

Full Length Research Paper

Parents and HIV/AIDS education in schools in Delta State: A panacea for in-school interventions

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Basic HIV/AIDS education in schools remains fundamental to the global effort to combat HIV transmission. Although HIV/AIDS education is targeted at all ages, it is most important for young people because they experiment with risky behaviours due to the demands of their developmental stage. This descriptive survey study was carried out to examine the perspectives of parents on the inclusion of HIV/AIDS education in schools, in Oshimlli North/South Local Government Area of Delta State. Two research questions based on eight (6) independent variables which included: religion, sex, socio economic status, level of education and occupation were set. The qualitative finding indicated that parents will want to be more involved in the HIV/AIDS education of their children and possibly learn more in order to buttress what is taught in school. They also indicated that their children should be taught sex and HIV/AIDS education to prevent further spread of the disease. The researcher recommended that the school should involve parents in the HIV/AIDS education of their children through Parent Teachers Association (PTA) where talks on HIV/AIDS can be given and the curriculum discussed before been taught to children.

Key words: HIV/AIDS education, socio economic status, level of education, occupation.

INTRODUCTION

From the time of existence of man, survival of the fittest has been and always would be the focus. However, never have survival been challenged as it is presently with raging scourge of HIV/AIDS. The human immunodeficiency virus (HIV) is the virus that causes the acquired immune deficiency syndrome (AIDS), a pandemic that is spreading around the world, infecting an estimate of more than 14,000 individuals every day. The 2011 UNAIDS World AIDS Day report indicate that in 2010, an estimated 68% of all people living with HIV resided in sub-Saharan Africa, a region with only 12% of the global population. In Nigeria, an estimated 3.6% of

the population are living with HIV and AIDS (UNGASS, 2010), with this accounting for 9% of the global infected populace. Although HIV prevalence is much lower in Nigeria than in other African countries such as South Africa and Zambia, the size of Nigeria's population (around 162.5 million) indicate that millions of individuals are infected with the scourge. Approximately 220,000 people died from AIDS in Nigeria in 2009 UNAIDS (2010). With AIDS claiming so many lives, Nigeria's life expectancy has declined significantly and this does not tell well for our children and future. Efforts to prevent the spread of HIV/ AIDS among young people require the

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combined effort of the school and home (parents). This is because youth generally regardless of HIV status, engage in risky behaviours during their adolescent years. The most common risky behaviour includes unprotected sexual intercourse and the use of illegal substances (Ugoji, 2008, 2011; Agokei et al., 2011). Researching into HIV/AIDS education in schools, Taylor (2006) states that the fact about HIV/AIDS should be taught in schools for a simple reason; one can not expect kids to know all they need to know based on reading or discovery. They need to be told this stuff, not in a “you can get HIV/AIDS” kind of way, but more of an education way that shows how HIV is contracted, how it progresses and what you can do to help prevent yourself and others from getting this. Basic HIV/AIDS education in schools remains fundamental to the global effort to combat HIV transmission. Although HIV/AIDS education is targeted at all ages, it is most important for young people because they experiment with risky behaviours due to the demands, of their developmental stage. These demands could be physiological, cultural, economic or sociological. For instance the adolescent stage in life marks the increase change in biological functioning, hormonal discharges, physical changes built and often results in the attraction and concern of opposite sex. For many third world countries family survival depends on the economic and social power of the adolescents. Here, their trading skills and successful relationships could determine their now and future.

HIV education in schools targets young people because they are the ones hit by the infection. Joint United Nations Programme on HIV/ Acquired Immune Deficiency Syndrome (UNAIDS) reported in 2000 and 2008 that the highest prevalence rate of HIV/AIDS is among young people. It reported that Nigeria has a general epidemic driven primarily by heterosexual transmission. The Center for Disease Control (CDC) adds that half of the new HIV/AIDS cases each year are found among young people under the age fifteen to twenty five. This implies that this disease threatens the next generation and more attention needs to be paid to the attitude of young people towards sexual issues. It also means that there is a need not only to educate young people against risky behaviour that could lead to contracting HIV but also educating them early in life. Such education could include information about the body, sexual functioning and behaviours. Such information on sexual issues given to children would transform them, keeping them abreast of the dangers involved in indulging in risky behaviours. However realizing the need for educating children on sexual matters as relates to HIV/AIDS has not changed the fact that it remains a very sensitive issue since sex has to be discussed. Studies in Nigeria have shown that parents rarely have discussions about sex and sexuality with their children (Uche and Osaghae, 1998; Odey, 2004; Briggs, 2001). Hence many parents are left ignorant of the dangers inherent in inappropriate sexual behaviours among their wards.

Some parents argue that discussing sex with children only makes them curious and want to experiment. On the contrary, it is the lack of knowledge and the human need to know that creates such curiosity.

However, perceptions of parental support for broadly-based sexual health education in the schools can be influenced, particularly at the local level, by a number of factors. For example, in a particular community, those who oppose the provision of sexual health related HIV/AIDS education in the schools or who argue that such education should only embody a particular ideological vision of sexual health may be highly vocal and persistent in promoting their point of view, thereby giving the impression that they represent a large proportion of community opinion. In accordance with this, Ogunjimi, (2006) from a similar study reported that neither the parents nor majority of the students who participated in the study were of the opinion that the teachers in schools are better trained to carry out the sex education assignment. He noted that it was a clear indication that the society is yet to have required confidence in the ability of the teachers to carry out this important assignment. Given that educators and policy makers will want to take into account parents' perspectives when making decisions about the existence, extent, and nature of school-based sexual health education in their communities, it is important to ascertain parental opinions on these issues as accurately as possible. This may be particularly important in communities where clear differences of opinion are already evident or seem likely. It is against this background that this research will attempt to justify the teaching of HIV/AIDS issues in schools. The research will focus on the perspectives of parents on HIV/AIDS education in schools particularly on whether they approve or disapprove and if they are actively involved in providing comprehensive HIV/AIDS education in schools and complimentary education at home.

Research question

The following research questions were raised for the study. What is the composite contribution of age, sex, educational level, religion, parents' occupation, and socio economic factors on parents' perspective on the inclusion of HIV/AIDS education in schools?

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METHODOLOGY

Design

The research is survey in nature, seeking for the opinions and attitudes of parents to the inclusion of HIV/AIDS education in

schools. The study used both quantitative and qualitative methods in the process of data collection. Due to the volatile and sensitive nature of the phenomenon under consideration, it was important that the study provides a definite and clear picture. To achieve this necessitate the use of both quantitative and qualitative methods to ensure that the study captures and provides an in-depth understanding of the issue, so that decisive conclusions could be reached.

Subjects

The target population for the study was drawn from Oshimili North/South Local Government Area, consisting of parents of all ages. Subjects were randomly drawn from parents in twenty schools.

Purposive random sampling technique was adopted in selecting twenty (20) parents from each of the twenty (20) schools. This will include ten (10) males and ten (10) females for each school.

Instruments

A thirty-eight (38) items questionnaire and ten (10) structured interview schedule was used to gather data regarding the perspective of parents in in-school HIV/AIDS education. The questionnaire composes of two (2) sections. The first section contained background general and social information about the participant. This initial information though general is relevant to the conclusions that was arrived at, such information as sex, age and marital status. The second section covered issues relating to the views of parents on HIV/AIDS education in schools, such as their involvement in in-school HIV/AIDS education and discussing sex as it relates to HIV/AIDS education in schools. This was coined from the AIDS related social skills questionnaire (ARSSQ) and the sexuality questionnaire by the Institute for Medicine, Psychology and Religion Cambridge, which measures the attitude of parents and teenagers towards sex related issues on Likert-type scales with reliability of $\alpha = 0.85$.

Focused group discussion

The questionnaire was distributed to a total of four hundred (400) parents. After which an in-depth interview was conducted with fifty (50) of the respondents. The interview schedule covered questions that provided greater understanding of the issue, such as conditions and values that influence their views.

Procedure

Four hundred (400) copies of the questionnaire were administered to parents with the help of school counsellors and forwarded to parents through their wards (children).

Method of data analysis

Analysis of variance was the major statistical tool in this study. The study employed the use of Pearson Product Moment Correlation and Multiple regression analysis.

Results

Table 1 depicts the correlation between the independent and dependent variables some were negatively correlat-

ed while some are positively correlated while some are significant and some were not significant.

Research Question one

What is the composite contribution of age, sex, marital status, educational level, religion, parents' occupation and socio economics factor on parents' perspective on the inclusion of HIV/AIDS education in schools?

Table 2 shows the prediction of all the seven independent variables to the dependent variable. That is parents' perspective on the inclusion of HIV/AIDS education in school correlated positively with the six predictor variables. The table also shows a coefficient of multiple correlation (R) of 0.575, a multiple R^2 of 0.331 and an adjusted R^2 of .320. This means that 32% of the variance in parents' perspective on the inclusion of HIV/AIDS educations in school is accounted for by all the six predictor variables when taken together. The table also shows that the analysis of variance for the regression yielded on f-ration of 7.885 (significant at 0.05 level). This implies that the joint contribution of the independent variable to the dependent variable was significant and that other variables not included in this model may have accounted for the remaining variance.

Research Question Two

What are the relative contributions of age, marital status, educational level, religion, parent's occupation, and socio economic factor on parents' perspective on the inclusion of HIV/AIDS education in schools.

Table 2 reveals the relative contributions of the six independent variables to the dependent variable as represented in their beta weights and t-ration value. The partial correlation coefficients of sex, tribe and occupation have negative relationship with parents' perspective on the inclusion of HIV/AIDS education in schools. The positive value of the effects of religion, educational status, mental status, socio-economic status and marriage type implies that the parents' perspective on the inclusion of HIV/AIDS education in schools is encouraging. Using the standardized regression coefficient to determine the relative contributions of the independent variables to the explanation of the dependent variable, educational status of the parent ($\beta = 2.692$, $t = 4.157$, and $p < 0.05$) is the most potent contributor to the prediction followed by marital status ($\beta = 1.214$, $t = 1.963$, $p < 0.05$), religion ($\beta = 0.481$, $t = 0.795$, $p > 0.05$), socio economic status ($\beta = 0.271$, $t = 0.443$, $p > 0.05$); occupation ($\beta = -1.322$, $t = 1.843$, $p > 0.05$); and sex = -1.520 , $t = 2.414$, $p < 0.05$) in that order.

DISCUSSION

The family is the primary contact point of any child. It is

Table 1. Relationships between socio-personal variables and parents' perspective on the inclusion of HIV/AIDS education school in Delta State.

| Predictors | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-----------------------|----------|----------|---------|---------|---------|--------|-------|
| Religion | 1.000 | | | | | | |
| Sex | 0.011 | 1.000 | | | | | |
| Occupation | -0.969 | 0.105* | 1.000 | | | | |
| Educational level | -0.019 | -0.006 | 0.243** | 1.000 | | | |
| Marital status | -0.109* | -0.051 | 0.030 | 0.243** | 1.000 | | |
| Socio economic status | -0.227** | -0.011 | -0.030 | 0.030 | 0.142** | 1.000 | |
| HIV/AIDS education | 0.031 | -0.145** | -0.065 | -0.030 | 0.192** | -0.081 | 1.000 |

Table 2. Summary of regression analysis of predictor and criterion measure.

| Variable | R | R ² | adjR ² | F-ratio | Beta | T | P |
|-----------------------|------|----------------|-------------------|---------|--------|------|------|
| Religion | | | | | 0.481 | 0.80 | 0.43 |
| Sex | | | | | -1.520 | 2.41 | 0.02 |
| Occupation | .575 | .331 | .320 | 7.885 | -1.322 | 1.84 | 0.07 |
| Educational status | | | | | 2.692 | 4.16 | 0.00 |
| Marital status | | | | | 1.214 | 1.96 | 0.05 |
| Socio-Economic status | | | | | 0.271 | 0.44 | 0.06 |

the institution that provides the basis on which every Child's future is built. It is the institution that provides the basic unit of society. Thus, what obtains (as established by the review) is a reflection of what obtains in individual families. Thus many school failures, delinquencies and anti-social behavior have been traced quite naturally to the family (Odey, 2004). In view of this it is important that, schools, governmental and non-governmental organization work with parent to educating children on HIV/AIDS. The research questions were postulated to determine the composite contribution of religion, sex, and marital type, educational level of parents, ethnic group, occupation and socio economic factors on parents' perspective on the inclusion of HIV/AIDS education in schools. The relative contributions of the independent variables to dependent variable were also determined and it was discovered that there was a significant relationship between these variables and the independent variable. The findings agreed with postulations of the world health Organization (WHO) and United Nations Educational, Scientific and Cultural Organization (UNESCO) in their jointly published school health education to prevent AIDS and sexually Transmitted Diseases (1995) which recommended that the content of school based programs should emphasize life skills and attitudes as well as biological facts and that HIV prevention education must be relevant to the cultural context of the environment.

Though research about the view of parents on HIV/AIDS education and the use of parents as vital tools

to the control of HIV has been largely overlooked, many viable organizations and programs are now embracing parents in HIV youth intervention and prevention. This is because as earlier stated parents are unique and powerful tools for the transmission of values and attitude change in younger generation because they serve as first teachers and models to children. Thus, their opinion is vital to the HIV/AIDS education process that takes place in schools. This is so because the debate between educators who say sex education will reduce HIV rates and help young people protect themselves and critics who fear it will corrupt young minds and ruin cultures. In India for instance, critics feel that sex education may be necessary in western countries but not in India which has a rich culture. According to them sex education is only for married people. On the other hand the proponents of sex education say that conservative ideas have little place in a modernizing country where attitudes towards sex are changing rapidly. However, the focus group interview revealed that parents were confident that teachers would teach their children what is appropriate and if more than abstinence is discussed then fair enough because young people are more at risk if not educated about the disease. As such the advent of the disease means children can no longer be ignorant about the leading mode of HIV/AIDS transmission.

The study also established a positive and encouraging view from all religions, contrary to the popular opinion of scholars. Such as Tan (2000) who stated that religion plays such an integral role in people's lives that an

HIV/AIDS prevention programs cannot be effective unless it deals with people religious beliefs and practice. Despite those varying beliefs about HIV/AIDS education among religions and denominations such as the catholic who do not support condom usage, the survey revealed a positive disposition education, the survey revealed a positive disposition among parents of all religious.

IMPLICATION AND RECOMMENDATION

Parents have been proved to greatly influence the lives and sexual choices of their children and realizing the way by which children learn according to social cognitive theory, parents need to develop good personal qualities and make personal choices that reflect whole some social values that children can emulate to promote a healthy society and generation. Teachers act as trusted source of information for young people. As such they need to improve both their knowledge of HIV/AIDS and communication skills to effectively perform their role in the fight against HIV/AIDS in young people. Through the relationship between the school and the community there would be more awareness. Young students from schools will be able to educate their parents', relatives and the parents will in turn encourage moral behaviour and check risky ones. This inter-relationship will make awareness program spread faster and lead to stigma reduction in communities. It is recommended that educating parents about HIV/AIDS through Parent Teachers Association meetings, workshops or seminars, to avail them with the opportunity to acquire facts about HIV/AIDS is relevant. This is to equip them not only with the facts about the virus but with communication skills to pass on the information to their children and compliment what is taught in school. HIV/AIDS Prevention should be relevant to the cultural context of the parents and pupils and should emphasize delaying sexual activity and mutual fidelity. Only teachers who are appropriately trained and respected by students should be involved in HIV/AIDS education. Not teachers who are embarrassed discussing sex with their students. Parents should be involved in the planning of HIV/AIDS curriculum and its presentation through Parents Teachers Association (PTA) to ascertain parents' views and level of support before commencing the program. HIV/AIDS Teachers should be equipped with a good knowledge of religious and cultural values of the people and to respect those values in communicating HIV/AIDS education.

CONCLUSION

The research has proved that parent desire their children to be educated on HIV/AIDS; they want to be involved so as to gain information on ways to compliment what is taught in school. It was also established that parents trust

teachers and are not opposed to them discussing issues that may be considered sensitive with their children in the cause of HIV/AIDS education. Taking into consideration communication barrier, and the lack of literature review, which makes it impossible to generalize the findings of the research, it is important that similar studies should be conducted in the various geographical locations of the country to generate adequate data and literature review on the perspective of parents on the inclusion of HIV/AIDS education in schools. The views of parents to any issue that relates to the lives of their children is very important, such that governmental and nongovernmental organizations cannot afford to ignore them in the effort to prevent the further spread of HIV/AIDS among young people. As proven by theories and literature review, parents as first teachers to children serve as models and transmitters of information; hence, it is important that they be involved in the HIV/AIDS education of their children in order to compliment what is taught in schools.

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