Combating HIV/AIDS Epidemic in Nigeria: Responses from National Open University of Nigeria (NOUN)

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Abstract

Universities have come under serious attack because of their lackluster response to HIV/AIDS. This article examines the response of National Open University of Nigeria (NOUN) and its strategic responses in combating HIV/AIDS epidemic. This is achieved by examining NOUN's basic structures that position the University to respond to the epidemic; and second, by assessing HIV/AIDS strategies and policy framework the University has put in place. An interpretative epistemological stance was used for this study, and a qualitative research involving focus group discussion (FGD) and analysis of secondary data was carried out. Results showed that NOUN has identified the impact the epidemic has on the university, although it has yet to institutionalize an HIV/AIDS policy. NOUN's Draft Service Charter, however, has identified the fight against HIV/AIDS as a core mandate of the University, and the introduction of HIV/AIDS certification programs can be viewed as proactive policies in response to the epidemic. Results of this study are discussed in terms of their relevance to future research and the impact such policy frameworks may have on combating the epidemic, both within the University and the wider community.

Keywords: National Open University of Nigeria; HIV/AIDS; epidemic; institutional policy; basic structures; Nigeria

Introduction

The article is part of a larger endeavor, the aim that was to explore the response of National Open University of Nigeria (NOUN) in combating the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) epidemic. While an earlier study (Peters & Olugbemiro, 2005) focused on the efficacy of the introduction of Post Graduate Diploma (PGD) program in HIV/AIDS Education and Management at NOUN in fighting the HIV/AIDS epidemic, the study reported here focused on the strength of distance education (DE) in fighting the epidemic. Specifically, it analysed various policy frameworks put in place, and measured both staff and students' perceptions about the University's response to HIV/AIDS.

A recent study by Peters and Olugbemiro (2005) shows that the introduction of an HIV/AIDS program at NOUN would contribute to raising the level of awareness in the different segments of the Nigerian society, stimulate research, and create research networks on HIV/AIDS in Nigeria. It

also notes that the program would facilitate human resource capacity building and support positive behavioral changes. An earlier study by Aderinoye and Ojokheta (2004) investigated the links between DE and HIV/AIDS. This study shows that DE in Nigeria and throughout the continent of Africa is helping to democratize and spread knowledge, even to those living in remote, marginalized, and isolated communities. The Aderinoye and Ojokheta study also acknowledged that DE has helped individuals to acquire basic literacy and arithmetic skills, and in some instances, earn certificates in higher degrees, as well as obtain a multitude of broad-brush education skills that target whole populations (e.g., governance skills, life skills, AIDS education aimed at preventing and reducing its spread, improved farming techniques, etc.).

It is in recognition of the above that the University of Ibadan (a dual mode university) was the first university in Nigeria to establish a Diploma program in HIV/AIDS Education at the Distance Learning Centre to assist in developing the capacity of workers on HIV prevention. This challenge was soon taken over by NOUN (a single mode university) to introduce a postgraduate diploma in HIV/AIDS Education and Management. The success of this program has informed the decision of the University to introduce the program at the diploma level.

In another study, Pridmore and Yates (2006) examined the strengths of open, distance, and flexible education in HIV/AIDS prevention and mitigation. These scholars argue that to confront AIDS and meet Millennium Development Goals in countries where HIV/AIDS is prevalent, governments must go beyond current efforts and accelerate conventional responses. This can be achieved by increasing access and quality of education and schooling, raising public consciousness, and encouraging people to practice healthy behavior, through emerging accessible, flexible, and cost effective DE. Furthermore, growing evidence indicates that in Sub-Saharan Africa (SSA), a geography where teachers are in short supply and institutional capacity to support teaching training is inadequate; so where new teacher graduates replace those teachers who have fallen victim to the AIDS pandemic, DE remains an effective strategy for teacher training (Aderinoye & Ojokheta, 2004; UNESCO, 2002; 2001; Pridmore & Nduba 2000).

The question that demands our attention here is, 'To what extent have universities recognized this 'window of opportunity' and have included HIV/AIDS not only in their curriculum, but also developed effective institutional policies to combat the epidemic?' Available evidence suggests that universities are yet to take up this challenge fully. As noted by Kelly (2002), although there has been considerable tinkering around the edges, universities have yet to take the 'bull by the horn' to gain control over the HIV/AIDS epidemic. In some cases, universities have undergone what would be the medical equivalent to a botched heart operation. Moreover, none has received the heart transplant that they really need.

This study was conducted to shed light on the following questions:

1) How does education influence the HIV/AIDS epidemic? In addition, how has education itself been affected by HIV/AIDS?

2) What role can universities play in the fight against HIV/AIDS?

3) What efforts have NOUN, a single mode DE university, made in the fight against HIV/AIDS?

Research Approach

This study follows an interpretive and case-based research approach. Walsham and Waema (1994), who noted that the use of a single case as a basis for drawing inferences on a particular area of study is related to an interpretive epistemological stance, illustrate the qualitative and inductive nature of case-based research. Orlikowsi and Baroundi (1991) also maintained that case-based interpretive analysis involves inductive reasoning, which is guided and couched within a theoretical framework, which in turn, leads from the concrete case situation to the social totality beyond the individual case. Stake (1994) has listed the attributes of a case study to include uniqueness, functional specificity, integrated bounded system, and consistency. Noting that case studies can be either qualitative or quantitative, Stake adds that a case study is not a methodological choice, but a choice of objects to study. Given the research questions, the case study design research methodology was selected for this study.

Lincoln and Guba (1985) argue that the primary instrument in qualitative research is human – i.e., the researcher might pose certain problems in evaluating their study's objectives as the 'author.' This situation is what B odker and Pedersen (1991) termed being a 'cultural insider.' However, by employing focus discussion groups and analyzing secondary data, it was determined that objectivity could be enhanced, because the focus of the research centered on the validity of the interpretation as distinct from qualitative research, which focus on questions and methods.

Background to the Study

HIV and AIDS constitute one of the biggest threats to the global agenda. HIV/AIDS have been noted to imperil not only humankind, but also humankind's institutions. In short, HIV/AIDS undermines the very institutions that are designed to protect communities (UNESCO, 2000a), including educational institutions. Indeed, the epidemic is presenting enormous challenges to the higher education sector by weakening demand for – and access to – education by depleting institutional and human capacity, reducing availability of financial resources, and by impeding the delivery of quality education (UNESCO, 2006). Nonetheless, the World Education Forum, held in Dakar in April 2000, noted that a key objective of any 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, 2000a). Growing evidence indicates that education is one of the best defenses against HIV infection, because it equips young people with invaluable tools that increase self-confidence, social and negotiation skills, to improve earning capacity and family well-being, which in turn, fights poverty and promotes social progress.

From across the 15 countries surveyed in Round Two of the 'Afrobarometer,' (http://www.afrobarometer.org/) evidence indicates that large proportions of Africa's 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). In most of these countries cited in the Afrobarometer, the HIV prevalence rate exceeds five percent, numbers that indicates that the epidemic is now undermining every aspect of society, including families, health, education, industry, and economic development (Kelly, 2003).

According to Piot (cited in Katjavivi & Otaala, 2003), education is at the core of one of the great challenges facing humanity, namely winning the fight against AIDS. Education is life sustaining because it gives children and young people the life-skills and tools they need to carve out their lives. Clearly, education is a lifelong source of comfort, renewal, and strength for people. Piot

also noted that the world's goals in promoting 'Education for All' and in turning back the AIDS epidemic are mutually dependent. Without education, AIDS will continue to spread. If AIDS remains out of control, education will be out of reach. The focus of this study is placed on the synergy between distance education and HIV/AIDS.

Education and HIV Infection

Studies by Vandemoortele and Delamonica (2002) show the inverse association between disease burden and the level of education that exists for most infectious diseases. The incidence of malaria and cholera, for instance, are known to be negatively associated with the level of education – those who know less about malaria and cholera are more apt to become infected. For HIV/AIDS, however, there may be an exception during its initial introduction into a society because of its main propagation channel, but further down the road, the 'education vaccine' theory works. Indeed, it is often said that people 'who wear a tie, do not die of cholera.' Combined with macroeconomic policies, education is a key tool in promoting social wellbeing and contributing to poverty reduction. This is because education directly affects national productivity, which in turn determines overall living standards and a country's ability to compete in the global economy (Krueger & Mikael, 2000). Investment in education is vital simply because it helps countries, like Nigeria, to achieve six of the eight-millennium development goals: 1) poverty reduction, 2) access to universal primary education, 3) gender equality, 4) reduced infant mortality, 5) improved maternal health, and 6) lower prevalence of HIV/AIDS. Making education available to both genders, boys and girls alike, has been proven to provide protection against HIV infection (World Bank, 1999). Evidence that education itself protects against HIV is strong. Data from the late 1980s and early 1990s, when the epidemic was just emerging, shows a positive correlation between the level of education and rates of infection. Kelly (2000) in a study in Zimbabwe found a marked decline in HIV prevalence rates in 15-19 year old males and females with a medium to higher-level education, compared to increases among those with lower educational levels.

Education is a central tool required to reduce the social and economic vulnerability of women. Evidence shows that education aimed specifically at girls and women can slow and even reverse the spread of HIV. Education does this by arming women with valuable life and decision-making skills – which all contribute to poverty reduction, gender equality, personal empowerment, and increased awareness of human rights issues. Women can then pass on to their children, partners, and friends these valuable skills and knowledge. Education enables women's economic independence by delaying marriage, proactive family planning, and by increasing their ability to engage in paid work to support themselves and their families (UNAIDS, 2000; Gregson, Waddell, & Chandiwana, 2001).

The Impact of HIV Infection on Education

HIV/AIDS has had a pronounced affect 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 they face in caring for relatives and friends stricken by AIDS. For instance, it has been shown that the death of one teacher deprives a whole classroom of children. In 1999 alone, an estimated 860,000 children in SSA lost teachers to AIDS (Kelly, 2000b). In a recent survey in Nigeria, it was discovered that illness (of one's self, relatives, or friends) combined with attending funerals, accounted for more teachers' reported work absences than any other reason (Ssengonzi, Schlegel, Anyamele & Olson, 2004). 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, and holds major negative consequences.

Table 1. School administrators' reasons cited 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: Ssengozi et al., 2004, p. 30

The impact of the epidemic on the demand for education is less clear, however. While Africa's school age population will be smaller, it will nonetheless continue to grow. AIDS mortality does not have its primary effect on school-age children. And while an estimated 3.8 million children have been infected since the epidemic began, more than two-thirds have died. UNAIDS reports that in 1999, 570,000 children under 14 died of AIDS, the vast majority of them in SSA (UNAIDS, 2000). During this same time frame, approximately four times as many adults (age 15 to 49) died of AIDS. This fundamentally generates a cohort of AIDS orphans (a huge population that will require education) which will be put a further at risk of infection and death. In terms of monetary impact, HIV/AIDS is estimated to add between US \$450 million and \$550 million per year (US dollar values for 2000) to the cost of achieving the mandate set out in 'Education For All' (UNESCO, n.d.) in 33 African countries. This implies that the epidemic increases the total 'Education for All' financing gap for the countries by about one-third (World Bank, 2002).

HIV/AIDS and Universities

When a society needs to face a problem, it typically turns to its schools and asks what they are doing about it. In the context of HIV/AIDS, schools are expected not only to teach, but also instill in their students the skills, knowledge, and values that promote safe behaviors in order to protect themselves against HIV infection. Yet, there are more challenges to these responses from the universities, which themselves are not HIV-free. Kelly (2003) argues that despite the high prevalence of HIV/AIDS inside university populations (i.e., staff and students), it is apparent they have no institutionalized response to slow the scourge. Indeed, formal responses to the epidemic have not yet been integrated into their core operations. Universities instead are slow to react simply because they are embracing a 'hush-up' response to the epidemic.

A growing body of literature, however, shows that it is imperative that universities implement systemic institutional responses to stem the epidemic (Kelly, 2003; Katjavivi & Otaala, 2003;

ACU, 2001; Anarfi, 2000; Mwape & Kathuria, 2000). Listed below are nine reasons that outline the demand for universities to reposition themselves to respond to this growing epidemic:

    1) No university is immune to the disease
    2) The disease has the potential to impair institutional functioning

    3) The long lead time between initial HIV infection and the development of AIDS has major implications for universities

    4) Their mandate of 'service to society' demands the engagement of every university to fight HIV/AIDS

    5) Universities have a special responsibility for the development of human resources

    6) Universities are crucial agents of change and provide leadership to effect such social change

    7) Universities must be at the forefront in developing deeper understandings of HIV/AIDS

    8) 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 equipped to provide

    9) HIV/AIDS is not a passing phenomenon, but one that is likely to negatively impact society for the remainder of this century

Recent literature shows that African universities are coming to the realization that HIV/AIDS is real and that death is now a daily reality for their staff, their students, and the communities they serve. Pioneering efforts by the Association of African Universities (AAU), the Association of Commonwealth Universities (ACU), and the South African Universities of Vice-Chancellors Association (SAUVCA), have impressed upon African universities the need to adopt a holistic response to the epidemic within their institutions and across the entire higher education sector. The Working Group on Higher Education (WGHE) for the Association for the Development of Education in Africa (ADEA) decided to undertake case studies that examine the ways HIV/AIDS affects several universities in Africa, and to document these universities' particular responses and coping mechanisms. Out of these case studies emerged a synthesis entitled 'Challenging the Challenger: Understanding and expanding the response of universities in Africa to HIV/AIDS' (Kelly, 2001). This report acknowledges that a thick cloak of ignorance surrounds the presence of the disease in the universities – a cloak of death that is lined with layers of secrecy, silence, denial, and fear of stigmatization and discrimination.

Responses from the Educational Sector in Nigeria

The above challenge from Kelly (2001) has spurred many African universities and the larger educational sector to respond to the HIV/AIDS epidemic. In Nigeria, the Educational Research Network for West and Central Africa contains elaborate review of policy and research documents for the educational sector's response to the epidemic. The alarming spread of HIV/AIDS, which saw the prevalence rate skyrocket from 1.8 percent in 1998 to 5.8 percent in 2001, compelled the Nigerian Government to shift its mechanisms and strategies to prevent the spread of HIV,

mitigate its consequences, and provide care and support for those living with, or affected by, AIDS. It is within this context that education was identified as a central method for achieving the requisite behaviorial changes needed to stem the epidemic, both inside and outside the classroom. Consequently, the first national workshop on HIV/AIDS and education organized by UNESCO and Federal Ministry of Education (FME) with support from UNAIDS and UK's Department for International Development, was held in Abuja, Nigeria, with the aim of identifying appropriate preventive education response to HIV/AIDS challenges in Nigeria (Ohiri-Anichi & Odukoya, 2004). As a demonstration of its commitment to addressing the epidemic on continental Africa, Nigeria hosted the Organisation of African Unity (OAU) Summit on HIV/AIDS in June 2001, during which the Abuja Declaration (2001) was made.

The Nigerian government also established an elaborate multi-sector response that focuses on prevention, treatment, and intervention. It established the Presidential Council on AIDS and the National Action Committee on AIDS, the latter comprised representatives from the Presidency, Federal Ministry of Health, Federal Ministry of Education, Federal Ministry of Youths and Sports, Federal Ministry of Finance, and other relevant federal, state, and local parastatals, NGOs, and international organizations working on HIV/AIDS in Nigeria. The HIV/AIDS Emergency Action Plan, coordinated by National Action Committee on AIDS, is the country's current HIV/AIDS policy.

Tangible efforts have since been recorded by the educational sector in Nigeria in prevention, treatment, and intervention. A few worth mentioning in this study are:

a) The Federal Ministry of Education has a full-fledged HIV/AIDS Unit, which supervises and coordinates all HIV/AIDS activities in Nigeria's schools

b) Following the approval of the National Council on Education in March 1999 at its 46th session for the incorporation of sex education into Nigeria's national school curriculum, the Nigerian Educational Research and Development Council (NERDC) collaborated with other government agencies, NGOs, and UN agencies, to develop curriculum on sex education. Sex education is deemed critical in helping young people acquire adequate knowledge, skills, and responsible attitudes, needed to prevent sexually transmitted infections, including HIV/AIDS.

c) In 2002, the National Youth Service Corps (NYSC) in collaboration with UNICEF introduced a peer education program entitled, 'Empowering Youth through Young People.' The objective of this program was to reach new graduates of university programs serving the one-year compulsory NYSC program with reproductive health and HIV/AIDS messages, train some to be trainers themselves, and for all to act as 'peer educators' in and out of school.

d) Many NGOs, faith-based organizations, and educational institutions have been active in outreach programs, setting up youth counseling centers, promotion of behavior change via radio and television programming, peer education, discussions, awareness, and so forth.

e) eUNESCO supported the establishment of a Preventive Education Unit at the National Teachers Institute (NTI), Kaduna (another single mode DE institution in Nigeria), to assist in the training of teachers in HIV/AIDS.

f) In 2003, the National Institute for Educational Planning and Development (NIEPA) held two seminars in Abuja and Ondo to accelerate Nigeria's educational sector's response to HIV/AIDS pandemic in sub-Saharan Africa. The objectives of these seminars was to develop

managerial capacity, prevention, planning and impact mitigation, and facilitate access to education for vulnerable children and orphans.

g) In 2003, National Universities Commission/UNESCO/ National Action Committee on AIDS, established 'Youth Friendly Centers' in three universities: Ahmadu Bello University Zaria, University of Nigeria Nsukka, and University of Ibadan.

h) The MacArthur Foundation grant funding to Nigerian universities such as University of Ibadan, Bayero University Kano, and others, to support and strengthen their human capital, institutional facilities, and university systems. The Foundation and the Association of African Universitis, gave the University of Ibadan, to conduct a 'situation analysis' of HIV/AIDS and the development of HIV/AIDS policy. AUU has since extended this grant to University of Ilorin.

i) The National Universities Commission and UNESCO introduced HIV/AIDS training program for all staff of educational institutions in SSA, including primary, secondary, universities, polytechnics/tecnikons, and colleges of education. This program specifically targets teachers and teacher-trainers involved in the delivery of basic and higher education in Africa.

j) Nigerian universities have also benefited from the initiative from African universities 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 of TOT is to contribute to the prevention of HIV/AIDS amongst students and staff within a broader vision/framework designed to address issues of prevention, care and mitigation of the pandemic. The specific aims include: 1) train academic staff in methodology and methods of curriculum development and teaching HIV/AIDS; 2) empower university teachers to integrate HIV/AIDS into their own teaching and provide similar training to colleagues; and 3) enhance research related to HIV/AIDS within the university and among other related stakeholders.

k) Some Nigerian universities have developed and implemented systematic programs to fight HIV/AIDS through the development of HIV/AIDS curriculum for inclusion in a compulsory general studies course.

As commendable as these efforts from the educational sector are, the former Minister of Education, O. Ezekwesili (2007), stated that HIV/AIDS requires imaginative and creative solutions, which demand that the regulatory agencies, the National Action Committee on AIDS, and the educational sector to think outside-the-box. Nigeria's universities, therefore, are being called upon to show more commitment through the development of a comprehensive HIV/AIDS policies designed to fight HIV/AIDS.

National Open University of Nigeria: Background

The National Open University of Nigeria (NOUN) is the only single mode, distance education university in Nigeria. The University was established on July 22, 1983, by the Open University Act, which subsists in the Law of the Federation of Nigeria (1980) Appendix III. After being closed for several years, the University was re-opened in 2002, and renamed the National Open University of Nigeria (NOUN). NOUN was re-launched upon Nigeria's realization that distance education was becoming an increasingly important policy option for developing countries (Ambe-Uva, 2006). The adoption of distance education is a ". . . 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, p. 79).

A special case for the sustenance of an open university system in developing countries – and especially Nigeria – was made by Jegede (2007). Jegede noted that " Nigeria is an enigma, displaying a glaring contrast of development and inadequacies cohabiting side by side in many spheres of life." The inadequacies Jegede identified include:

- 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 ranked 151 of 174 nations.

- Nigeria, described as country 'too rich to be poor,' is a land of abounding poverty with more than 70 percent of Nigerians living on less than US $1 a day.

- Nigeria, since independence, has been known for its quality education and its versatile, mobile, and exceptional people. Despite its 'wealth,' over 55 percent of Nigeria's population is illiterate, while another 10 percent remain illiterate due to declining quality in education, or lack of access they need to acquire new skills, after their primary school education has ended.

Nigeria's current context, therefore, is fertile soil for distance education to take root and thrive. Nigeria is currently characterized by population growth, growing demand for education, dwindling of financial resources, increasing fiscal constraints – all conditions that obstruct Nigerian's access to basic and higher education. NOUN aims to meet Nigerian's demand for higher education without compromising quality. Nonetheless, the majority of Nigerian people remain marginalized and hard to reach, that is the poor, illiterate, women, and those living in remote areas. Considering that Nigeria boast of 131.5 million citizens, with an HDI of 0.453, of which 52.2 percent live in rural areas (ADB, 2006:93-94), it is easy to see and to conclude that Nigeria needs to increase access to basic and higher education provisions for its people.

Table 2. Selected basic demographic and education indicators for Nigeria

Basic Indicators	Most Recent Year							
Area (KM²)	923 768							
Population Density (Per KM²)	142							
HDI Value (0-1)	0.453							
	1998	1999	2000	2001	2002	2003	2004	2005
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		
Demographic & Education Indicators								
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
Gross Enrolment Ratio								
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. 3, pp.93-94

Table 2 shows that uncertain health outcomes await most Nigerian youths. Indeed, one-third of Nigeria's population lives on less than US 1$ a day, and they lack human development (<0.5000) according to the UNDP 2004 Human Development Index (HDI) which is a measurement of a given country's achievement in terms of life expectancy, educational attainment, and adjusted real income.

Behind South Africa, Nigeria ranks second with the highest number of persons living with HIV/AIDS in SSA. At the end of 2003, approximately 5.4 percent of Nigerian in the age range of 15-49 were HIV-positive, an increase from 1.8 percent 15 years ago (FMOH, 2001; UNAIDS, 2004). Nigeria also has one of the fastest growth rates of new HIV infections and AIDS cases in West Africa. HIV/AIDS has now reached epidemic proportions in Nigeria, having already crossed the threshold of five percent. This means AIDS will soon be the leading cause of adult morbidity and mortality among those age 15-49, arguably the most productive people needed to support any society. This reality will have a devastating impact on all facets of Nigeria's socio-economic fiber, and will hinder Nigeria's progress in education – the very tool that Nigeria needs to teach its people and thus stem the spread of HIV/AIDS.

This epidemic's impact is far reaching. At time of writing, HIV/AIDS is the world's fourth largest killer, but it ranks number one in SSA (UNAIDS, 2002). In 2002, the region is home to only 7.5 percent of the world's population, yet it accounts for nearly 70 percent of those living with HIV/AIDS, 70 percent of incident HIV infections, and 77 percent of the AIDS deaths (UNAIDS/WHO, 2002). As of 2002, approximately 29.4 million in SSA between ages 15 to 49 were living with HIV/AIDS, a staggering figure of nine percent of the adult population (UNAIDS/WHO, 2002). Whereas life expectancy in the sub-continent increased from 44 years in the 1950s to 59 years in the early 1990s, it plunged to 49 years and is projected to drop even further as the disease spreads (UNDP, 2000a). According to the World Health Organization (WHO, 2002), life expectancy in the region would currently be 62 years if it had not been for the HIV/AIDS epidemic. This means that Nigerian's reduced life expectancy holds serious implications on the health and functioning of Nigeria's 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 gloomy picture painted above, what basic structures does NOUN possesses that will position it to address the HIV/AIDS epidemic? How is NOUN positioned to deal with the epidemic within the university itself? And how can NOUN be of 'service' to the community it serves?

Basic Structures in Noun

The University has embraced a 'learner-centered' approach to learning. A learner-centered educational process is a departure from the conventional teaching and learning culture, in that one now employs a wide range of tools to effect learning outcomes. These tools recognize and are designed to support self-learning. They include printed course materials, tutor marked assignments, self assessment exercises and feedback systems, radio and television broadcasts, audio and video tapes, CDRoms, help from tutors, and individualized counseling and help, via telephone, facsimile, or electronic mail. These tools enable remote distant delivery to an ever increasing number of learners, despite physical distances.

Equally important, in a relatively large country such as Nigeria, the University's geographic penetration of 18 study centers in 2003, to 27 study centers in 2007, shows that NOUN now services some of remotest the regions in Nigeria. It also shows the geographic extent to which the epidemic can attack the University, especially if concerted efforts are not made to stem the epidemic. As of 2007, NOUN has 35,000 students enrolled and is projected to grow to more than 100,000 by the year's end (Jegede, 2007). The University is therefore an essential means of meeting the needs of Nigerians who, for reasons of distance, work or family commitment, cannot otherwise engage in educational opportunities. In other words, the University reaches people in communities in which they would otherwise be deprived of opportunities to learn. Moreover, NOUN's expansion of its service area is expected to make a significant contribution in stemming the epidemic by increasing people's access to education. Moreover, NOUN's educational programmes are designed in such a way as to enable people to start applying what they have learned immediately (Jegede, 2003).

Table 4. Regional Distribution of NOUN Study Centers

North-Central	North-East	North-West	South-East	South-South	South-West
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 University also strives to ensure that those educated will remain in their local communities, thereby reducing localized unemployment rates which, in turn, will help to alleviate rural poverty, increase literacy, and hopefully stimulate and invigorate local economies (Jegede 2003).

The main strength of the University is that it is a fundamental tool needed to break the vicious cycle of poverty that has gripped many areas of Nigeria. NOUN aims to achieve this goal by increasing access to affordable, yet quality education that transcends all barriers.

Efforts of NOUN in Fighting HIV/AIDS

The University's response to the HIV/AIDS epidemic is guided by NOUN's Draft Strategic Plan (January, 2005 to December, 2009). This plan identifies the need to provide effective strategies to combat the epidemic, not only within the University itself, but to all the communities it serves. Even before the plan was drafted, however, NOUN was mobilizing against the scourge. In 2004, the School of Science and Technology organized a workshop on HIV/AIDS awareness. This workshop created awareness that underscored the fact that if left unchecked, HIV could very well impair the functioning of the University's workforce.

Table 5. Economic impact of HIV/AIDS on NOUN's workforce

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

Adapted from: Whiteside and Sunter, 2000.

The Draft Strategic Plan contains two areas related to fighting HIV/AIDS epidemic. First, the University mandate is to foster a conducive working environment for staff, students, and visitors. It will achieve this by embarking on internal training and retraining. Second, the Draft Strategic Plan spells out that the University must utilize its resources to enhance community development. Emphasis has been placed on the provision of educational opportunities for marginalized groups (i.e., youth and women), which is necessary to help them acquire relevant skills to deal with the HIV/AIDS epidemic.

Table 6. Selected sections of NOUN's Strategic Plan related to HIV/AIDS

Activities	Expected Outcomes	Indicators	Targets	Official(s) Responsible
Devise effective strategies to combat HIV and AIDS pandemic	Improved service and healthy workforce	1. Effective awareness campaign 2. Effective prevention	✓NOUN HIV and AIDS policy finalized by Oct./November, 2006. ✓HIV/AIDS workshops conducted by Nov/December, 2006	Vice-Chancellor DVC (Admin & Finance)
Encourage community development initiatives and collaborative ventures.	✓Active presence of NOUN in Federal, state & local govt. affairs. ✓Productive links between NOUN and the country's social institutions for development purposes	Strategic Plan for community-based projects & collaborative partnerships	Implementation of projects involving Federal Government skill development and youth and women empowerment program.	Vice- Chancellor DVC (Instructional Services) Dir., Learner Support Services

NOUN DRAFT Strategic Plan: January 2005 to December 2009

While the University is certainly on the right track, it must remain committed to the goals and targets set. For instance, while the HIV/AIDS policy is expected to be ready at the time of writing, that deadline has come and gone. For a young institution like NOUN, such a delay can be pardoned. Yet as NOUN extends its institutional reach and increases its enrolment, such a delay could mean that opportunities are being missed, that NOUN is not addressing the epidemic in a timely manner. The development of an institutional policy on HIV/AIDS should be on the front burner of the University's plan of action. As noted by Saint (2004), a written institutional policy provides explanation for internal decisions and legitimacy for actions taken in the process of AIDS control and prevention. Such a policy, however, can only be as effective as the leadership that owns and supports it. Luckily, NOUN does not need to start from the scratch, as a major resource for preparing an institutional HIV/AIDS response can be found in the work of Chetty (2004), and the guidelines developed by ACU (2002). In addition, the Paris-based International Institute for Educational Planning has established a reference clearing house on AIDS and education (see http://hivaidsclearinghouse.unesco.org/ev/php). These can serve as reference documents for Universities engaged in drafting institutional policies on HIV/AIDS.

Since the University has yet to formally institutionalize an HIV/AIDS policy, staff and students response during a recent focus discussion group (FDG) indicated a lack of commitment on the part of staff and students, and a discontinuation in awareness and workshops. For instance, most staff (FDG-A) employed at NOUN after 2004 admitted that they have never heard about or discussed HIV/AIDS at the office. The staff focus group indicated that the University must adopt a scientific approach towards the fight against HIV/AIDS, because 'prose alone' – namely

rhetoric – will not solve the problem. The freshmen (FDG-B) focus group noted that the HIV/AIDS program was not integrated into the students' curriculum. The freshmen in this focus group admitted, however, that open dialogue between NOUN and students can facilitate this process. Lastly, the focus group comprised of students who have spent a minimum of two semesters at NOUN (FDG-C) either ignorantly – or apathetically – indicated that they do not need more education about the disease. One telling response was, "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 7. Focus Group Responses

Focus Group	Responses
FG-A	*"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".* *"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 HIV/AIDS Coordinating Unit. . . We need facts and statistics to put on the table. Prose only won't do?"*
FG-B	*"We have not been taught about HIV/AIDS. I think because my program is not HIV/AIDS Education and Management."* *"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."*
FG-C	*"In this era, you do not need NOUN to educate you about the epidemic, as some one who has basic education, the handwriting on the wall is all you need to take care of yourself"* *"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."*

Source: Author's field work, April, 2007

The focus groups responses buttress the investigation made by the ADEA on Universities in Africa, and what the AAU synthesis report confirms to be true. Both acknowledged that universities in Africa have little knowledge about their HIV/AIDS status, and do not consider the epidemic as being relevant to their institution's guiding mission and vision, and the challenges it faces. These reports also argued that no rigorous impact assessments by the universities themselves have been undertaken, and in cases where there are pockets of assessments, they are sporadic and uncoordinated responses that rely heavily on the initiative of concerned staff or students. This fact is frustrating efforts to 'mainstream' the institutional response across Africa's

universities, which in turn, limits understanding of the need to institutionalize such needed responses, thereby creating a vicious cycle of reification. And in many cases, uncertain leadership by top management is at the root of the problem (UNESCO, 2006).

NOUN has a Post-Graduate Diploma (PGD) in HIV/AIDS Education and Management, which aims at providing students with in-depth knowledge in HIV/AIDS education and management. NOUN delivers this diploma via open and distance learning. The program is designed to raise the level of awareness of different segments of the Nigerian society to the reality of HIV/AIDS epidemic, by stressing the need for education and management of this fatal disease. Specifically, the program 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 about HIV/AIDS

    c) Enable the students to be very resourceful and possesses broader scope of knowledge in HIV/AIDS

    d) Equip students with relevant skills they need to impart knowledge professionally to people they serve

    e) Equip students with relevant skills needed to impart healthy habits to target populations

    f) Equip students with counseling abilities, so they can have a more positive influence to those infected with the HIV/AIDS virus

As noted by Peters and Olugbemiro (2005), however, the program is currently being 'patronized' mostly by those already working in the healthcare sector. If the objectives of the program are to be realized, there must be a shift in clienteles and this can be achieved by adopting a more rigorous approach for marketing the program, that targets audiences beyond healthcare practitioners.

In addition, in recognition of the special needs of distance learners, NOUN has established the Directorate of Learner Support Services (DLSS). The DLSS plays a supportive role and provides the much needed people, structures, and environment for both students and staff. The director also serves as the intermediary between students and the institution. Student counselors are important arm of NOUN's Learner Support Services. Apart from supporting students through their academic work, Learner Support Services provides counseling and guidance related to Sexuality Education, HIV/AIDS awareness, Peer Education, and other professional consultations to staff and students who are engaged in distance education. Counselors are also responsible for keeping in touch with distance learners, and provide 'early warning signals' regarding difficulties with studies and behavioral problems. NOUN has since pushed ahead of conventional universities, through its provision of two counselors for each NOUN study centre, a move that was recently applauded by the Nigerian Psychological Association (NPA).

There is also a growing number of published and unpublished research works on HIV/AIDS in NOUN. Some of those dedicated individuals who have researched and published works in this area come from NOUN's School of Education, Directorate of Examinations and Evaluation, and

the Vice-Chancellery. An institutional effort, however, needs to be put in place by the Regional Training and Research Institute for Open and Distance Learning (RETRIDAL) to promote research on the nexus between HIV/AIDS and the distance mode of learning.

Despite these invaluable efforts, in the absence of a holistic HIV/AIDS policy, the efforts of the University in the realm of teaching, research, and services can become sporadic, uncoordinated, and reliant on the initiatives of a few dedicated staff and students (UNESCO, 2006). NOUN must also build a bridge to link and coordinate with the university's internal environment with its external environments where the virus is flourishing and gaining an upper hand. In an environment that traditionally fosters discussion and debate, challenges timeworn ways of thinking and being, and offers responses to some of society's most pressing concerns, NOUN is in a good position to ask much needed questions about the epidemic and explore ways in which distance education can be used to create a difference in the fight against HIV/AIDS.

Observations show that NOUN has identified the impact that HIV/AIDS has had, and will continue to have, on society. Identifying a problem does not guarantee a solution, however. Diagnosis and prognosis are only the first steps in the right direction. Therefore, this article urgently calls for the institutionalization of a policy framework for a comprehensive response addressing prevention, treatment, care, and social support.

Conclusion

As the HIV/AIDS epidemic continues to spread in Nigeria, the emerging literature on HIV and education seems to have reached the consensus that HIV/AIDS can both have a devastating impact on education and can be positively impacted by education. It also shows that distance education can respond flexibly to the needs of working adults to help them obtain the training they need and to provide opportunities for even the most disadvantaged populations (Pridmore & Yates, 2006; Pridmore & Nduba, 2000).

Furthermore, it has been shown that the capacity of open and distance learning to support large-scale campaigns – i.e., HIV/AIDS education – is significant in the context of continuing education (UNESCO, 2002).

This article attempts to provide a systematic approach to 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 & Otaala, 2003; ACU, 2001; Mwape & Kathuria, 2000), these studies tended to centre on the institutional efficacy of universities. Whereas the current literature informs us of the need for universities to advance the frontiers of knowledge in the fight against HIV/AIDS, this paper places the research issue into a much narrower perspective by considering NOUN's basic structures, which naturally better positions it to fight this destructive epidemic. This research strategy generated insightful findings, some of which have been reported here. Findings show that within a few years of establishment, NOUN had already committed itself to the fight against HIV/AIDS via workshops and awareness creation, and had put in place Learner Support Services, where student counselors provide knowledge to students about HIV/AIDS and behavioral change, and has introduced a PGD program in HIV/AIDS Education and Management. NOUN's failure to institutionalize its HIV/AIDS policy, however, shows that it has not addressed HIV and AIDS in depth and scope, even though its structure as a distance education provider positions it better to wage such a war. Failure to take a leadership role may also endanger NOUN, considering the number of students it serves and it far flung geographical distribution and impact. Findings also suggest that NOUN has

not yet made concerted efforts to provide knowledge about HIV/AIDS among its own staff and students, although its PGD program is instructive and a positive step forward. Across Africa, studies have repeatedly shown that universities have been inept in the fight against HIV/AIDS, and most have made very little effort to draw-up a policy framework that adequately addresses the epidemic (ACU, 2001; Kelly, 2003). Clearly, new policy initiatives concerning these issues are needed (ACU, 2002). In considering these initiatives, it would be helpful to consider five key components:

- Responsibility of staff and students
- Provision of prevention, care, and support services
- Employment policy
- Enrolment policy
- 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 in conclusion. Institutionalizing an HIV and AIDS response in NOUN would require it to do much more than just producing high quality research and supporting peer education and awareness raising campaigns. It will require serious self-reflection and analysis on the impact the epidemic can have on NOUN – specifically the extent student and staff illness and death can have on the inner workings of the institution, and how this will affect the 'supply and demand' side in NOUN's provision of quality education. Moreover, will NOUN be able to keep in place the much needed mechanism required to provide prevention, care, and support services to its staff, students, and the surrounding community it serves (UNESCO, 2006).

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