing people's access to the education system. Moreover, it gives room for people to start applying what they have learned almost immediately as their training laboratory (Jegede, 2003).

**Table 4: Regional Distribution of NOUN Study Centres**

<b>North Central</b>	<b>North East</b>	<b>North West</b>	<b>South East</b>	<b>South South</b>	<b>South West</b>
Ilorin	Bauchi	Kano	Akwa	Benin	Akure
Jos	Maiduguri	Katsina	Enugu	Calabar	Ibadan
Abuja	Yola	Sokoto	Owerri	Port Harcourt	Lagos
Makurdi	Damaturu	Kaduna	Umudike	Yenogoa	Osogbo
Minna					Abeokuta
Lokoja					

The NOUN ensures that those educated will remain in their local communities and this will reduce the unemployment rate in the flocking areas, contribute to the alleviation of poverty in the rural areas, catalyse the level of literacy and hopefully stimulate economic activities in these areas (Jegade 2003:11). This coupled with the “development of skills” through education and training, makes available opportunities for participation in the development process itself. Lack of access, participation and control of development itself has been a major thrust in excluding people in the rural areas from sustainable development as most official programmes specially designed to make opportunities or benefits available to certain disadvantaged groups, end up creating a host of unintended barriers for the weak or poor, and turn out to the advantage of better off groups instead (Schaffer and Huang 1977). Such skills and training from NOUN would position the rural dweller to better respond to the epidemic.

#### **Efforts of NOUN in Fighting the Scourge**

At the institutional level, not much has been done in stemming the tide of HIV and AIDS. There is a kind of lack-luster response to the epidemic, yet the university is not unaware of the epidemic. In 2004, the School of Science and Technology organized a Workshop on HIV/AIDS Awareness and came out with a brilliant presentation. The awareness and enlightenment campaign underscored the fact that if left unchecked the HIV virus could impair the functioning of the university just as it affects the human body.

**Table 5: Economic Impact of HIV/AIDS on NOUN Workforce**

<b>Direct Costs</b>	<b>Indirect Costs</b>	<b>Systemic Costs</b>
Benefit packages	Absenteeism	Loss of workplace cohesion
Recruitment	Morbidity on the job	Loss of productivity
Training	Management resources	Loss of skills & experience
HIV/AIDS programmes		

**Adapted from:** Whiteside and Sunter, 2000.

Most of the staff employed after 2004 admitted that they have never heard or discussed about HIV/AIDS at the office since they joined NOUN. Representing the FG-A responses, the staff focus group admitted that the University needs to adopt scientific approach towards the fight against HIV/AIDS as “prose alone” or rhetoric will not solve the problem. FG-B representing freshmen identified that HIV/AIDS program has not been integrated into the students’ curriculum. However, there was admittance that the open dialogue between NOUN and the students can facilitate this process. Lastly, FG-C representing students who have spent a minimum of two semesters ignorantly, or apathetically responded that they do not need more enlightenment about the disease; the reason given include the fact that *“we do not have a student union, and our study groups are not only inept, but grossly inadequate to discuss with the university authority“*.

**Table 6: Focus Group Responses**

<b>Focus Group</b>	<b>Responses</b>
<b>FG-A</b>	<p><i>“in the College of Education where I came from, HIV/AIDS awareness and talk shop were organized at least twice every semester; the lack of it in NOUN may be because NOUN is non-campus based”.</i></p> <p><i>“Yes, the University needs to take a second look at the HIV/AIDS issue. We need both the introduction of HIV/AIDS awareness society, and we need facts and statistics to put on the table. Prose only won’t do?”</i></p>
<b>FG-B</b>	<p><i>“we have not been taught about HIV/AIDS. I think because my program is not HIV/AIDS Education and Management”.</i></p> <p><i>“there is a two-way communication between we students and the University Management. The same open dialogue applies to the formulation of goals. I therefore think that the University when reminded by us students can take up the AIDS business seriously”.</i></p>
<b>FG-C</b>	<p><i>“in this era, you do not need NOUN to educate you about the epidemic, as some one who has basic education, the handwriting at the wall is all you need to take care of yourself”.</i></p> <p><i>“we do not have the wherewithal to discuss with the university about such issues; we do not have a student union, and our study groups are not only inept, but grossly inadequate to discuss with the university authority”.</i></p>

Source: Field Work, April, 2007

The focus groups response buttress the investigation made by the ADEA on Universities in Africa in 2000-2001 and what the AAU synthesis report confirms to be still more less the same situation, universities with little knowledge about their HIV and AIDS status: effective defiance that the epidemic is relevant to an institution guiding mission and vision, and the challenges it faces; no rigorous impact assessments undertaken; sporadic uncoordinated responses that rely heavily on the initiative of concerned staff or students; failure to mainstream the response across the institutions, limited understanding of the need to institutionalize the response and what this could mean, in many cases, uncertain leadership by top management (UNESCO, 2006).

In the realm of teaching, NOUN has a Post-Graduate Diploma (PGD) in HIV/AIDS Education and Management, which aims at providing students with in-depth exposure to knowledge in HIV/AIDS education and management, through open and distance learning. The programme is designed to raise the level of awareness of different segments of the Nigerian society to the reality of HIV/AIDS epidemic and the need for education and management of disease. Specifically, the programme seeks to:

- a) increase awareness and sensitization among the general population and strategically target stakeholders;
- b) develop institutional and national capacity to cope with the training, knowledge sharing and management required to educate Nigerians on HIV/AIDS;
- c) enable the students to be very resourceful and possess broader scope of knowledge in HIV/AIDS;
- d) equip the students with relevant skills needed to impart knowledge professionally to the people;
- e) equip the students with relevant skills needed to recommend healthy habits to the target population; and
- f) equip the students with counseling abilities relevant for a more positive influence to the infected and affected persons.

There is also a growing number of both published and unpublished research on HIV/AIDS in NOUN. Some of the committed staff who have researched and published



works in this area are from the School of Education, Directorate of Examinations and Evaluation, and the Office of the Vice-Chancellor. An institutional effort needs to be put in place by the Regional Training and Development Institute for Open and Distance Learning (RETRIDAL) in promoting research on the nexus between HIV/AIDS and distance mode of learning.

Despite these invaluable efforts, HIV/AIDS initiatives, be they in the realm of teaching, research, or services are sporadic, uncoordinated, and reliant on the initiative of a few dedicated staff and students (UNESCO, 2006:9). There is virtually no link or coordination with the university's external environment where the virus flourishes. In an environment that traditionally foster discussion and debate, challenge ways of thinking and being, and offer responses to some of society's most pressing concerns, NOUN needs to ask questions about the epidemic, ways it can act to create a difference in the fight against HIV/AIDS.

Observation shows that although the university has identified the menace this epidemic has on the society, it however does not have an institutional policy framework for comprehensive response addressing prevention, treatment, care and social support. These policies that provide a framework within which institutions can organise a response are the exception rather than the rule in NOUN.

## **Conclusion**

As the epidemic continues to spread in Nigeria, the emerging literature on education seems to have reached the consensus that HIV/AIDS can both impact on education, and can be impacted by education.

In this paper, attempt is made to provide a systematic approach to the universities response to the epidemic, using NOUN as a case study. Although the issue of universities response to the epidemic began to draw attention from scholars and commentators (Kelly, 2003; Katjavivi and Otaala, 2003; ACU, 2001; Mwape and Kathuria, 2000), these studies tend to centre on the institutional efficacy of universities. Whereas, the extant literature

informs us of the need for universities to advance the frontiers of knowledge in the fight, this paper places the research issue into a narrower perspective by considering NOUN's basic structures that would position it better in such a fight. Such research strategy generated insightful findings. Findings show that NOUN has not addressed HIV and AIDS in depth and scope, even though its structures position it better in waging such a war. On the other hand, failure to take a leadership role may endanger the institution considering its numerical strength and geographical distribution. Findings also suggest that NOUN has not made concerted efforts to provide knowledge about HIV/AIDS among staff and students of the university, although its PGD program on HIV/AIDS Education and Management in this regard is instructive. Across Africa, studies have repeatedly shown that universities have been inept in the fight against HIV/AIDS, and have made very little effort to draw up a policy framework addressing the epidemic (ACU, 2001; Kelly, 2003). Clearly, new policy initiatives concerning these issues are needed (AAU, 2003a, b). In considering these initiatives, it would be helpful to consider five key components:

- a) responsibility of staff and students;
- b) provision of prevention, care and support services;
- c) employment policy;
- d) enrolment policy;
- e) integration of HIV/AIDS education into teaching, research, services and activities in all Schools, Centers, Institutes, Units and Departments.

It is important to introduce a caveat at this conclusion. Institutionalizing an HIV and AIDS response in the tertiary sector however requires more than just producing high quality research, supporting peer education, and awareness raising campaigns. It requires self-assertion and reflection on the impact of the epidemic on the institution, on the extent of student and staff illness and death, and how this affects the supply and demand of quality education and the adequacy of mechanism in place to provide prevention, care, and support services to staff, students and the surrounding community (UNESCO, 2006:9).

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