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Attitudes of Education Planners and Managers to HIV and AIDS Screening and Stigma Related Issues in Nigeria

By

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Abstract

This paper investigated the attitudes of educational planners and managers to HIV and AIDS screening and stigma. 31 permanent secretaries and chairmen of State Universal Basic Education Board were randomly selected out of 74 cut across the six geopolitical zones in the country. 77 principals of junior secondary schools were randomly selected from 229 principals in Ogun State. 21 Assistant Head teachers were purposely selected from Remo educational zone in Ogun state where HIV prevalence is known to be highest in South West Nigeria among women of reproductive age. An open ended questionnaire was administered to the respondents personally and were collected back immediately after completion. Data generated were analysed using descriptive statistics such as frequency, percentage and bar chart. The study found that the school managers were more willing to screen for HIV to know their status than the planners. In each group, more males were willing except among the Assistant Head teachers where more females did. It is suggested that educational planners/policy markers and school managers are re-oriented, and trained in HIV and AIDS issue to engender their support for HIV and AIDS progammes and their implementation at school level.

The emergence of HIV and AIDS is one of the most devastating occurrences in human history. Statistics show that over 20 million deaths have been recorded while about 40 million people are currently living with the virus globally (Federal Ministry of Education, 2005). In 2007, Joint United Nations Programmes on HIV and AIDS (UNAIDS) stated that approximately 33 million people worldwide were infected with HIV while sub-Saharan Africa remains the most affected region in the world and it is home to almost 67% of all people living with HIV.

In Nigeria, HIV and AIDS were first recorded in 1986 and their sero-prevalence increased from 1.8% in 1991 to 5.8% in 2001. The slight decline in this figure to 5.0% in 2003 and further reduction to 4.8% in 2007 have not been significant to indicate aggressive multi-sectoral response to the challenge. This is evident in the country's second position in HIV prevalence with an estimated 4 million people infected with the virus, 54% of which are women while 46% comprised men and children.

The impact of the epidemic can be felt in violation of rights of the infected and affected persons, supply and demand for labour, loss of valuable skills and experience as a result of death from the disease; in-crease in the numbers of Orphan and Vulnerable Children (OVC), threat to occupational safety and investments, gender inequalities and increased burden on women who bear the brunt of the epidemic. In many countries, more teachers are dying each week than can be trained (World Bank, 2002 cited by FME, 2005).

HIV and AIDS related stigma and discrimination is one of the common challenges posed by the epidemic which has not been adequately addressed through HIV and AIDS programmes and activities in Nigeria. Stigma has been described by Gilmore and Somerville (1994) as marks of disgrace, discredit, or infamy. Hardon, Boon Mongkon, Streefland (1995) regarded stigma as applied more to social disgrace than to any bodily signs. Furthermore, Goffman (1963) stated that stigma is generally recognized as an "attribute that is deeply discrediting" that reduces the bearer from a whole and usual person to a tainted, discounted one. HIV stigma is shaped by individual perceptions and interpretations of micro level interactions as well as by larger social and economic forces (Campbell, Nasir, Maimane and Nicholson, 2007).
AIDS related stigma is the prejudice and discrimination directed at people living with HIV and AIDS (PLWHA), by the groups and communities that they are associated with. It can result in people living with HIV and AIDS being rejected from their communities, shunned, discriminated against or even physically hurt.

Ban Ki Moon (2008) stated that:

> "Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world".

In the same vein, UNAIDS (2008) reported that fear of infection coupled with negative, value-based assumptions about people who are infected leads to high level of stigma surrounding HIV and AIDS. Greeff, Phentihu, Makoae (2008) identified stigma as one of the barriers to reaching those who are at risk or infected with HIV and AIDS. Furthermore, stigma enhances secrecy and denial which are catalysts for HIV

transmission (Rankin, Brennan, Schell, Laviwa and Rankin, 2005). Some studies by scholars like Iwelunmor, Airhihenbuwa, Okoror, Brown and Belue (2006); Okoror, Airhihenbuwa, Zungu, Makofani, Brown and Iwelunmor (2007) have shown that women will not disclose their HIV status to avoid being isolated from participating in socio-cultural aspects of food preparation since food is regarded as an expression of support and acceptance, or people refuse to buy food from PLWHA (Simbayi, Kalichman, Tstrebel, Cloete, Henda and Mqeketo 2007). In the same vein, other studies show that family members of a person who died of HIV and AIDS or family members who live with PLWHA are stigmatized. Therefore, family members encourage PLWHA to remain silent to avoid social rejection (Wood and Lambert. 2008, Ulasi, Preko and Baidoo, 2009). Ngozi, Bart Van den Borne and Nanne (2009) review of literature on stigma of people with HIV and AIDS in Sub-Saharan Africa showed that the cultural construction of HIV and AIDS based on beliefs about contamination, sexuality and religion play a crucial role and prevents the delivery of effective social and medical care (including taking antiretroviral therapy) and also enhances the number of HIV infections.

Education sector is affected by HIV whereas it has been described to be a social vaccine in the absence of cure. Unfortunately, there is dearth of researches in the sector particularly how it is affected by HIV screening and stigma. Thus, this study to an extent fills a vacuum by examining the attitudes of school planners and managers to HIV screening and stigma.

Research Questions

The following research questions were addressed by the study:

1. To what extent will you comply with doctor's instruction to test for HIV to determine the cause of your ailment if you fall ill?
2. How will you feel if the result of the HIV test is positive?
3. What line of action will you take if you test positive to HIV?
4. How will you react if one of your staff tests positive to HIV?

Methodology

The study is a survey of attitudes of school planners and managers to HIV screening and stigma related issues in Nigeria. A six point item open ended questionnaire on HIV screening and stigma was drafted and validated by experts in the field of HIV and AIDS. The questionnaire was open ended to enable the respondents express their opinion on the salient issues such as testing for HIV, their feelings if tested positive, actions to take if found positive, disclosure of status if result of screening is positive, lines of action if family member or staff is HIV positive.

The questionnaire was administered to 31 out of 74 school planners randomly selected in the six geo-political zones in the country. This figure represents 41. 9% of the target population. The planners and administrators consist of permanent secretaries at State Ministry of Education and State Universal Basic Education Chairmen. The

choice of their selection is borne out of their vantage position in policy formulation and direction for implementation. Success of prevention efforts of HIV through education hinges largely on these group of people.

77 out of 229 principals were randomly selected from Ogun State Public Secondary schools. This represents 26.0% of principals in the State. Similarly, 21 Assistant Head teachers were purposely selected out of 98 public primary schools in Remo Education zone which is known to have high prevalent rate which informed the choice of selection of the zone. This figure represents 21.4% of the target population. Both principals and Assistant Head teachers were selected for the study because they are instrumental to implementing school level response to HIV prevention. Therefore, their attitudes to HIV test and stigma related issues are significant since they manage teachers, non-teaching staff and students / pupils.

Questionnaires were administered to the planners and managers individually and were returned immediately after completion. These were collated and analyzed using descriptive statistics like frequency, percentage, and pictorials such as bar chart.

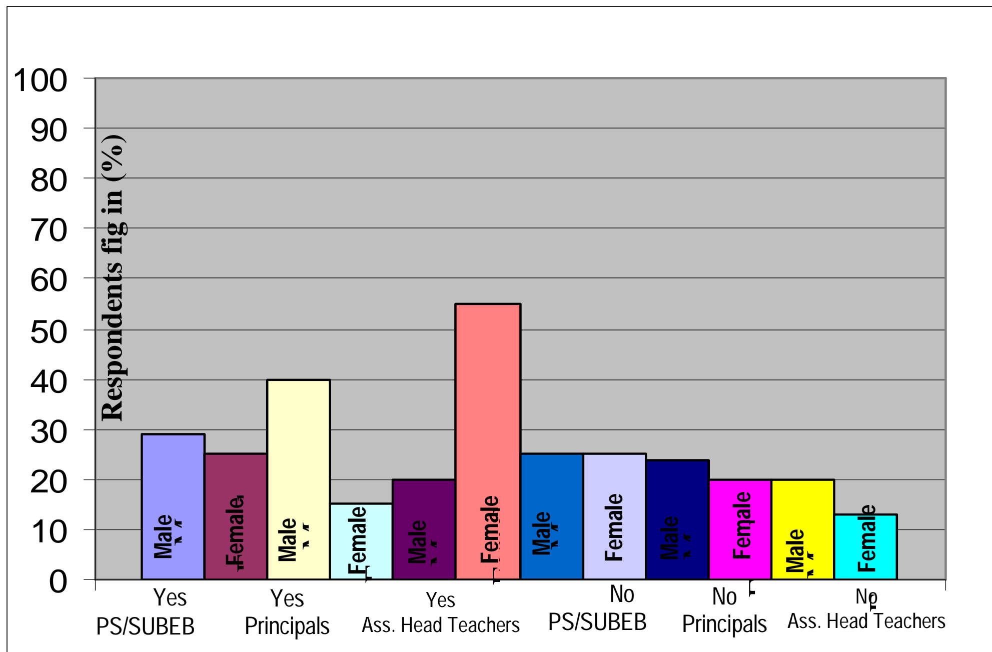
Result

Research Question 1: To what extent will you comply with doctor's instruction to test for HIV to determine the cause of your ailment if you fall ill?

Table 1: Respondents' Gender and Professional Status

	Respondents' Professional status					
Respondents' Gender	**Permanent Secretaries/ State Universal Basic Education Chairmen**		**Principals of Secondary Schools**		**Assistant Head teachers**	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Male	9 (29.0)	7 (22.6)	31 (40.26)	16 (20.78)	5 (23.8)	4 (19.0)
Female	8 (25.8)	7 (22.6)	16 (20.78)	14 (18.18)	11 (52.4)	1(4.8)
Total	17 (54.84)	14 (45.16)	47 (61.0)	30 (39.0)	16 (76.2)	5 (23.8)

Bar Chart Showing Comparison of Respondents' Responses to HIV test



54.4% of the permanent secretaries and Universal Basic Education (SUBEB) Chairmen will comply with directive to test for HIV. This response consists of 24.0% male and 25.8% female. Thus, fewer females than males would comply. On the other hand, 45.16% of the respondents consisting of 22.6% male and 22.6% female indicated that they will not comply. 61.0% of the secondary school principals consisting of 40.26% male and 20.78% female will comply. This shows that more men than women will comply with doctor's instruction.

Among the assistant head teachers, 80.0% consisting of 25.0% male and 55.0% female will comply with instruction to test for HIV as against 20.0% made up of 19.0% male and 4.8% female who will not comply. More male assistant head teachers will not comply than female.

Overall, the bar chart shows that female assistant head teachers are most disposed to complying with testing for HIV status than permanent secretaries/SUBEB Chairmen and principals. Male principals are more disposed to HIV testing than PS/SUBEB Chairmen while male PS/SUBEB chairmen are more disposed to testing than their female counterparts, female principals and male assistant head teachers. Equal number of PS/SUBEB chairmen is not willing to comply with testing for HIV,

which is higher than principals and Assistant head teachers. More male principals than their female counterparts and assistant head teachers are not willing to comply with HIV status testing while female assistant head teachers are least unwilling to test for their HIV status.

Research Question 2: How will you feel if the result of the HIV test is positive? Different responses were given and they are as shown in table 2 below.

Table 2: Felling if Tested Positive to HIV

Feeling	Responses		
	PS/SUBEB Chairmen	**Principals**	**Assistant Head teachers**
• Mentally disturbed, demoralized, feel bad frightened and afraid but accept fate	13 (4.19)	39 (50.6)	15 (71.4)
• Doubt the outcome and go for re-test	-	1 (1.3)	1 (4.8)
• Feel indifferent	-	9 (11.7)	-
• God forbids	-	3 (3.9)	-
• Pray to God	-	2 (2.6)	2 (9.5)
• Take it with courage and face the challenges squarely	3 (9.7)	9 (11.7)	2 (9.5)
• Embarrassed and confused	2 (6.5)	2 (2.6)	1 (4.8)
• Impossible to test positive	-	2 (2.6)	-
• Happy	-	-	1 (4.8)
• Find out how to live with the crisis	-	3 (3.9)	-
• Insecure	-	1 (1.3)	-
• Feel as if death sentence has been passed on me	-	1 (1.3)	-

Respondents had different feelings if tested positive to HIV. 71.4% of the Assistant Head teachers, 50.6% of principals and 41.9% would be mentally disturbed, bad and demoralized if tested positive to HIV. This indicates that Assistant Head teachers will be more disturbed than principals and PS/SUBEB Chairmen while Principals would be more disturbed by their HIV status than PS/SUBEB Chairmen. 4.8% of Assistant Head teachers and 1.3% of principals would doubt the result and preferred to go for re-test to actually ascertain their HIV status. 11.7% of principals would rather feel indifferent as they take it as one of the possible health challenges.
3.9% of the principals believed that God cannot make such test positive. Similarly, 2.6% of the principals and 9.5% of Assistant Head teachers preferred praying to God if tested positive to HIV.

Taking courage and facing the challenge squarely cuts across the three groups of respondents i.e. 9.7% of PS/SUBEB Chairman, 11.7% of principals and 9.5% of Assistant Head teachers. Similarly, feeling embarrassed and confused cuts across the three groups with varying numbers 6.5% of PS/SUBEB Chairmen, 2.6% of principals and 4.8% of Assistant Head teachers.

Research Question 3

What will you do if you test positive to HIV?

Table 3: Action to Take if Tested Positive to HIV

Action	Responses		
	PS/SUBEB Chairmen	**Principals**	**Assistant Head teachers**
• Go to hospital for medical treatment and advice	18 (58.1)	40 (51.9)	11 (52.4)
• Get anti-retroviral drug	6 (19.4)	7 (9.1)	2 (9.5)
• Go for voluntary counselling	3 (9.7)	18 (23.4)	-
• Send family members for HIV test	2 (6.5)	-	-
• Pray and seek God's intervention for healing	-	4 (5.2)	4 (19.0)
• Resign to fate	1 (3.2)	3 (3.9)	1 (4.8)
• Join people living with HIV and AIDS	-	2 (2.6)	1 (4.8)
• Write my will	-	1 (1.3)	-
• Ensure it is not transmitted	2 (6.5)	2 (2.6)	1 (4.8)
• Re – do HIV test	-	-	1 (4.8)

All the groups of respondents indicated seeking medical treatment from hospital if they are tested positive to HIV. More PS/SUBEB Chairmen (58.1%) would choose to go to hospital for treatment than Assistant Head teachers (52.4%) and principals (51.9%). This indicates that knowledge of procuring HIV treatment from hospital is higher among the school planners and administrators than managers which have implications for their staff and school level response.

Although all groups of respondents indicated getting anti-retroviral drug from hospitals but more PS/SUBEB Chairmen showed more interest than Assistant Head teachers and Principals. More Principals (23.4%) than PS/SUBEB Chairmen (9.7%) would go for Voluntary Counselling if tested positive to HIV while no Assistant Head

teacher would do. However, 6.5% of PS/SUBEB Chairmen preferred sending their family members for HIV test to confirm their status.

5.2% of Principal and 19.0% of Assistant Head teachers would seek refuge in religion approach by praying for God's intervention for healing. Besides, 3.9% of the principals preferred getting treatment from traditional healers. This shows that regardless of Principals' and Assistant head teachers' educational background, religion and traditional treatments which had scientifically been found ineffective in the treatment of HIV and AIDS is still being advocated. This has to do with low level of awareness, deep seated beliefs and practices.

Research Question 6

How will you react if one of your staff is HIV positive?

Table 5: Reaction to HIV Positive Staff

Action if staff member test positive to HIV/AIDS	**Respondents Professional Status**		
	PS/SUBEB Chairmen %	**Principals %**	**Assistant Head teachers %**
• Advice to go to hospital for treatment and counselling	16 (51.6)	24 (31.2)	8 (38.1)
• Give care and support	10 (32.3)	19 (24.7)	2 (9.5)
• Offer counselling	67 (22.6)	38 (49.4)	-
• Encourage to use prescribed drugs including anti - retroviral	2 (6.5)	1 (1.3)	-
• Discourage discrimination against infected staff	1 (3.2)	-	-
• Assist financially	2 (6.5)	2 (2.6)	-
• Sympatise with the staff	2 (6.5)	-	-
• Guarantee job security	1 (3.2)	-	-
• Encourage to register with PLWHA	1 (3.2)	-	-
• Get away from him/her	-	-	-
• Offer prayer for God intervention	-	4 (5.2)	1 (4.8)
• Encourage protected sex if cannot abstain	1 (1.3)	-	
• Positive and friendly in dealing with the staff	-	5 (6.5)	-
• Advice to take the whole family members for HIV screening	-	1 (1.3)	-
• Seek for his/her consent to let others know to serve as precaution	-	1 (1.3)	-
• Educate other staff	-	2 (2.6)	-
• Inform the appropriate authority	-	1 (1.3)	-

Opinions differ on what planners, administrators, and school managers would do if their staffs are positive to HIV screening. More planners and administrators

(51.6%) than school managers, 38.1% of Assistant Head teachers and 31.2% of Principals would advise their infected staff to go to hospital for treatment and counselling.

32.3% of planners and administrators as against 24.7% of Principals and 9.5% of Assistant Head teachers would give necessary care and support to their HIV infected staff so that he/she can be useful on the job and to the family.

A high proportion of the principals (49.4%) preferred offering personal counselling to HIV infected staff than 22.6% of the planners and administrators did while no Assistant Head teacher intended to counsel personally.

A small number of planners and administrators (6.5%) and Principals (1.3%) would encourage infected staff to use prescribed drugs including anti-retroviral effectively. Few planners would assist HIV positive staff financially, show sympathy, guarantee job security, encourage to register with PLWHA while some principals seek spiritual intervention, be more friendly and educate them on useful living.

Discussion of Result

Planners / administrators, school managers (principals and Assistant Head teachers) male and female, responded differently to HIV screening and stigma. More principals and Assistant Head teachers indicated that they will submit themselves for HIV test than school planners will do. This response indicates that more female Assistant Head teachers than their male counterparts would comply with HIV testing and this is perhaps because the profession is more female dominated. Besides, studies by UN (1995) had found that educated females are more responsive than males to new ideals and using new techniques.

Among the principals and planners, more males than females would test for HIV. Between the groups, more female Assistant Head teachers would test for HIV than principals and planners. On the other hand, it appears worrisome that significant proportion of school planners and managers would not screen for HIV inspite of their literacy level (all planners, principals and most Assistant Head teachers have a degree or more). This could be due to fear of stigmatization, religious inclination, cultural belief and ignorance of the importance of screening. This agrees with previous studies Thorsen, Sundby and Martison (2008); Daniel and Oladapo (2006); Hutchison and Mahlalela (2006) who stated that fear limits the efficacy of HIV – testing programmes across sub-Saharan Africa because in most communities every one knows sooner or later who visits test centers (Muyinda, Seeley, Pickering and Barton, 1997; Nyblade, Menken and Wawer, 2001). For some individuals, not knowing one's HIV sero-status is far preferable to being tested because a positive HIV test result will force them to stop some of their sexual practices. The belief is that it is better to suffer the disease quietly and hidden than to find out through HIV testing because of the stigma associated with receiving a positive test result, in addition to the feeling that "what you

do not know cannot harm you" (Skinner and Mfecane, 2004). Where planners do not believe in HIV-testing, how can they plan for schools and staff in their care? In the same vein, principals or Assistant Head teachers are expected to lead schools by example and assist in implementing family Life and HIV and AIDS (FLHE) which includes Voluntary Counselling Therapy (VCT). With some of the managers having apathy to VCT, enlightenment for VCT among staff and students must have been absent in many schools, thereby increasing chances of risky behaviours that could lead to further spread of the disease.

Respondents who would test for HIV would feel differently if tested positive Majority of the respondents (Planners, Principals, Assistant Head teachers) said they will be mentally disturbed, demoralized and feel very bad and sad. These feelings could be the fear that the disease has no cure, stigma, discrimination and avoidance in family, school, public and ultimate death. Besides, the societal believe that any one diagnosed with HIV is immoral whereas the disease could be spread through other means. Furthermore, HIV positive persons fear and being psychologically disturbed because of attribution of contagious, incurability, immorality and punishment for sinful acts is common in many societies (Hardon, Boonmongkon, Streefland, 1995; Uys, Chirwa and Dlamini, 2005, Otolok – Tanga, Atuyambe, Murphy, Ringheim and Woldehana, 2007). Nigeria is no exception to these beliefs and level of awareness education not withstanding.

The line of action to take varies if the result of HIV test is positive. More than half in each group of respondents preferred going to hospital for medical treatment and advice. Some preferred getting anti-retroviral drugs which also indicates that they would go to hospital. Some would go for voluntary counselling while few of them preferred joining people living with HIV and AIDS (PLWHA) organization to be able to access treatment and information on best way to live. All these are informed decisions which are expected of persons of their status. Some of the other responses such as "Write my will", "Resign to fate"; "Seek traditional treatment"; "Pray and seek God's intervention for healing"; appear disturbing. Writing one's will implies the person believes in ultimate death even without seeking medical treatment and counselling. Resigning to fate shows that such planners or managers cannot encourage staff or initiate programmes that could aid awareness about HIV and AIDS prevention. Praying and seeking God's intervention though could be a way of fulfilling ones faith, but there have not been established cases that religious approach to healing has ultimate cure. In fact, it has been found to be one of the causes of spread of the disease. Religious bigot planners and school managers might likely not help in the fight against HIV and AIDS in the education sector. Furthermore, no successful traditional healing of HIV has been recorded rather such practice continues to increase risk behaviours. With planners and managers, patronizing traditional healers to cure HIV and AIDS due to strong belief in traditional practice HIV and AIDS prevention programme might not succeed. These findings agree with previous studies by Chimwaza and Watkins (2004) and Plumber, Mshana and Wamoyi, (2006) which found that self-diagnosis and self-treatment remain widespread

owing to stigmatization. It could be stressed that the pursuit of different therapeutic options is sometimes a result of the problematic social complexity linked with AIDS.

School planners and managers responses on their reaction if staff is HIV positive are similar to that of families to some extent but with some work place peculiaries such as "assist financially", "guarantee job security", "discourage discrimination", "educate other staff", "inform the appropriate authority", "advice to take the whole family members for HIV screening". Offer of financial assistance to staff living with HIV and AIDS will enable the staff to procure drugs and feed well to enable him/her live normally and perform duties as expected. Planners / policy makers guaranteeing job security is in conformity with International Labour Law (ILO) as well as Education Sector Policy on HIV and AIDS but very few of them gave this response. This indicates that very few of the planners / policy makers are aware of labour law on HIV and AIDS.

Conclusion and Recommendations

The attitudes of school planners, policy makers and managers to HIV and AIDS screening and stigma have a lot to do with school level response to HIV and AIDS prevention efforts through education. The study found that more than half of the respondents indicated interest in screening for HIV to know their status. Within the groups, there was a gender dimension in willingness to test for HIV. More male planners/policy makers than female counterparts were willing to test for HIV and the same trend was observed among the principals while more female Assistant Head teachers than male did. However, a significant number of the respondents, male and female across the three groups were not willing to submit themselves to HIV screening due to fear of stigma and discrimination.

The findings have policy implications for the education sector. There is need to mount training programme for education planners, policy makers and school managers on HIV and AIDS issues in basic concepts of HIV and AIDS, consequences, stigma and discrimination, gender dimensions in HIV and AIDS, Voluntary Counselling and Testing (VCT), national policy on HIV and AIDS for the education sector with a view to improve their attitudes as they affect their family, staff and students. Better exposed planners and policy makes would initiate or support policies and programmes aimed at reducing the impact of the disease in the education sector and Nigeria at large. Enhancing implementation of Family Life and HIV and AIDS Education Curriculum, at school level by effectively monitoring school managers and providing necessary support is desirable. A better informed planner/policy maker or school manager will encourage and support advocacy programme on HIV and AIDS risky behaviour in work places, schools and for stakeholders. Education has been recognized as a potent instrument of improving knowledge, creating attitudinal change and practices, therefore, planners / policy makers and school managers need be re-trained not only to improve their knowledge but to enhance better attitudes to HIV and AIDS issues generally.

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