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# **IMPLEMENTATION OF REPRODUCTIVE HEALTH AND HIV AND AIDS CURRICULUM IN THE TEACHER EDUCATION PROGRAMMES IN NIGERIA**

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## **Abstract**

The global concern and the recent scourge of HIV & AIDS brought to the fore the urgent implementation of the Reproductive Health and HIV & AIDS curriculum in the Teacher Education programmes at all the levels of education in Nigeria. This paper, therefore examined the prevalence of HIV & AIDS, the objectives and rationale for the implementation of reproductive health and HIV & AIDS. Also, the paper highlighted the Federal Government and UNICEF (B-field) initiatives on HIV & AIDS and the roles of health educators in the implementation of the reproductive health and HIV & AIDS curriculum in the Teacher Education programmes in Nigeria. It was therefore recommended that the curriculum on Reproductive health and HIV & AIDS constructed and vetted by experts should be implemented in all the Teacher education programmes in Nigeria.

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**Keywords:** Reproductive health, curriculum, HIV & AIDS, Teacher Education.

## Introduction

The global concern and the scourge of HIV and AIDS worldwide brought to the fore the urgent need to deal with adolescent reproductive health issues. Millions of people are already infected with the Human Immuno Deficiency Virus (HIV) which acts to destroy the T-cells and macrophages in the Immune System. Those who are infected with HIV may progress to a much more common type of Immune Deficiency known as Acquired Immune Deficiency Syndrome (AIDS). AIDS is a disorder in which the immune system loses its effectiveness, leaving the body defenseless against bacterial, viral, fungal, parasitic, cancerous, and other opportunistic diseases. Without the immune system, the body cannot protect itself against the many organisms that can invade it and cause damage (Brannon and Feist, 2007). AIDS, therefore, suggests a state of health in which the body system lacks resistance to infectious and degenerative diseases. The victims of AIDS find that common diarrhea, meningitis, pneumonia and tuberculosis could easily kill them, unlike in the past when their bodies could have helped to prevent such diseases. The disease is known to be contagious. The highest concentrations of the virus are found in blood and in semen. Blood transfusions from an infected person, injection with a contaminated needle, unprotected sexual intercourse and mother-child transmission during the birth process seem to be the most common routes of infection.

The AIDS epidemic is a global crisis with impacts that will be felt for decades to come. More than 28 million people have died since the first case was reported in 1981. In 2005, AIDS killed 2.8 million people, and an estimated 4.1 million became infected, bringing to 38.6 million the number of people living with the virus around the world; 24.5 million of these people live in Sub-Saharan Africa (where in some countries one in three adults are infected) and 8.3 million live in Asia (UNAIDS, 2006). The UN report stated that the use of anti-retroviral drugs have risen from 700,000 in 2004 to over 5 million people in 2009 (Makinde, 2010). The report, further stated that Sub-Saharan Africa continues to be the region most affected by the epidemic, with around 70% of all new HIV infections occurring at the zone.

The HIV virus was discovered in 1986 in Lagos, Nigeria, the most populous nation in Africa with an estimated population of over 140 million people, has over 300,000 of its citizens dying yearly of complications arising from AIDS (Makinde, 2010). The author, further reported that official records show a steady rise in HIV prevalence rate, from 1.8% in

1988 to 5.8% in 2001, 5.0% in 2003 to 4.4% in 2005 and more recent figures put the prevalence rate at 5%. Similarly, Oyakhire (2010a) reported that with about 3.8 million men, women, and children currently living with HIV infection, Nigeria ranks fourth among countries with high disease burden after Uganda, South Africa and India. The author, further stated that the HIV prevalence has moved up from 4.4 in 2008 to 4.6 in 2009. In some states of the federation, the prevalence levels are twice, or even three times or more above the national average.

One reasonable conclusion that could be drawn from those findings is that not much has changed to reduce the rate of hetero-sexual transmission of HIV. Studies worldwide have indicated that 80 to 90 percent of HIV infections occur through heterosexual mode of transmission. Starting with an initial male to female transmission ratio of fifteen to one, the situation in Nigeria has rapidly deteriorated such that, the ratio is about one to one irrespective of biological factors (Oyakhire, 2010b).

The best way of fighting the HIV & AIDS scourge in the absence of a cure or vaccine for protection is through a comprehensive programme of education, testing, counselling and treatment. Education is the most effective preventive strategy in the war against HIV & AIDS. Nigeria should use its rapidly – improving school system as the main plank in the teacher education programme, as this is where the highly vulnerable population of adolescents and youths are to be found. Education is vital to dispelling the myths and inaccuracies about HIV & AIDS, and providing the youths with the information that they need to ensure their own safety. For instance, progressive social changes led American schools in the past century to include citizenship training, physical education, vocational training, driver and sex education. These subjects are considered useful for the youths to flourish in the new society. There is no doubt that the implementation of Reproductive Health and HIV & AIDS Curriculum in the Teacher Education programmes in Nigeria will reduce the present menace arising from multifarious sex related problems.

## Teacher Education in Nigeria

The National Policy on Education (2004) in Nigeria stipulates that Teacher Education shall continue to be given major emphasis in all educational planning and development. Thus, the goals of Teacher Education include:

- 1) To produce highly motivated, conscientious and efficient classroom teachers for all levels of the educational system;
- 2) To encourage further the spirit of enquiry and creativity in teachers;
- 3) To help teachers to fit into social life of the community and the society at large and enhance their commitment to national goals;
- 4) To provide teachers with the intellectual and professional background adequate for their assignment and make them adaptable to changing situations;
- 5) To enhance teacher's commitment to the teaching profession.

Based on these goals, the Teacher education programmes in Nigeria is structured to equip teachers for the effective performance of their duties. One of the ways to equip the teachers with adequate knowledge of the concepts of HIV and AIDS, including 'WHAT' to teach and 'HOW' to teach the youths under their care is the implementation of reproductive health and HIV & AIDS curriculum in the Teacher education programmes.

Teacher education programmes are available in the following institutions in Nigeria:

- i. Colleges of Education;
- ii. Faculties of Education in the Universities;
- iii. Institutes of Education;
- iv. National Teachers Institute;
- v. School of Education in the Polytechnics;
- vi. National Institute for Nigerian Languages (NINLAN);
- vii. National Mathematical Centre (NMC)

The institutions enumerated above are required to train professional teachers in Nigeria. The Teacher education programmes take cognizance of changes in methodology and in the curriculum, hence the implementation of Reproductive health and HIV & AIDS curriculum in the Teacher education in Nigeria is not out of place.

## **Objectives of Reproductive Health and HIV & AIDS in Teacher Education**

The UN General Assembly special session on HIV & AIDS in June 2001 adopted and agreed that by 2010, at least 95 percent of young men and women aged 15 to 24 should have access to youth specific HIV education (Oyakhire, 2010a). Reproductive health and HIV & AIDS education should be the concern of every individual, parents, teachers and students. Students are expected to possess adequate knowledge about reproductive health and HIV & AIDS if they are well guided by competent professional teachers. Teachers by virtue of their training are supposed to be knowledgeable enough about reproductive health that they will be able to disseminate such knowledge to the children or students they teach on graduation from the institutions.

Comprehensive reproductive health education as stated by Adegboyega (2005) is a planned process of education that fosters on the acquisition of factual information, formation of positive attitudes, beliefs and values as well as development of skills to cope with biological, psychological, socio-cultural and spiritual aspects of human sexuality. The main goal of Reproductive Health Education is the promotion of sexual health by providing learners with opportunities to:

1. Develop a positive and factual views of sexuality;
2. Acquire the information and skills they need to take care of their sexual health, including preventing HIV & AIDS;
3. Respect and value themselves and others, and
4. Acquire the skills needed to make healthy decisions about their sexual health and behaviour.

Certainly, there would be positive reinforcement for the efforts of local and international organisations looking to stem the tide of HIV & AIDS pandemic. Some degree of relief would equally be felt if reproductive health and HIV & AIDS curriculum is incorporated into the Teacher Education programmes in Nigeria.

## **Rationale for Reproductive Health and HIV & AIDS**

Young people need reproductive health education that model and teach positive self-worth. They need information and assurance about what is happening to them. Even, as they mature, some feel confused about what they are supposed to do in a variety of situations – making sense of evolving relationships with family and peers, experiencing new sexual

feelings, and trying to assess conflicting messages about who they are and what is expected of them. The problem is compounded by the fact that young women particularly adolescents are at the mercy of misinformation and pressure from peer groups, and from the failure of parents and guardian to discuss sexual health because of cultural and religions reasons. Oyakhire (2010b) observed that upper secondary school and lower tertiary school girls did not understand their menstrual cycles, often mistaking ovulation for menstrual pain. The author, stated further that the girls were unaware of emergency contraceptives and use common family pills in the wrong doses and at the wrong periods. Some of the girls had argued that HIV & AIDS is an adult problem. In addition, the author, discovered that older women, sex workers (brothel and non brothel-based) had stronger ability to negotiate for safer and wet sex, attended workshops on Sexually Transmitted Infections (STIs) including HIV and were more knowledgeable about issues on reproductive health.

Unfortunately, many people still believe that teaching about sexuality would encourage “sexual experimentation” though, several studies have been conducted to determine whether sexuality education programmes actually increase young people’s sexual involvement. Fortunately, NERCD (2001) conclusively showed that contrary to such beliefs, there was no significant relationship between receiving formal sexuality education and initiating sexual activity. Rather, sexuality education results in postponement or reduction in the frequency of sexual activity and more effective use of contraception and adoption of safer behaviour.

Instead of telling adolescents only about the health risks and potential negative consequences associated with ‘sex’ teachers need to provide young people with more balanced messages. Adolescents certainly need to receive clear, protective messages about sexual decision – making, but they also need to hear affirming messages about healthy sexuality. Reproductive health touches on many aspects of life, including biology; gender roles, body image and inter-personal relationships; thoughts, beliefs, values, attitudes and feelings; and sexual behaviours.

There is need to help young people develop a positive sense of their own sexuality by creating opportunities for them to consider all aspects of human sexuality, to ask important questions, and to understand that there are adults who supports them as they learn about this part of themselves. Reproductive health is a broad-based and addressed all aspects of sexuality such as safer sex, use of condom (male and female condom), early detection and

treatment of sexually transmitted infections, voluntary counseling and testing, emergency and mandatory testing, and contraception as in cases of rape.

### **Federal Government Initiative in Nigeria**

The concept of Sexuality Education (SE) was accepted as critical to helping young people with the acquisition of adequate knowledge, skills and responsible attitudes in order to prevent and reduce sexually transmitted infections (STIs) including HIV & AIDS. Consequently, at the 46th session of the National Council on Education (NCE) in March 1999, approval was given for the incorporation of Sexuality Education into the national school curriculum.

In response to this new trend and based on the ever increasing wave of HIV & AIDS cases in Nigeria, the Nigerian Educational Research and Development Council (NERDC) in collaboration with the Federal Ministry of Education and Action Health Incorporated developed a National Sexuality Education Curriculum for upper primary school, junior secondary school, senior secondary school and tertiary institutions in Nigeria. The draft curriculum for each of the educational levels was forwarded to all the states in Nigeria, vetted by experts in the relevant field of education under the auspices of the Ministry of Education. The curriculum (NERDC, 2001) is structured in such a way that it provides a framework for the acquisition of knowledge of human sexuality and family living from childhood to adulthood. It also reflects a comprehensive approach to sexuality education from primary to tertiary levels of education. The curriculum is organized around six themes. These are:

- Human development
- Personal skills
- Sexual health,
- Relationship,
- Sexual Behaviour
- Society and culture

Each theme covers knowledge, attitudes and the necessary skills that are available.

Unfortunately, the curriculum, good as it is, has not been implemented in the school system in Nigeria. There is no doubt that healthy youths and other members of vulnerable groups such as person living with HIV & AIDS (PLWAA) and persons secretly living with

HIV & AIDS will benefit immensely from the socially and scientifically constructed curriculum, if implemented.

### **UNICEF Initiative in Nigeria**

The UNICEF B-field (comprising of all the States Colleges of Education in South West, Edo and Delta States, Nigeria) in collaboration with the College of Education, Ikere – Ekiti organised a workshop in Ado – Ekiti at which participants drew a curriculum on HIV & AIDS for students of Colleges of Education in B-field areas. This curriculum represents a starting point for developing a comprehensive approach to Reproductive Health and HIV & AIDS Education in Colleges of Education in Nigeria. It was developed through an inclusive, representative and participatory process. The curriculum was designed to cover 3 semesters. The course is assigned one credit unit per semester and should be made compulsory for all students. The course is designed to be sequentially taught. Thus:

#### **Year I: 1st Semester**

- Historical Background of HIV & AIDS
- Adolescent reproductive health
- Strategies for improving self-esteem;
- Basic facts on HIV & AIDS
- HIV transmission

#### **2nd Semester**

- HIV & AIDS: fact and figures
- HIV prevention methods
- Role of youth in HIV prevention
- Youth as agents for Behaviour change

#### **Year II: 1st Semester**

- Dealing with AIDS impact on communities and family including harmful traditional practices
- HIV Counselling and Testing
- Care and support for those living with/or affected by HIV & AIDS, orphans and vulnerable children (including discriminations & stigmatization)
- The Faith Based perspective on HIV & AIDS



The curriculum was forwarded to the participating State Colleges of Education for implementation. However, the course is taught and supervised by the General Studies Unit in a few Colleges of Education in South-West, Nigeria.

It is not out of place to assert that teachers are a critical factor in qualitative education delivery hence, teacher preparation and professionalisation must be pursued assiduously. Based on this fact, the UNICEF B-field organised a five-day workshop on skills and strategies for teaching reproductive health and HIV & AIDS in Colleges of Education in B-field coverage. The training and mentoring is one way of providing the participants support with a view to updating the skills of teachers and also a step forward towards educating the teachers who will handle the teaching of HIV & AIDS curriculum in the Colleges of Education.

Sexually transmitted infections and HIV & AIDS are said to be behavioural infections, they can be controlled with behaviour change strategies (Achal, 1993). Health Education, as a means of behaviour change, has been proven effective in the control of STIs and HIV & AIDS, hence, the role of health Educators can not be ignored in the effective implementation of Reproductive Health and HIV & AIDS curriculum in Nigeria. The health educators can influence positively the attitudes and behaviour of their students through information and quality education.

### **Role of Health Educators in the Implementation of Reproductive Health and HIV & AIDS Curriculum**

Generally, the purpose of health education is help people make intelligent decisions and take actions that will improve or promote health. The importance of health education as a means of controlling sexually transmitted infections and HIV & AIDS is widely accepted, since it is increasingly recognized that their prevention, transmission, diagnosis, and treatment are influenced to a large extent by the behavioural and socio-cultural factors involved (WHO, 1977). The focus of health education in HIV & AIDS control is to motivate towards educational objectives related to sexual behaviour, promotion of sexual discrimination, use of condom, avoidance of self-medication, recognition of symptoms and reporting early for treatment.

Health educators may involve the use of information and education to influence knowledge, attitudes and behaviour towards a healthier lifestyle. The method of health

education can be unilateral or bilateral (Achal, 1993). The unilateral methods include the use of film, television, slides, radio, tapes, written materials, lectures or seminars. The bilateral techniques involve discussions, small group meetings, demonstrations with questions and group discussions with public participation. The unilateral methods are highly effective in making large sections of the population aware of the dangers or problems of HIV & AIDS. Bilateral methods are used to get people change attitude and behaviour because it encourages personal participation, and their ability to creates commitment favourable to change, establishment of group standards and pressures that induce individuals to alter their behaviours. It is important that health educators could combine the two methods in their programme and to consider the needs of the students they teach.

The teacher could use the following approach during teaching-learning process.

- Group or small group discussion.
- Demonstration with questions and answers on HIV & AIDS.
- Dramatization or role play-revealing the consequences or having many sexual partners.
- Moral talks on HIV & AIDS during morning assembly.
- Organizing a debate on any topic related to sexual behaviour among the youths.
- Organizing seminars, inviting guest speakers to talk on HIV & AIDS

## **Conclusion**

Literature search has shown that the societal attitudes towards sex coupled with the wide-spread of ignorance are the major factors contributing to the spread of HIV & AIDS in Nigeria. Human behaviour is very complex and hard to change. STIs and HIV & AIDS are said to be behavioural infections. They can be controlled with behaviour change strategies.

Immediate implementation of Reproduction Health and HIV & AIDS curriculum, already constructed and vetted For Teacher Education, is one of the strategies that can influence the attitudes and behaviour of the youths and adult population in Nigeria. Hence, health educators could use available teaching methods to influence the attitudes and behaviour of their students through information and education in an effort to minimize or prevent the spread of HIV & AIDS and other STIs infections in Nigeria.

## Recommendation

The following recommendations are made towards the implementation of Reproductive Health and HIV & AIDS curriculum.

- 1) The curriculum on Reproductive health and HIV & AIDS already constructed and vetted by experts should be incorporated into the Teacher Education Programmes in all the tertiary institutions responsible for the training of teachers in Nigeria.
- 2) A Work Plan of Action on the implementation of HIV & AIDS curriculum should be developed by the Federal Ministry of Education
- 3) Health educators should organize virile anti-HIV & AIDS clubs among the students in their institutions.

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