

THE USE OF LITERATURE IN TEACHING THE ROOT CAUSES/PREVENTION HIV/AIDS IN EARLY CHILDHOOD
EDUCATION IN DELTA STATE: THE ROLE OF ACADEMIA

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Abstract

The focus of researchers, medical practitioners and scientists on HIV has been on children infected with HIV at birth, women, youths and adults generally. The school curriculum takes care of those in Primary and Secondary schools through Family Life and HIV/AIDS Education. The children in Pre-primary schools that fall between ages 3-5 have not received equal attention on the possibility of being infected with HIV through risky behaviors like the use of infected sharp objects (razor blade, clipper blade) and tooth brush used by an infected person on a bleeding gum. The purpose of this study is to examine the extent to which early childhood educators have made provisions on how to create awareness on HIV/AIDS among the children between the ages of 2-5yrs, to find out whether these selected children have had any awareness on the root cause/prevention of HIV/AIDS and to possibly examine the extent to which the use of poems, songs, storytelling and pictures can help to create awareness on HIV/AIDS root cause and prevention. To do this, a set of questions (pre-test) was administered to thirty-five respondents in early years education pupils and the responses showed that these Early years pupils never had opportunities of being taught, as it was only one of the Respondents out of thirty-five (35) who was able to answer one question out of five questions.

Keywords: Literature, HIV/AIDS Root Cause/Prevention, Early Childhood Education.

Introduction

Since the mid eighties, the fight against HIV/AIDS has generally mobilized governments' international agencies and non-governmental organizations. However, it became evident that despite massive action to inform the public about the risk, behavioral changes were not occurring as expected. The infection continued to expand rapidly and serious questions began to emerge as to the efficiency of the efforts undertaken in combating the illness. Experience has demonstrated that the HIV/AIDS epidemic is a complex, multifaceted issue that requires close cooperation and therefore multidimensional strategies. In the light of experience, it is increasingly being recognized that the HIV/AIDS epidemic is a problem which concerns not only the medical sector, but is above all, multifaceted issue, which requires a multidimensional response. If the question is limited to medical considerations or to purely cognitive information, modern-type of information, education, communication for safe practices, namely tin¹ promotion on low level of condom use, low literacy level, high poverty level, a high prevalence of unrelated sexually transmitted infections (STIs), stigma and discrimination, low status of women, polygamy and low risk perception among high risk group have been highlighted as the major contributors of rapid spread of the disease in the country (Caldwell 1995), the expected results will not be achieved. It is, indeed, a complex socio-economic, societal and cultural phenomenon to be considered in the perspective of sustainable human development.

Acquired Immune Deficiency Syndrome (AIDS) is a disease of human system caused by human immunodeficiency virus (HIV) (Weiss, 1993; Cecil, 1998). This disease progressively reduces the effectiveness of the immune system and leaves the individuals susceptible to opportunistic infections and tumors (Holmes, Losina, Walensky, Yazdanpanah Freeberg, 2003). HIV is transmitted through direct contact of mucous membrane or the blood stream with a body fluid containing HIV, such as blood, semen, vagina fluid, pre-seminal fluid and breast milk (Division of HIV/AIDS prevention, 2003). This transmission can involve anal, vaginal, or oral sex, blood transfusion, pregnancy, childbirth, breastfeeding and other exposure to any of the above mentioned body fluid.

The prevalence of Human Immune Virus/Acquired Immune Deficiency Syndromes (HIV/AIDS) in Nigeria was first diagnosed in 1986, a country with about 140 million (National Population Commission, 2006), has increased to the epidemic proportions. The first cases of HIV infection were diagnosed in 1986 with the prevalence of 4.5%. By 1999, it increased to 5.4% and then to 5.8% in 2001. HIV is mainly transmitted through heterosexual encounters and it is more widely spread in urban than in rural areas (UNAIDS/WHO, 2001). The major transmitters are commercial sex workers and long-distant drivers, but the virus is also spread by sexually active people in the general population (Orbuloye, Caldwell, 1992). Besides, the epidemic is generalized among high risk groups, especially sex workers (SFH, 2001; NACA, 2003).

Such behaviors are those responses, actions or activities that increase their probability of contracting or transmitting HIV/AIDS (Umoh, 2003). These behaviors include having unprotected sexual intercourse, having multiple sex partners, sharing injection needle and other body piercing objects. This is to explain the fact that the period of adolescent and early adulthood are often associated with increased tendency for experimentation, and thus increasing their vulnerability to HIV/AIDS. Other factors associated with increased vulnerability could be lack of awareness and life skill, poor access to good health services, early sexual debut, early marriage, sexual coercion and violence, family

background, peer influence, growing up without parental guidance and lack of positive role model.

HIV/AIDS has been described as the disease that rivals the greatest epidemics of history. Its prevalence soars into hundreds of thousands of new cases each day and reducing the life expectancy of patients. AIDS is now a pandemic (Kallings, 2008). In 2007, it was estimated that 33.2 million people lived with disease worldwide, and that AIDS kills an estimated number of 2.1 million people including 330,000 children (UNAIDS, 2007). HIV/AIDS was recognized as a global crisis by mid 1980s [Liskin, Blakbourn & Maier, 1986]. By 1986, was an estimation of 100,000 AIDS cases worldwide, and about 10 million cases of HIV infection (WHO, cited in Kiragu, 2001). Whereas projections at that time indicated that the number of AIDS-related deaths would reach 1.7 million by 2006, 3 million people were reportedly dead of AIDS by 2001 (UNAIDS/WHO, 2001) HIV/AIDS has spread continuously throughout the world, destroying the lives of people, multiplying health burdens endangering very deleterious socio-economic consequences. In 2000, the total number of death from AIDS globally was at about 22 million (UNAIDS, 2000), and over 40 million people were living in AIDS with the virus.

Although treatment for AIDS/HIV can slow the course of the disease, there is currently no vaccine or cure. Antiretroviral treatment reduces both the mortality and morbidity of HIV infection but these drugs are expensive and routine access to antiretroviral medication is not readily available in all countries (Palella, Delaney, Moorman, 1998). Modern medical knowledge and expertise, have enabled researchers to develop drug combinations that offer new hope to people infected with HIV. Also AIDS awareness/education programmes have been put in place in several countries. As a result of the difficulties in treating HIV infection, preventive measures are the key in controlling the AIDS pandemic with health organizations, promoting safe sex in attempt to slow the spread of HIV. In view of this, it is important to investigate the various variables individuals get vulnerable to HIV. Vulnerability is a situation which makes one liable to HIV/AIDS attack. This is with special reference to the human immunodeficiency Virus HIV/AIDS Syndrome. Vulnerability also means high proneness to HIV infection.

According to UNAIDS (2000) there are several factors that restrict people's autonomy and leave them exposed to HIV infection or vulnerable to needless suffering once infected. These include; discrimination against people with known or suspected HIV infection, lower status women, poverty, domestic violence and rape, split of families etc. It is in relation to these factors that this study is based on. In this study the researcher is interested in finding out the level of HIV awareness among pre-primary school children, between the ages of 2-5 years, whether school/family are aware of the possibility of children between ages 2-5 getting infected with HIV/AIDS and to examine the extent to which literature could be used to teach these children the various ways people including children can be affected with HIV. To also examine the extent to which this study could effectively be used to reduce HIV vulnerability among pre-primary school children. The aim of the study is to assess the efficacy of the use of poems, stories and pictures in teaching Pre-primary school children the roots of HIV infection.

Importance of Learning of Reducing HIV/AIDS

Learning is the process of learning something or knowledge that you get from reading and studying. (Oxford Advanced Learner's Dictionary International Student's Edition New 8th Edition) Children from all over the nation see learning as a means to get a good job, acquisition of skills and knowledge, development of good behavior, promotion of dignity and respect. Children see learning as fun, adventurous and interesting. It enables them discard ignorance and develop talent. They feel comfortable when with others, it enables them to socialize and interact well with others without prejudice.

The Role of Parents and Teachers in Guidance and Information is Central to Children: Children need parents and teachers Education and Counseling to address hopeless situations and life skills education in order to protect themselves from predisposing activities like sharing of toothbrush, razor, clipper, needle and other objects through which HIV/AIDS can be transmitted. Children want their parents to take role (as often stressed in the text of the right of Child) yet parents and teachers hardly talk to them openly on the various means of getting infected. Children are seriously affected by

HIV/AIDS in a number of ways, including their education. They are at risk of infection at home, at school and within the community.

Materials and Methods

This is an experimental study with two groups: the experimental and control group. The pretest was carried out on 35 Pre-primary school children in a privately owned school in Agbor, Delta state, Nigeria. These variables were subjective in nature as such; a better way of determining their influence on HIV was to use self responses of the respondents. This is why respondents provided their opinion to items in the questionnaire.

Participants

A total number of thirty-five pre-primary school pupils were drawn from one of the privately owned schools in Agbor, Delta state, Nigeria. They include 19 (54.29%) females and 16 (45.71%) males whose ages ranged from 2 to 5 years. The sixteen in the experimental group after the six sessions of their responses to the quantitative assessment revealed that 11 [68.8%] children scored above three which indicates positive knowledge of roots of transmission and prevention of HIV while 5 [31.2%] scored less than 3 which indicates low knowledge on the roots of transmission and prevention of HIV and no child scored no knowledge. The 19 children in the control group scored less than 1 indicating no knowledge at all. *A child scored low knowledge while the remaining 34 scored no knowledge on the quantitative assessment administered*

to measure their knowledge on the roots of transmission of HIV. The experimental group was taken through six sessions on roots of transmission using stories, poems and pictures. The control group was taught something similar but a different topic on infectious disease. After these six sessions, there was a remarkable improvement displayed by children in the experimental group

Demographic Respondent Information

| Variable | Number | Percentage |
|--------------|--------|------------|
| Variables | Number | Percentage |
| 1. Gender | | |
| Male | 16 | 45.71 |
| Female | 19 | 54.29 |
| 2. Age H 3 | | |
| Years | 18 | 51.43 |
| 03 Years | 17 | 48.57 |
| 3. CLASS | | |
| Experimental | 16 | 45.71 |
| Control | 19 | 54.29 |

A total number of participants in the focus group discussion included 35 as represented by the table above. Out of this number 16 were males representing 47.71% while 19 representing 54.29% were female gender. A total number of age brackets between 3-5years were used for the study. Age 3years and above were 18 which represented 51.43% while less than 3years were 17 representing (48.57%.) The study is made up of two groups: the experimental and the control group respectively.

The Pre-Test Result

| Question | Yes | No | Total |
|----------------------------------|--------------------|-----------|---------|
| What is HIV? | 0=0% 19=100% | 16=100% | 0 35 |
| Does HIV kill? | 1=6.25% 19=100% | 15=93.75% | 1 34 |
| by looking at the person's face? | 0=0% 19=100% | 16=100% | 0 35 |
| not share with anybody. | 0=0% 19=100% | 16=100% | 0 35 |
| | 0=0% 19=100% | 16=100% | 0 35 |

In responding to the questions, provisions were made either for yes or no. Yes indicates correct answer while No indicates wrong answer.

The result in the table above shows that a greater number of percentages of the respondents have no knowledge on the causes and prevention of HIV/AIDS. During the pre-test session the pupils were called individually to respond to each of the questions. The responses indicate that none of the respondents from the two groups was able to respond correctly to the question, what is HIV?

A careful look at the table, the questions and the responses, conclusion could be drawn that these children had never been taught about HIV/AIDS either at home or at school. The table showed that only one of the pupils, a male pupil from the experimental group, responded correctly to the question, does HIV kill? Out of five questions, thirty-five pupils except one could not respond correctly to the five questions. Unfortunately, the virus, the killer HIV/AIDS does not consider age before it claims lives. Implying that, consistent efforts should be made to create awareness in order to enlighten everybody irrespective of age.

Post Test

| Question | Responses | Experimental group | Control gp | Total |
|---|--|----------------------|----------------------|----------|
| What is HIV? | YES =correct answer. | 10=62.5% | 0=0% | 10 |
| Does HIV kill? | NO==Not correct answer. | 06=37.5% | 19=100% | 25 |
| | YES= correct answer. | 14=87.5% | 04=20.6% | 18 |
| Can you identify anyone with HIV by looking at the person's face? | NO Not correct answer | 02=12.5% | 15=78.94 | 17 |
| | YES correct answer NO not correct answer | 12=75% 04=25% | 0=0% 19 | 12 23 |
| Mention two objects that you should not share with anybody. | YES correct answer NO not correct answer | 14=87.5% 02=12.5% | 02=10.5 17=89.47% | 16 19 |

| | | | | |
|-------------------------------------|-----------------------|----------|---------|----|
| Is it possible to live without HIV? | YES correct answer | 10=62.5% | 0=0% | 10 |
| | NO not correct answer | 06=37.5% | 19=100% | 25 |

sessions of the teaching on the causes of HIV/AIDS and prevention that 62.7% of the respondent from the experimental group were able to give a vivid answer to the question on what HIV is. However, all the respondent from the control group could not answer the question as they were not given the opportunity to have the same interaction which the experimental group had.

Moreover, 87.5% of the respondent from the experimental group responded correctly to question 2 against 12.5% of the respondent who could not answer the question.

In trying to compare the respondents' responses before the post test, one can confidently agree that the respondents have tremendously gained a lot of knowledge from the teaching on the causes and prevention of HIV/AIDS as it was only one of the respondent that was able to answer question 2 on whether HIV kills. It became so obvious when the percentage rose from 6.25% pre test and 87.5% post test. This is to ascertain that the use of literature can be an effective instrument for teaching children between age 3-5 years.

In explaining question 3 from the table above, the response; ;' the respondents from the experimental group

no knowledge was gained on the causes and prevention of HIV by those from the control group as nobody was able to answer questions correctly.

The responses of the respondents to question 4 revealed that 14 representing 87.5% from the experimental group displayed knowledge gained while 2 representing 10.5% could not.

The responses of the respondents above showed that a huge wealth of knowledge was gained by the respondents from the experimental group in the sense, that 87.5% of the participants were able to mention two different objects from the list of objects the researcher mentioned during the sessions of teaching and learning. Besides, two pupils representing 10.5% from the control group were able to mention two objects as specified by the question. Their ability to mention these objects could be as a result of their interaction with those in the experimental group because the pretest result indicates that only one of the respondents was able to answer one of the questions before the teaching took place.

Finally, the responses of the respondents to question five indicate that the pupils have gained knowledge on the awareness on the causes and prevention of HIV/AIDS as expected by the researcher.

Discussions

The study seeks to examine the level of HIV/AIDS awareness among the children between the ages of 2-5 years. This was approached by using a pre-test and post-test design.

The study was conducted in a privately owned school in Ika local government Area of Delta State. It also examines the various ways that can be effectively employed to teach this group of children the cause/ the root transmission of HIV/AIDS. The study basically made use of children's literature such as: poem, song, storytelling, pictures /charts to teach these children on the cause and root transmission of HIV/AIDS. This was effectively carried out by making use of two groups: the experimental and control group. The teaching was made of six sessions, the experimental group was taught using poem, song, storytelling, pictures and charts on the cause/root transmission/prevention of HIV/AIDS. While the control group was taught something different. The result obtained from the experimental group indicates that those in the experimental group gained a high knowledge on the root cause and transmission of HIV/AIDS. On the other hand, no knowledge was gained by those in the control group as they were not exposed to the same teaching. Children within the age range of 2 to 5 years should not be underrated when awareness on HIV/AIDS is been carried out.

Results of the findings obtained from questions: 2, 3 and 4 greatly pointed to the potency of the use of literature as a useful method that could be adopted by teachers in teaching pre- school children: especially songs and the use of storytelling. These aspects of literature if effectively used / applied will boost the children's understanding not only in creating awareness on the root cause of HIV/AIDS but in any other social ills in the society.

Conclusion

The Education of children on the root cause/ prevention of HIV/AIDS will definitely play immeasurable role in curbing social ills among children between the ages of (2-5 years). Opportunities when adequately provided at early age will expose these children to some areas. On how to protect themselves e.g. in the absence of their parents and teachers, the use of literature like, stories, poems and charts can be seen to be effective in teaching children on the danger of sharing sharp objects like razor, needles, clippers, and tooth brush with persons irrespective of their closeness with the person since it is impossible to identify anyone with HIV/AIDS by mere looking at the person's

face. Once the children are rooted in the knowledge as early as possible, the rate of vulnerability in contracting HIV/AIDS will greatly be reduced.

Recommendation

1. The curriculum planners should make every effort to include the education of the pre- primary school pupils on the causes and prevention of HIV/AIDS.
2. The school, the church should not neglect the children between the ages of 2-5yrs in getting the awareness of this deadly disease.
3. The pre-school teachers should not underrate the children between the ages of 2-5years in teaching them the root cause /prevention of HIV/AIDS as age does not prevent them from being vulnerable.
4. The use of literature should be highly recommended to preschool teachers in teaching the pre-school children for better and effective understanding.

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