The universal basic education programme and the family life HIV education in Nigeria

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Abstract

The study assessed the capacity of the Universal Basic Education Programme in Nigeria to effectively implement the Family Life HIV Education Curriculum. Using descriptive statistics, the study has analysed and presented graphs and tables of various national and regional public primary school data from 2004 to 2008 to showcase trends of available capacity in the UBE programme. Pupil enrolment is gradually on the increase in Nigeria and even though the pupil/teacher ratio is inadequate, most of the teachers in the UBE programme are qualified. The total number of existing public primary schools, classrooms and qualified teachers are not equitably distributed in the various regions of the country. The study however concludes that the implementation of the FLHE curriculum through the UBE programme would have an impact on the fight against HIV based on the total number of primary schools, quality of teachers, and number of pupils. Family Life HIV Education is critical to the reversal of the HIV epidemic in Nigeria and should be implemented fully in all primary schools in the country.

Keywords: HIV education, Primary schools, Nigeria, HIV prevention

1. Introduction

The first case of AIDS in Nigeria was reported in 1986 while the first HIV sero-prevalence sentinel survey among pregnant women age 15-49 years attending antenatal clinics to monitor the trend of the HIV epidemic was undertaken in 1991. Sentinel survey data show that the HIV prevalence increased from 1.2% in 1991 to 5.8% in 2001. After 2003 the prevalence declined to 4.4% in 2005 before slightly increasing to 4.6% in 2008. Results from the latest round of sentinel survey shows that the national prevalence is 4.1% in 2010. Analysis of the HIV prevalence trend in Nigeria indicates that the epidemic has halted and is showing signs of stabilizing at 4% from 2005 till date (FMOH, 2010).

The HIV epidemiological picture shows considerable diversity across Nigeria’s geographic landscape, both in terms of the level of infection and the trend. The 2010 national survey by the Federal Ministry of Health shows that the HIV sero-prevalence ranges from 1.0% in Kebbi State to 12.7% in Benue State. Six states have shown a consistent downward trend between 2005 and 2010 while eight states have shown a consistent rise. Trend analysis of HIV prevalence among youth age 15-24 has shown a consistent decline from 2001 to 2010 (i.e. from 6% (2001), through 5.3% (2003), 4.3% (2005), 4.2% (2008) and to 4.1% (2010).

The data presented show that HIV in Nigeria is stabilising and may be declining (UN, 2010). However, at sub-national levels HIV has continues to pose a serious threat to vulnerable populations including women, children and babies (NPC, 2009; FMOH, 2010).

In order to achieve an HIV free generation in Nigeria, it is important to impart sexuality and HIV prevention knowledge into primary school pupils and sustain the teaching of HIV prevention through secondary and tertiary levels of educational development. In response to this important need, the Federal Ministry of Education Nigeria designed the Family Life HIV Education (FLHE) to address the captive audience in primary schools throughout the country. The FLHE curriculum was developed to equip young people with the capacity to handle issues such as negotiation, assertiveness, coping with peer pressure; attitudes such as compassion, self-esteem, and tolerance; and adequate knowledge about HIV transmission. The pivotal themes around the curriculum’s development were age specific and include human development, personal skills, HIV infection, relationships, society and culture (Shofoyeke, 2008). The implementation of the FLHE Curriculum started in 2004 after the training of teachers and educational administrators on methodologies and content.

The Government of Nigeria established the Universal Basic Education (UBE) Programme on the 30th of September 1999 and signed the UBE Bill into law on the 26th May 2004. The establishment of the UBE is primarily to close the literacy gap; make education available to rural children; and encourage the education of the girl child. The Universal Basic Education (UBE) programme is a nine (9) year basic educational programme which involves six years of primary education, and three years of junior secondary education. The UBE programme aims to eradicate illiteracy, ignorance and poverty as well as stimulate and accelerate national development, political consciousness and national integration. The financing of basic education is the responsibility of States and Local Governments. However, the Federal Government has decided to intervene in the provision of basic education with 2% of its Consolidated Revenue Fund. For states to fully benefit from this Fund, criteria were established which states are to comply. The Act also provides for the
establishment of the Universal Basic Education Commission (UBEC) to co-ordinate the implementation of the programme at the states and local government through the State Universal Basic Education Board (SUBEB) of each state and the Local Government Education Authorities (LGEAs).

This study therefore intends to assess the distribution of primary schools, pupil enrolment, and availability and quality of teachers in order to establish the critical mass and cognitive potential available for the implementation of the FLHE Curriculum in Nigeria. The study intends to demonstrate that the implementation of the FLHE Curriculum through the UBE programme has the potential to advance HIV prevention amongst primary school pupils thereby creating a solid foundation for an HIV free generation in Nigeria.

2. Materials and methods

All the data used for this study are secondary data of public primary schools in Nigeria. Data on the Universal Basic Education (UBE) programme was obtained from the Universal Basic Education Commission. Data on primary school education and the Family Life HIV Education (FLHE) Curriculum was obtained from the Federal Ministry of Education while statistics on primary school enrolment and pupil/teacher demography was obtained from the National Bureau of Statistics (NBS). Descriptive statistics was used to analyse the data collected which have been presented in graphs and tables to demonstrate the available capacity of the UBE programme to implement FLHE and initiate a movement of young minds towards an HIV free generation in Nigeria.

3. The family life HIV education curriculum

According to the National Educational Research Development Council (NERDC, 2003) of the Federal Ministry of Education, 60% of all reported cases of HIV/AIDS came from the age group 15-24 years which constitute more the 50% of the national population. The urgent need to vigorously mainstream HIV/AIDS prevention in schools necessitated the review of the earlier existing sexuality education curriculum. NERDC (2003) stated that the sexuality education curriculum was designed following "the resolutions and Programme of Action of the 1994 International Conference on Population and Development (ICPD) which made it imperative to place emphasis on Reproductive Health including Family Planning and Sexual Health amongst other issues of human population" (p. i). The sexuality education curriculum was redesigned to become the Family Life and HIV Education (FLHE) Curriculum for primary, secondary and tertiary levels of education in Nigeria following the 49th session of the National Council on Education (NCE) in September, 2002 (NERDC, 2003). The main goal of FLHE is the promotion of awareness and prevention against HIV/AIDS through the following objectives (NERDC, 2003, p. i); (1) to provide individuals with information and skills necessary for rational decision making about their sexual health; (2) to change and affect behaviour on humanity; and (3) to prevent the occurrence and spread of HIV/AIDS.
NERDC (2003, p. iv) also states that:

*The FLHE Curriculum represents a starting point for developing a comprehensive approach to 'Humanity' Education and it will guide the national school curriculum integration efforts at the primary, junior secondary, senior secondary and tertiary levels of education. It was developed through an inclusive, representative and participatory process and drew on the perspectives of reviewers and resource persons from the six geopolitical zones of Nigeria to ensure national coverage and socio-cultural applicability to the diverse communities in the country.*

4. Capacity of the UBE Programme to implement the FLHE curriculum

The population of Nigeria was estimated to be 154,774,091 in 2010. Of the total population, about 49% were children under the age of 19 years while adults constituted about 51%. About 70% of the population reside in the rural areas while only about 30% live in urban areas. The percentage of the population that ever attended schools was higher in urban (91.4%) than in the rural areas with 80.7%. Gender variation still existed in school attendance as females’ attendance (81.2 %) was lower than that of males with 88.1% (NBS 2010). Despite the tremendous progress in expanding enrolment and increasing years of schooling since 1960, Nigeria is yet to benefit from such development in-term of increased growth. Schooling in Nigeria has not delivered fully on its promise as the driver of economic success. Expanding school attainment, at the center of most development strategies, has not guaranteed better economic conditions (Fadiya, 2010). However, education more often than not holds the key to other conditions of existence as it affects the economic and social conditions of individuals. Good and quality education driven by deliberate government policy is all that is needed for the advancement and human development. The educational system in Nigeria is based on 3 major levels: primary, secondary and tertiary.

Table 1 shows information on primary education in Nigeria (2004-2008). The total number of primary schools in 2008 was 54,434. Pupils enrolment dropped by 1.56% in 2008. Total number of classrooms as at 2008 was 319,590. The most notable trend in Table 1 is the drop in enrolment figures from 2006 to 2008 though a gradual rise exists when compared with figures earlier than 2004. Female enrolment remained impressive throughout from 2004 to 2008 even though male enrolment dominated. This is a pointer that female enrolment is gradually on the increase in Nigeria. The pupil/teacher ratio from 2004 to 2008 when compared with the calculated class size is inadequate. Class-size is the number of pupils per class and is computed by dividing the number of pupils by the number of classes (Adeyemi, 2009). If teachers are to have time for needed reading and research between regularly scheduled curriculum days, teacher pupil ratios and class loads must be reasonable for effective management (Oghuvbu, 2011).

The quality of teachers that are available for the UBE programme is presented in Figure 1. Those with a graduate degree and a National Certificate of Education (NCE) made up more than half of the total number of teachers in the UBE programme. This is a demonstration of the quality of teachers available in the primary education system in Nigeria. Emphasis recently placed on the hiring of teachers with specialist teaching
training by the Federal Ministry of Education may be responsible for the number of qualified teachers. Teachers with only an NCE also made up a good number of the stock while those with unspecified certifications were below 50,000. The quality of teachers available at primary school level is very important in the implementation of the Family Life HIV Education curriculum. Quality of education is often defined in relation to student learning outcomes and curriculum relevance. This is because curriculum relevance is at the heart of any education enterprise, and underpins perceptions about the usefulness and utility of what students learn in school. In the absence of more reliable and accurate measures of quality, Kakuri (2012) mentioned qualification of teachers and teacher/pupil ratio as key to measuring quality of education.

| Table 1. Summary of Primary School Data in Nigeria (2004-2008) |
|------------------|---------------|---------------|---------------|---------------|---------------|
| Year             | 2004          | 2005          | 2006          | 2007          | 2008          |
| Total Schools    | 60,189        | 60,189        | 54,434        | 54,434        | 54,434        |
| Total Enrolment  | 21,395,510    | 22,115,432    | 23,017,124    | 21,632,070    | 21,294,517    |
| Total Male Enrolment | 11,824,494  | 12,189,073    | 12,575,689    | 11,683,503    | 11,483,943    |
| Total Female Enrolment | 9,571,016        | 9,926,359    | 10,441,435    | 9,948,567    | 9,810,575    |
| Total Teachers   | 591,474       | 599,172       | 586,749       | 468,202       | 586,930       |
| Total Male Teachers | 291,384      | 294,434       | 323,798       | 241,826       | 300,931       |
| Total Female Teachers | 300,090     | 304,738       | 262,951       | 226,376       | 285,999       |
| Total Classroom  | 254,319       | 254,319       | 319,590       | 319,590       | 319,590       |
| Pupil/Teacher Ratio | 36           | 37            | 39            | 46            | 36            |
| Class Size (TE/TC) | 84           | 87            | 72            | 68            | 67            |


Figure 2 presents the 2010 HIV prevalence of children between the ages of 15-19 years which is the school age of children who may be graduating from the 9 years UBE programme into the Senior Secondary level of education. In a study by Ssengonzi et al. (2004), the issue of primary education for Children Affected by AIDS (CAAs) was discussed. According to Ssengonzi et al. (2004), “Children Affected by AIDS are children infected with HIV or those whose parents or guardians were either infected with HIV or have died from HIV/AIDS-related causes.” Results from the study by Ssengonzi et al. (2004) showed that 2.2% of the respondents reported that they have had children infected with or affected by HIV/AIDS in their schools, 6.7% were not sure, and the rest reported not having had a CAA in their schools over the last two years.
These self-reported assessments by the respondents may not necessarily represent the actual situation of CAAs in primary schools; the finding however underscores the need to take the implementation of the FLHE curriculum seriously.

![Figure 1](image1.png)

**Figure 1.** Qualification of Teachers in the UBE Programme (2008) in Nigeria

![Figure 2](image2.png)

**Figure 2.** HIV Prevalence rate among Youth aged 15-19 years (2010) in Nigeria

The number of public primary schools is highest in the North West and lowest in the South East as presented in Figure 3. The figure also shows that there are more public primary schools in the northern regions than the southern regions of the country. HIV prevalence among the age group 15-19 is highest in the North Central and South South region of the country (Figure 2). Comparing Figure 2 with Figure 4 which presents the 2008 enrolment figures for the various regions, it is quite clear that the North West which has the highest enrolment rate of primary school children has a low prevalence of HIV. There is no doubt that
early HIV education contributes in reducing the rate of new HIV infections. The low enrolment figures in the South East, South South, and South West could be attributed to the preference of private schools over public schools in those regions. Even though the literacy level in formal education is documented to be higher in the southern regions than the northern regions, the HIV prevalence in the age bracket of 15-19 in some parts of the southern region is still quite high. Adeniyi, Oyewumi and Fakolade (2010) found that there is a significant improvement in knowledge, attitude, and decision making patterns among adolescents on the issue of HIV/AIDS as a result of Family Life HIV Education.

![Total number of Public Primary Schools (2008) in Nigeria](image)

**Figure 3.** Total number of Public Primary Schools (2008) in Nigeria

More females were enrolled for the UBE programme in the South East and South South regions in 2008 (Figure 4). This is because most male children in this region prefer business apprenticeship training over formal education. It is however hoped that the directive of several state Governors which makes basic education compulsory in this regions would initiate a change. Figure 4 reveals that more males are being enrolled in the UBE programme in Nigeria. The North West region which has the highest enrolment figure for 2008 also has a high rate of female enrolment which demonstrates the willingness to encourage girl-child education. The rate of girl child education in the past was quite low in the northern parts of Nigeria. A popular saying in literature posits that by educating a girl child you are educating a nation. Educating female children adequately with lifesaving information is very instrumental to sustainable development.

The total number of teachers available for the UBE programme in the various regions of the country is presented in Figure 5. In 2008, 51% of the teachers in the UBE programme were males while 49% were females. The number of teachers is highest in the South East and is also high in the North West and North Central regions. The South South region has the lowest number teachers and when this is compared with the prevalence rate of HIV for the age bracket 15-19 years in Figure 2 and the enrolment figures in Figure 4, the region may need to work hard to ensure the FLHE curriculum is adequately implemented. The North Central
region which has a high number of teachers and a considerably high number of pupil enrolments also has a high HIV prevalence rate among the age bracket of 15-19 years. This region may need to redouble its effort in implementing the FLHE to ensure its young population breaks the trend of new infections in the region.

Figure 4. Pupils enrolment by sex (2008) in Nigeria

Figure 5. Total number of Teachers (2008) in Nigeria

According to Ssengonzi et al. (2004), HIV/AIDS interventions in the education sector are likely to yield significant results, since they are developed to impact on the quality and quantity of a nation’s future human capital. This makes primary teachers and school administrators a very important group in the fight against HIV/AIDS. Furthermore, the critical role they play in handling children in their most formative years can be
useful to pupils in avoiding HIV infection throughout their lives. It is therefore very important for teachers to be knowledgeable about HIV/AIDS and have the requisite skills and proper attitude to educate pupils about HIV. In a study by Jaiyeoba (2011) involving 454 teachers in the South West, an average of 72.35% of the teachers sampled had the knowledge of primary school education objectives in Nigeria. About 43.57% perceived teaching as a lucrative profession. However majority of the teachers were interested in the cognitive and affective development of their pupils. The achievement of the primary education objectives in Nigeria depends on the adequate implementation of the primary school curriculum modules, which depends on provision of basic facilities and positive supervision of teachers and other school personnel (Oghuvbu, 2011).

5. Challenges facing the implementation of the FLHE curriculum in Nigeria

The increase in the enrolment growth rate in primary education following the introduction of the UBE programme requires adequate planning for the provision of basic infrastructure for the pupils. The need for more teachers in the programme should consider sustaining the recruitment of qualified teachers. All these have financial implications. The UBE programme of which the primary education is an important integral part, require about NGN3, 504, 749, 532, 420. This amount would make it possible to ensure total and successful implementation over a period of one decade (Oni, 2009).

Weak political commitment at subnational levels especially at the Local Government Area councils is affecting the implementation of the UBE programme in rural areas. In Nigeria, there have been indications that there is serious under investment in basic education even though rates of return at these education levels have long been known to be very high and the indirect feedback effects on economic development can be seen to be even larger. There is, therefore, the need to increase government spending on education at all levels. Budgetary allocation to education should be increased to the UNESCO prescribed 26% if the MDGs goals must be achieved (Fadiya, 2010). The successful implementation of the FLHE curriculum is critical to the sustainable development of Nigeria.

The Family Life and HIV/AIDS Education curriculum specifically provides approaches and guidelines on how to teach HIV/AIDS in primary schools and training around this curriculum commenced in 2003.

Shofoyeke (2008) found that the FLHE curriculum was being implemented in some rural and urban schools in Lagos state but was not leading to the desired knowledge, skills and attitudes. This was occasioned by non-availability of instructional materials, method of inclusion, and inadequate teachers’ skills and method to discuss sex related issues. He suggested that teachers be re-trained and adequate instructional materials provided to aid teaching of the life skills to enable the future adults cope with the challenges of HIV/AIDS. The ultimate success of the FLHE curriculum implementation would depend on the coverage of teacher training to the level of rural areas.
6. Recommendation

This study has looked at the potential of the UBE programme to successfully implement the FLHE curriculum in Nigeria. Based on the findings of this study, the following recommendations are suggested:

- The FLHE curriculum is critical to an HIV free generation in Nigeria. The Federal Ministry of Education should therefore intensify the dissemination of the FLHE Curriculum to all primary schools in the country and organise training programmes for teachers in a way that would ensure adequate coverage of the country.
- The FLHE curriculum should be incorporated in the curricula of teacher training institutes to promote sustainability in the implementation.
- The Federal Ministry of Education should strengthen the monitoring and evaluation of the impact of the FLHE on the primary education landscape of Nigeria.
- Stakeholders in the education sector should advocate for increased political commitment to instigate the upgrade of primary school infrastructure in rural areas.
- An appraisal of private primary schools is also necessary to assess the available capacity and willingness to implement the FLHE curriculum in Nigeria.

7. Conclusion

This study has looked at primary education which is an integral part of the Universal Basic Education Programme in Nigeria to ascertain if the capacity to effectively implement the Family Life HIV Education exists. The study has presented national and regional information on public primary schools from 2004 to 2008 to showcase trends and available capacity in the UBE programme. The study finds that pupil enrolment is gradually on the increase in Nigeria and the recruitment of more teachers is necessary to have an adequate pupil/teacher ratio. Even though the quality of teachers in the UBE programme is currently adequate, efforts should be made to sustain the recruitment of teachers with the required qualification. The total number of existing schools and classrooms are not equitably distributed in the various regions of the country and are inadequate especially since the enrolment figures are expected to rise in the coming years. Notwithstanding the shortfalls in the total number of schools, classrooms and teachers, the study concludes that the UBE programme has adequate capacity for the implementation of the FLHE curriculum. This is because of the total number of primary schools, quality of teachers, and number of pupils available. The study finds that Family Life HIV Education is critical to the reversal of the HIV epidemic in Nigeria and should be implemented fully in all primary schools in the country.
References


