

The Role of Language and Education in Eradicating HIV/AIDS in Africa: Evidence from Parents, Teachers, and Students

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The study focuses on the eradication and reversal of the spread of HIV/AIDS (human immune virus/acquired immune deficiency syndrome) as one of the main thrusts of Africa's 21st Century Development Goals. It investigates the significant role which language and education can play in fast tracking the attainment of this goal using a three-pronged approach. First, it assesses parents, teachers, and students awareness of the reality and spread of the epidemic; Second, it evaluates sexuality education as an intervention; and Third, it assesses the use of indigenous languages in the awareness programmes and prevention campaigns. To this end, questionnaires and structured interview were used for data collection. Means, *SD* (standard deviation), *t*-test, and analysis of variance statistical tools were employed for data analysis. Implications of findings for curriculum development, prevention, and spread of HIV/AIDS were discussed and recommendations advanced.

Keywords: Africa's development goals, HIV/AIDS (human immune virus/acquired immune deficiency syndrome), language and education

Introduction

The attainment of the MDGs (millennium development goals) has remained atop the global development agenda. In the race to 2015 when the goals are expected to be met, African countries are proceeding at a worryingly slow pace (UNAIDS (United Nation Agency for International Services), 2008). There is no doubt that the goals are meant for the betterment of the future of the respective developing African countries. One of these goals is the need to combat HIV/AIDS (human immune virus/acquired immune deficiency syndrome), and reverse its spread.

HIV/AIDS is one of the epidemics that continue to ravage the human race. No country in the world is absolutely spread by the scourge of this epidemic. The UNAIDS/WHO (2005) estimated that between 39 and 40 million people around the world were living with HIV/AIDS in December 2004, and every year, there are 25 million new HIV infections leading to about 20 million deaths (Idoko, 2009).

Documentary evidence revealed that sub-Saharan African is more heavily affected by HIV/AIDS than any other regions of the world. The AIDS epidemic claims the lives of an estimated 1.5 million Africans yearly and more than 25 million children have been orphaned by AIDS. The prevalence rates vary between African

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countries, for example in Somalia and Senegal, the HIV prevalence is about 1% of the adult population; in Namibia, South Africa, Zambia, and Zimbabwe around 15%–20% of adults were infected with HIV. Its prevalence exceeds 5% in Uganda, Kenya, Tanzania, Cameroun, and Gabon. The national adult HIV prevalence rate exceeds 20% in Botswana (23.9%), Lesotho (23.2%), and Swaziland (26.1%) (Idoko, 2009).

As of January 2006, the Joint United Nations Programme on HIV/AIDS and the WHO (World Health Organization) estimated that AIDS has killed more than 25 million people, making it one of the most destructive pandemics recorded in history (Briggs, 2010).

In Nigeria (the reference point in this study), cases of HIV are on the rise every day. Every year, there are 350,000–370,000 new HIV infections. Already, around 2.4 million Nigerians are estimated to be living with HIV (Idoko, 2009). This has implications for the nation. Apart from the personal suffering of the victims, the AIDS epidemic in sub-Saharan Africa threatens to devastate whole communities, rolling back decades of development progress. At this juncture, it is instructive to delineate HIV/AIDS.

AIDS stands for Acquired Immune Deficiency Syndrome. It is a medical condition, and people are diagnosed with AIDS when their immune system is too weak to fight off infections. HIV is a virus that gradually attacks immune system cells. As HIV progressively damages these cells, the body becomes very vulnerable to infections which it will have difficulty in fighting off. It is at this point of very advanced HIV infection that a person is said to have AIDS. Thus, AIDS is caused by HIV.

Researchers especially medical scientists have made several efforts to find the solution to this dreaded disease, but so far there is no cure for AIDS (UNAIDS, 2006). As the pandemic defies solution, it is expected that people will be scared and take preventive measures.

Worryingly, many people show deviance and take risks. The high level of new HIV infections reflects the difficulties that have been faced by prevention campaigns. It appears that efforts made by various governments through relevant agencies-foreign embassies, ministries, religious organizations, and NGOs (non-governmental organizations) have not in any way yielded the desired results. This observation necessitates studies to probe into people's perceptions and levels of awareness and the use of indigenous languages in awareness and prevention campaigns.

Moreover, it is believed that schools can play a vital role in reducing the impact of the epidemic, hence, in recent years, a new curriculum has been introduced for comprehensive sexuality education for 10–18 years old (Federal Republic of Nigeria, 2006), in order to prevent and reduce the spread; since youths aged 15–24 have been found to have much higher prevalence rate than adults (FMH (Federal Ministry of Health), 2000).

There is the need to evaluate the sexuality education programme in relation to the perceptions of students as the direct recipients, teachers as facilitators and parents as important shareholders in education; towards effectiveness, and realization of objectives. It is on these premises that the present study was conducted to provide answers to the following questions:

- (1) What is the level of awareness of parents, teachers, and students on the reality and spread of HIV/AIDS?
- (2) What are the perceptions of parents, teachers, and students on the inclusion of sexuality education in the school curriculum?
- (3) What are the perceptions of parents, teachers, and students on the use of indigenous languages in HIV/AIDS awareness and prevention campaigns?

The following hypotheses were tested at alpha level of 0.05:

(1) There is no significant difference in the awareness of parents, teachers, and students on the reality and spread of HIV/AIDS;

(2) There is no significant difference in the perceptions of parents, teachers, and students on the inclusion of sexuality education in the school curriculum;

(3) There is no significant difference with perceptions of parents, teachers, and students on the use of indigenous languages in HIV/AIDS awareness and prevention campaigns.

Methodology

Research Design

The study is a descriptive survey which examines the awareness of parents, teachers, and students of the reality of HIV/AIDS and their perceptions of the inclusion of sexuality education in the school curriculum.

Population/Sample

All parents, teachers, and students resident in Lagos State constitute the population for the study. The sample used in the study consisted of 20 parents, 20 teachers, and 20 students (whose ages range between 12–20), from 10 local education districts in Lagos State. The 20 parents were selected from the communities where the schools were located. The total sample used in the exercise was 60. All selection was made by random sampling.

Instrumentation

The following instruments were used for data collection:

- (1) ASQS (Adolescent sexuality questionnaire for students);
- (2) ASQP (Adult sexuality questionnaire for parents);
- (3) ASQT (Adult sexuality questionnaire for teachers);
- (4) Interview guide for students;
- (5) Interview guide for parents and teachers.

ASQS, ASQP, and ASQT designed by the researchers have two sections. Section A contains information on demographic variables, such as age, sex, level of education, and occupation. Section B contains 20 items seeking information on the areas of interest. The items were structured in a modified 4-point Likert format graded as follows:

“Strongly agree”—4, “Agree”—3, “Disagree”—2, and “Strongly disagree”—1. The questionnaires were subjected to reliability test using Crombach’s alpha. ASQS has a reliability score of 0.71, ASQP 0.68, and ASQT 0.65. They all had a construct validity of 0.77.

Interview Guide for Students

In order to obtain a complete picture of the students background, life style, sexual behavior, knowledge of sexuality education, perceptions, and attitude towards sexuality education, awareness of the causes of HIV/AIDS, how HIV is transmitted, prevention methods and government intervention efforts, an extended interview was arranged with the 20-sampled students. It took the form of a structured discussion based on issues-listed above and others relating to the questions raised in the study. Reliability was obtained by interviewing sample ($n = 10$) of students with similar characteristics as the sample of the study. The interview was conducted twice within two weeks between interviews. The responses on the two interview sessions were subjected to test-retest reliability using Pearson procedure. This yielded a correlation coefficient of 0.73.

Interview Guide for Parents and Teachers

This was designed to find out the teachers' and parents' views on general issues relating to the status of HIV/AIDS in Nigeria, the meaning of HIV/AIDS, level of awareness of the reality, their views on polygamy and extra marital affairs, use of condom, the prevalence of HIV/AIDS, how HIV is transmitted, prevention methods, frequency of routine and voluntary HIV testing, early marriages, government intervention efforts, sexual behavior, influence of cultural practices, stigma and discrimination cases and use of indigenous languages awareness of programmes. The interview was conducted twice within two weeks between interviews. The responses on the two interview sessions were subjected to retest reliability using Pearson moment correlation coefficient. This yielded 0.76. All the interview guides were validated by two social health workers and two teachers of health education.

Procedure

With the cooperation of the management of the sampled schools, the respondents were given the questionnaire to fill independently. Sampled parents were well-informed and guided to respond independently. The interview sessions were conducted on individual basis after each respondent had filled the questionnaire.

Data Analysis

Data collected were statistically analyzed using percentages, means, *SD* (standard deviation), *t*-test, and analysis of variance. Means and *SD* were calculated on the scores of the respondents to determine the level of their awareness of the reality of HIV/AIDS and the inclusion of sexuality education in the school curriculum while *t*-test and *F*-ratio were computed for the purpose of testing the two hypotheses of study.

Table 1

Shows the Means and SD Scores on the Awareness of Parents, Teachers, and Students Awareness of the Reality and Spread of HIV/AIDS

Subject	<i>N</i>	<i>X</i>	<i>SD</i>
Parents	20	1.90	0.308
Teachers	20	5.20	1.508
Students	20	3.30	0.657

Table 1 reveals that teachers are mostly aware of the reality of HIV/AIDS with a mean score of 5.20 from the obtainable score of 10. They are followed by students (3.30) and parents are least aware of the reality of HIV/AIDS (1.90).

Table 2

Shows the Mean and SD Scores of the Perception of Parents, Teachers, and Students on the Inclusion of Sexuality Education in the School Curriculum

Subject	<i>N</i>	<i>X</i>	<i>SD</i>
Parents	20	7.40	1.821
Teachers	20	6.45	1.099
Students	20	6.80	1.881

From Table 2, it is revealed that parents are most favorably disposed towards the inclusion of sexuality education in the school curriculum to curb the spread of HIV/AIDS (mean—7.40 out of obtainable score of 10). They are followed by students (6.80) and teachers (6.45).

From Table 3, it is revealed that teachers' perceptions of the use of indigenous languages in HIV/AIDS awareness and prevention campaigns are highest (1.23) followed by parents (1.15) and students (1.02) out of obtainable score of 10.

Table 3

Shows the Mean Scores of the Perceptions of Parents, Teachers, and Students on the Use of Indigenous Languages in HIV/AIDS Awareness and Prevention Campaigns

Subject	<i>N</i>	<i>X</i>	<i>SD</i>
Parents	2.0	1.15	0.65
Teachers	2.0	1.23	0.22
Students	2.0	1.02	0.98

Table 4

Shows ANOVA Comparing Parents, Teachers, and Students Awareness of the Reality and Spread of HIV/AIDS

<i>a</i>	<i>SS</i>	<i>df</i>	<i>ms</i>	<i>F</i>	<i>p</i>
Between groups	9.233	2	4.617		
Within groups	102.950	57	1.806	2.556	0.086
Total	112.183	59	0.657		

The analysis of variance from Table 4 indicates that *F*-value is 2.556 and significant at 0.086. This means that there is a significant difference in the awareness of parents, teachers, and students on the reality of HIV/AIDS. Hypothesis 1 is, therefore, rejected.

Table 5 shows comparison of the perception of parents, teachers, and students on the inclusion of sexuality education in the school curriculum for the purpose of testing hypothesis 2.

Table 5

ANOVA Comparing Respondents Perception on the Inclusion of Sexuality Education in the School Curriculum

<i>a</i>	<i>SS</i>	<i>df</i>	<i>ms</i>	<i>F</i>	<i>p</i>
Between groups	9.235	2	4.617		
Within groups	102.950	57	1.806	2.556	0.046
Total	112.183	59			

The analysis of variance from Table 5 indicates that *F*-value of 2.556 is significant at 0.046. Hypothesis 2 is, hereby, rejected.

Table 6

ANOVA Comparing Parents, Teachers, and Students Perceptions on the Use of Indigenous Languages in HIV/AIDS Awareness and Prevention Campaigns

<i>a</i>	<i>SS</i>	<i>df</i>	<i>ms</i>	<i>F-ratio</i>	<i>p</i>
Between groups	89.400	1	4.470		
Within groups	23.870	2	4.470	0.079	0.780
Total					

The analysis of variance from Table 6 indicates that *F*-value of 0.079 is not significant at 0.780. Hypothesis 2 is, hereby, not rejected.

Discussion of Results

This study investigated the level of awareness of parents, teachers, and students on the reality and spread of HIV/AIDS their perceptions on the use of indigenous languages in campaigns, and their perceptions of the inclusion of sexuality education in the school curriculum as an intervention. The findings of the study revealed that parents, teachers, and students are aware of the reality of HIV/AIDS in varying degrees with teachers topping the list (mean = 5.20) followed by students (mean = 3.30) while parents are least aware. The high awareness exhibited by teachers could be attributed to their level of education which permits access to HIV/AIDS public awareness programmes and exposure to sexual health and education through books; whereas majority of the parents are illiterates. All respondents rate the use of indigenous languages in awareness programmes and prevention campaigns very low, parents (mean = 1.11), teachers (mean = 1.23), and students (mean = 1.02). It is worthy of note that billboard poster on encouraging sexual abstinence (the best prevention for the spread of HIV/AIDS) are written in English or pidgin. For example, the billboard poster on which Femi Kuti (the son of Fela Kuti, the famous Afrobeat musician who died of AIDS in 1997) appears has the slogan “‘AIDS: No dey show for face’ which means you cannot tell someone has AIDS by looking at them”. Another poster reads “Sex is worth waiting for, zip up”! Moreover, media campaigns to raise awareness of HIV like the one created by the society for family health and “future dreams”, a radio serial broadcast aired on 42 radio channels was broadcast in only nine out of the over 400,000 Nigerian languages.

In 2005, a campaign was launched in Nigeria in a bid to raise more public awareness of HIV/AIDS. This campaign sent text messages with information about HIV/AIDS to owners of mobile phones in English language. The implication of this is that over 33% of the populace is left behind in the campaigns against the spread of HIV/AIDS with Nigeria’s literacy rate put at 67% (FME (Federal Ministry of Education), 2008).

The higher level of awareness of students in comparison to parents may be due to the recent inclusion of sexuality education in the school curriculum. There is no doubt that awareness will translate to prevention. Earlier studies (Fabiya, 1999; Igbunago, 1999; Fayombo, 2005) found that sexuality education is effective in preventing HIV/AIDS among teenagers.

The findings of the study also revealed that parents are most favorably disposed towards the inclusion of sexuality education in the school curriculum to curb the spread of HIV/AIDS (mean = 7.40) followed by students (6.80) and closely followed by teachers (6.45). This is an indication that with adequate awareness and information, parents and students are likely to take prevention measures against the disease.

The significant differences recorded in the awareness of parents, teachers, and students are pointers to the necessity of adopting different methods to cater for the peculiar needs of each group. For example, since the inclusion of sexuality education has been found to help schooling teenagers, it goes to show that school dropouts and illiterate parents will benefit from adult education inclusive of sexuality education. The results also imply that programmes aimed at improving knowledge and attitudes to sexual health and reducing sexual risk-taking behaviors will benefit parents and teachers.

The result of the structured interview reveals that majority of the respondents lack voluntary and routine HIV testing parents (90%), teachers (80%), and students (95%). This is in consonance with a survey by UNAIDS/WHO (2005) in which just 6% of women and 14% of men had ever been tested for HIV and received results.

It is worthy of note that in 2006 president Obasanjo publicly received HIV testing and counseling on

world AIDS day in order to promote the services and information available to people in Nigeria. He stated on the day, "A great majority of Nigerians have now come to accept the reality of AIDS" (FHM, 2006). However, this study has shown that the president's example has not scaled up HIV testing rates. The interview also revealed that majority of the respondents were not aware that HIV/AIDS can be transmitted through blood transfusion, whereas it has been reported that blood transfusions account for up to 10% of new HIV infection in Nigeria (UNAIDS/WHO, 2005).

Majority of the respondents interviewed, above 70% in each category viewed early marriage as a factor responsible for the spread of HIV/AIDS, because early marriage affects young girls who lack the power to insist upon the use of condom during sex. Coupled with the high probability that the husband will be significantly older than the girl, and therefore, is more likely to have had more sexual partners in the past. Seventy percent of the respondents have not benefited from government's supply of condoms. This is in agreement with the report that the total number of condoms provided by the international donors has been relatively low. One report by UNAIDS/WHO (2005) showed that between 2000 and 2005, the average number of condoms distributed in Nigeria by donors was 5.9 per man per year. A study in 2002 by UNAIDS/WHO revealed that 75% of health service facilities that had been visited did not have any condom or contraceptive supplies.

A probe into the sexual behavior of teachers and parents and the use of condom reveal that 80% are aware of the benefit of the use of condom for prevention, none of the respondents is aware of the existence of female condoms.

Conclusions and Recommendations

This study like many others before it (Fabiya, 1991; Igbunugo, 1999; Fayombo, 2005) has confirmed the reality of the prevalence of HIV/AIDS in Nigeria. Although the Nigerian government in collaboration with international donors have been responding to the increasing rates of HIV transmission through media campaigns and public awareness, antiretroviral treatment programme and supply of condoms, and the inclusion of sexuality education in the secondary school curriculum, the actual difference they have made in reducing the number of new HIV infections is very difficult to measure. This study suggests that the prevailing high rates of HIV in Nigeria can be attributed to the fact that the message of the campaigns is not getting through to many people and that the few receiving information are not acting on it.

Overall a massive expansion in prevention efforts is needed. The major components of successful HIV prevention programmes should be intensified. Since 80% of HIV infections in Nigeria are transmitted through heterosexual sex, public campaigns should be transmitted in as many Nigerian languages as possible. Since condoms play a key role in preventing HIV infection, government should increase the supply of condom to health service centers especially female condoms. The female condom can potentially help in reducing the spread of HIV, as it does not rely upon the willingness of the man to use condom himself.

The Nigerian government should scale up HIV testing rates in order to bring the epidemic under control. Consulting and testing centers should be made available and affordable through improved healthcare system. Since sexuality education has proved effective in curbing indiscriminate sex among school children, it should be incorporated into adult education programmes which should be improved upon and popularized through the media in many Nigerian languages

With the large amounts of money being donated from international funds and governments' commitment

to increasing prevention measures and treatment access, there is room for optimism that the target of providing universal access to HIV prevention, treatment, care, and support by 2010 can be achieved barring political instability, corruption, and a mismanaged economy.

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