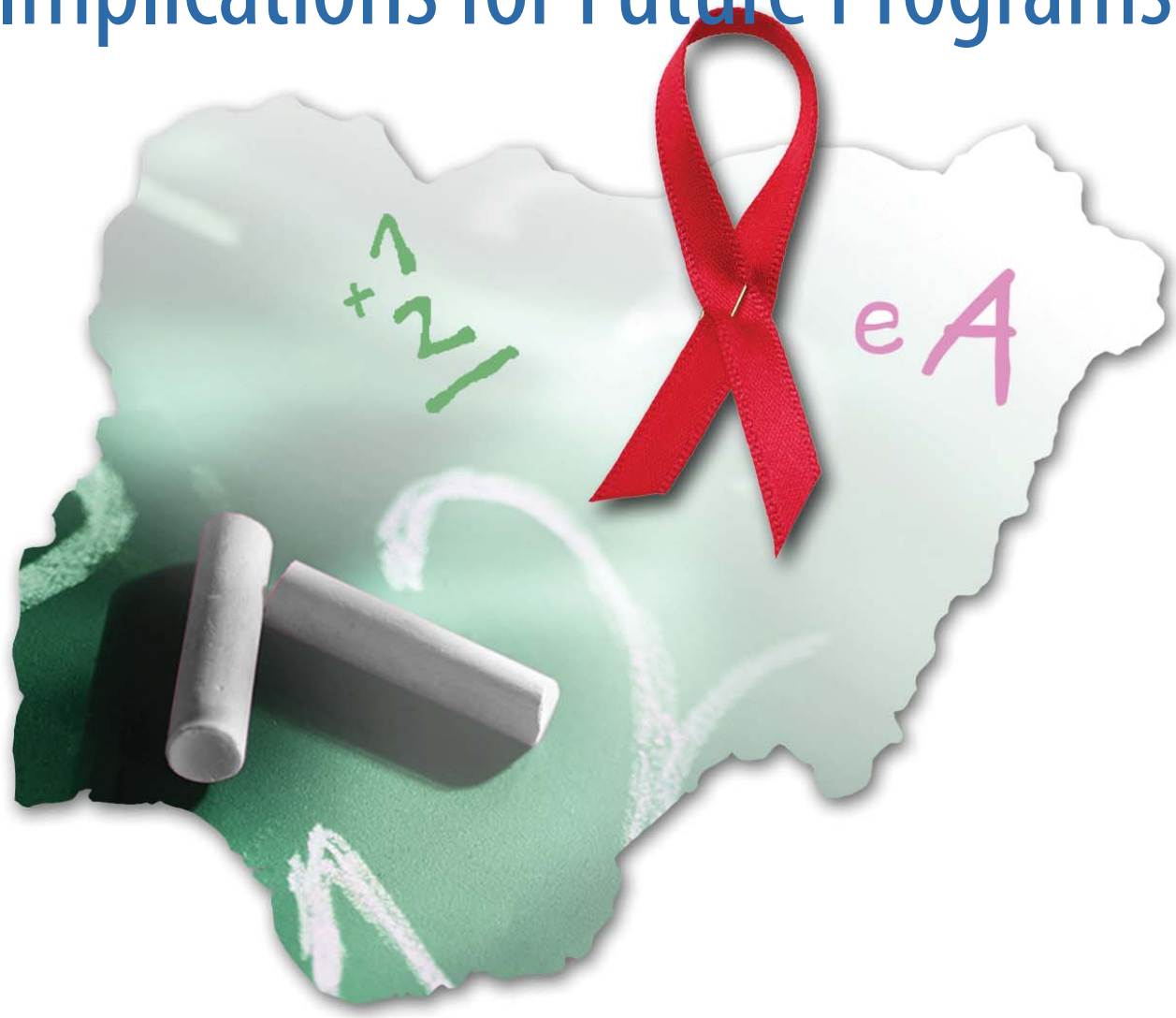
Assessing Educators' Views on the Impact of HIV/AIDS on Primary Education in Nigeria

Implications for Future Programs



Study Report

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Assessing Educators' Views on the Impact of HIV/AIDS on Primary Education in Nigeria

Study Report

Robert Ssengonzi
Alexandra Schlegel
Chukwuemeka Anyamele
Kirsten Olson

RTI International*
3040 Cornwallis Road
PO Box 12194
Research Triangle Park, NC 27709-2194

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Acronyms

CAA	children affected by AIDS
FGD	focus group discussion
FLE	Family Life Education
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
IRB	Institutional Review Board
LACA	Local Action Committee on AIDS
LEAP	Literacy Enhancement Program
LGA	Local Government Authority
NAPTAN	National Association of Parents-Teachers Association of Nigeria
NCE	Nigerian Certificate of Education
NERDC	Nigeria Educational Research and Development Council
NGO	non-governmental organization
NUT	Nigeria Union of Teachers
PLWA	persons living with HIV/AIDS
PTA	parent-teacher association
PTF	Petroleum Trust Fund
SACA	State Action Committee on AIDS
SPEB	State Primary Education Board
UBEC	Universal Basic Education Commission
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development
VCT	voluntary HIV counseling and testing

Acknowledgments

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RTI International wishes to thank the many partners in the federal and state-level governments, development agencies, non-governmental organisations, parents, and religious and traditional leaders that contributed to the successful implementation of this study. Thanks also to the research team for the tireless and diligent work done during the data collection, processing, and analysis. A complete list of the research team is provided in Appendix 1. Most of all, we thank the study participants for their kindness to participate in this research. Without them, the study would not have been a success.

1. Introduction

This report presents results from a cross-sectional study that was conducted in the three Nigerian states of Kano, Lagos, and Nasarawa to assess educators' views on the impact of HIV/AIDS on primary education. To date, very little information is available on this topic, despite a consistent increase in HIV infections among the Nigerian population over the past 10 years that threatens to drastically constrain the progress of the nation. This study was designed to generate essential information on the nature of the HIV/AIDS impact in the education sector, which then can be used to develop HIV/AIDS prevention and mitigation programs in primary schools. Stakeholders interviewed included school administrators, teachers, parents, educational planners, and community leaders.

The report comprises the following four chapters:

- Chapter one discusses the current HIV/AIDS situation in Nigeria, its potential impact on the primary education sector, and the objectives of this study.

- Chapter two describes the study design and methodologies used to conduct the research. The sampling design, sources of data, quality control, and monitoring conducted during data collection, along with the strengths and weaknesses of the data, are presented. This chapter also provides information on the statistical methods used in the management and analysis of data.

- Chapter three presents the results from the study, highlighting differences among states, and in some cases, differences within each state by rural/urban and male/female distribution. Where appropriate, a discussion or interpretation on some of the findings is provided.

- Chapter four summarizes the key findings from this study and their implications for future HIV/AIDS intervention programs in the primary education sector.

2 Background

2.1 The HIV/AIDS Situation in Nigeria and Its Potential Impact on Primary Education

With a total population of over 120 million people, Nigeria is currently estimated to have the highest number of persons living with HIV/AIDS in sub-Saharan Africa, with the exception of South Africa. As of the end of 2003, about 5.4% of Nigerians ages 15–49 were estimated to be HIV-positive—a steady increase from an estimated 1.8% of the adult population 15 years ago.[1] However, state-level estimates in adult HIV prevalence range from as low as 1.2% to as high as 12%. This suggests the possibility of regional differences in the magnitude, burden, and impact of HIV/AIDS, which are in some cases greater than the national average. Evidently, HIV/AIDS is at epidemic proportions in Nigeria and could become the leading cause of adult morbidity and mortality among people in the most productive age group of 15–49. The impact would put a severe dent in the nation's progress and devastate all facets of the society. Basic education is one of the key sectors vulnerable to such devastation.

There is general consensus that basic education forms the core foundation of a literate and progressive society. Unfortunately, the HIV/AIDS epidemic threatens to exacerbate the already tenuous challenges facing basic education in Nigeria through factors that influence both the supply and demand for education. One of the major impacts of HIV/AIDS is the increased HIV/AIDS-related morbidity and mortality among the working-age population of a given society—including teachers, school administrators, and management staff. Yet, unlike in many other professions, the disruptive aspects of HIV/AIDS on the supply and demand for education have negative immediate and long-term effects on the quality of education that are hard to recoup. For instance, the absence of a teacher in a classroom for even one day (either due to sickness or to having a sick relative) directly translates into a loss of knowledge intake for pupils unless arrangements are made to replace the school day in the same year, which will be very hard to do as the impact of the epidemic heightens. Similarly, increased drop out of children affected by HIV/AIDS (CAAs) negatively affects overall pupil enrollment, especially for girls. Even when these children do not completely drop out of school, increased absenteeism due to caregiving roles for their infected relatives negatively affects the likelihood that they will attain the functional numeracy and literacy skills necessary for success.

According to the 2004 *Report on the Global AIDS Epidemic*, about 3.3 million adults ages 15–49 were estimated to have been infected with HIV in Nigeria at the end of 2003. More importantly, a sizable proportion of these people are at a stage where they have developed AIDS-related illnesses that affect their day-to-day activities as well as those of their caregivers. There is little representative data at the national level on specific HIV prevalence amongst Nigerians in the primary teaching profession. However, some HIV experts have posited that prevalence among teachers could be higher than that in the general population because of characteristics that may put teachers at a higher risk of being infected. These characteristics include a higher level of mobility due to teacher transfers, which at times makes it hard to move with their spouses/partners; a relatively higher level of earning and education that makes them attractive partners; and a high level of authority in society that at times could be misused to engage in non-consensual sexual unions. As such, the direct and indirect impacts of HIV/AIDS on primary education could be even higher than in the general population.

[1] Federal Ministry of Health (FMOH), *2001 National HIV/Syphilis Sentinel Survey Report;* Joint United Nations Programme on HIV/AIDS (UNAIDS), 2004.

One particular factor that compounds the impact of HIV/AIDS and scuttles mitigation efforts is the stigma around the disease. Negative and unfair attitudes toward persons living with HIV/AIDS (PLWAs) inflict enormous pain to the people infected and their loved ones, and could also lead to fear of seeking help or assistance among PLWAs. Yet, since most HIV/AIDS-related stigma is relational, it is important to understand the social-cultural context in which it may manifest. In many sub-Saharan nations, including Nigeria, attitudes toward PLWAs have in some cases led to unfair actions such as discrimination in regard to some benefits or entitlements at the workplace (including schools), being fired from work, or being denied medical attention primarily because of HIV status. This is often because of the perpetrators' lack of proper information about the disease (including knowledge on how HIV is transmitted and whether persons infected can continue to function and live a normal life). Informed policies, legislative actions, and operational guidelines to protect the rights of PLWAs at the workplace and in communities, along with with educational efforts that increase the knowledge of people about HIV/AIDS are still much needed.

HIV/AIDS interventions focused on the education sector are also likely to yield significant results, since they would have direct impacts on the quality and quantity of a nation's future human capital. In this regard, primary teachers and school administrators are an important group in the fight against HIV/AIDS. Because of the critical role they play in handling pupils during their most formative years and in infusing ideas and knowledge that can be useful to pupils in avoiding HIV infection throughout their lives, teachers ought to be knowledgeable about HIV/AIDS and have the requisite skills and proper attitude to impart that knowledge to their pupils. In addition, intervention programs must target teachers as a group to avoid the spread of HIV amongst themselves and their spouses/partners, and to mitigate the impact of HIV/AIDS on their work to maintain a high-quality supply of educators. Finally, the education sector—specifically primary schools—is a critical institution in many communities with the mandate for local activities and social cohesion. Therefore, the role of schools as symbolic and physical assets in the fight against HIV/AIDS cannot be overlooked.

To date, little is known in regard to the potential impact of HIV/AIDS on primary education in Nigeria, especially at the sub-national and local levels. Available information, mainly from computer projections and simulation models, provides a useful macro picture on the overall magnitude of the epidemic in Nigeria. However, such information is insufficient to answer other equally important questions about the nature of the HIV/AIDS impact in the education sector, including

- the impact, if any, of illness and caring for the sick on teacher productivity, or regional variances in this impact at the national level;
- the perspective of those working in the education sector; and
- policy and other constraints to effective implementation of HIV/AIDS intervention programs in the education sector.

2.2 Purpose of the Research

It is against this backdrop that a study to examine educators' views on the impact of HIV/AIDS on primary education in the three Nigerian states of Kano, Lagos, and Nasarawa was designed. This study attempted to provide useful information by identifying not only how the epidemic has impacted the education sector but also the opportunities that can be exploited to integrate HIV/AIDS intervention and education development programs. Information was collected from education stakeholders including teachers; school administrators; members of parents-teachers associations (PTAs); religious, traditional, and elected opinion leaders; and local government authority (LGA), state, and federal government officials. The following questions were examined:

- How has the HIV/AIDS epidemic affected primary education in Nigeria (e.g., impact on school administration, teacher workforce and performance, impact on sector costs, impact on pupil performance, enrollment, and attendance rates)?
- Does the impact of HIV/AIDS on primary education in Nigeria vary by region/location (e.g., depending on the level of HIV prevalence, urban/rural settings)?
- What policy constraints (e.g., policies on management, integrated service delivery) need to be addressed to mitigate the impact of HIV/AIDS on the education sector?
- Are there ongoing efforts to solve the problem of HIV/AIDS in the primary education sector? Which ones are showing promise? Which of those efforts can be scaled up?
- How appropriate is it for primary school teachers to deliver HIV/AIDS education and other interventions to pupils? Should and do teachers provide information on HIV/AIDS to pupils at school? How about counseling to the children affected by HIV/AIDS? What have been teachers' experiences in doing this, and what are some of the lessons learned? Are teachers well-equipped to play this role? If not, what strategies can be designed to support them?
- What HIV/AIDS interventions (e.g., counseling, education, condom distribution) can appropriately be incorporated into the primary school curricula? What process/strategy should be adopted to do so?

3 Research Design and Methodology

3.1 Sources of the Data

This study was conducted in the three states of Kano, Lagos, and Nasarawa, which are situated in different geo-political zones of Nigeria. Selection of these states was guided by the United States Agency for International Development (USAID), the funding agency for this study, in consultation with Nigerian government officials. Permission to conduct the study was also sought and granted by the Nigerian Federal Ministry of Education and by state and local government education authorities in each selected study area. Notably, these three states have varying levels of HIV prevalence.[2] The study design and all study instruments were reviewed by RTI's Institutional Review Board (IRB) for ethical research compliance and by a technical review panel in Nigeria comprising stakeholders from the government, donor, and non-governmental organization (NGO) community for ethical and technical content and cultural appropriateness. Copies of all research instruments used in this study are attached at the end of this report in ***Appendices 2–5***.

Gaining a better understanding of the issues examined under this study required an analytical approach that used both quantitative and qualitative data. Research methods included primary data collection and a review of existing literature on primary education and HIV/AIDS in Nigeria. Strategies used in implementing each of these data collection approaches are explained below.

3.2 Documentation Review

RTI staff reviewed available research and existing documents pertaining to HIV/AIDS and primary education in Nigeria. Overall, about 50 relevant documents were reviewed on topics including reports with primary education statistics at the federal, state, and LGA levels; handbooks on basic education curricula in primary schools; a national Family Life and HIV Education curriculum for primary schools; policies on teacher recruitment, promotion, and retirement; plans for implementation of universal basic education; workshop reports on estimating the impact of HIV/AIDS in the education sector; HIV/AIDS workplace policies in the education sector; to assessment of feasibility and limitations of introducing family life education including HIV/AIDS in primary schools. Some of the information gathered during the documentation review was used to guide the design of the primary data collection instruments for this study.

3.3 Primary Data Collection and Analysis

Sampling Design and Selection of Research Subjects

Data collection methods for this study included structured one-on-one interviews with head teacher and teacher respondents, focus group discussions with PTA members, and in-depth interviews with key informants. A multi-stage sampling approach was applied to select head teachers and teachers who participated in the study, while a purposive sampling approach was used to select key informants and focus group discussion participants. The study was conducted in 12 rural and urban LGAs from the three

[2] HIV sentinel reports published by FMOH estimated adult HIV prevalence in Kano, Lagos, and Nasarawa at 3.8%, 3.5% and 8.1% in 2001 and at 4.1%, 4.7%, and 6.5% in 2003, respectively.

states. For purposes of expediency, we used primary schools as the key sampling units for teachers, school administrators, and PTA members who participated in the study.

In each of the states, we stratified all LGAs into rural-urban categories. We then randomly selected four LGAs in each state from the two strata (rural, urban) proportionate to the level of urbanization in the state.[3] Using public primary school data obtained from State Primary Education Boards (SPEBs), we stratified all primary schools in each selected LGA in two categories: those with at least one female teacher and those with no female teacher. Gender in this case was used as a sampling criterion because a sizable number of schools don't have any female teachers in Kano and Nasarawa states, and some schools in Lagos don't have male teachers. As such, the study team was interested in making sure both categories of schools were represented in the sample. Next, we randomly selected a desired number of schools in each category (among those with no female teachers and among those with both male and female teachers) using the probability proportional to size sampling technique in each LGA. This approach provided an opportunity to ensure that schools with varying numbers of teachers were represented in the study. The sample size of selected schools ranged from 25 to 48 in each state depending on the number of teachers in the selected school. The average number of teachers per school was about 13 in Lagos and 6 in Kano and Nasarawa.[4]

Head teacher and teacher respondents—At the selected schools, a census of the head teacher, his/her deputies, and all teachers currently working at the school was conducted. All teachers at the selected schools were eligible for interviews.

Focus group discussion (FGD) participants—A group of 8–12 male or female participants was identified purposively from neighboring communities of selected schools to participate in the FGDs. This was done with the assistance of local leaders who were conversant with the communities. These participants were typically members of the PTAs of the selected schools and had lived in the community for more than one year.

Key informants—A minimum of 10 key informants was interviewed in each state. Selection of key informants was guided mainly by references from stakeholders who were approached during the process of data collection. Nevertheless, we were keen to ensure diverse representation and that participants included religious leaders, LGA/state-level education commissioners, PTA chairpersons, traditional leaders/elders, State Action Committee on AIDS (SACA), and Local Action Committee on AIDS (LACA) officials.

Fieldwork

Fieldwork lasted about 12 weeks, from May 2004 to August 2004; all data from teachers and school administrators were collected between May and July when schools were in session. Before data collection commenced, RTI conducted stakeholders' meetings at the federal, state, and LGA levels that were aimed at sensitizing the communities about the impending study, to get their input on the research

[3] Definition of urban and rural schools was determined with stakeholders from SPEBs, LGAs, and researchers from each state. Typically, urban schools would be those located in areas that are either classified as municipal councils, towns, or cities by the local government. It is important to note that teachers working in a specific school may not necessarily reside in an area with similar classification. LGAs selected were still proportionate to the rural/urban distribution of LGAs in the state, while at the same time, each senatorial zone in the selected states was represented.

[4] In general, urban schools have more pupils and teachers than rural schools. Also, schools in Lagos are bigger than those in Kano and Nasarawa.

tools, and to share experiences on the most appropriate ways to conduct the research in their communities. Comments and input from stakeholders were incorporated into the instruments before they were finalized.

Data were collected by a team of experienced researchers from the respective states where the study was conducted. All selected research staff underwent intensive training sessions to enhance their skills in conducting qualitative and quantitative research and to get a thorough orientation of the study instruments before starting the study. During training, researchers also conducted role playing and pre-testing of instruments in English and in the three local languages of Hausa, Yoruba, and Pidgin.

Each research team comprised a supervisor and six members (three males and three females). Interviews with teachers, head teachers, and parents were conducted at school premises. Structured interviews lasted approximately one hour and were conducted in a confidential manner by an interviewer with no other person present. The majority of teachers preferred to be interviewed in English, and English was used in those cases. However, a provision was also made to administer the interview in a local language when preferred. Written informed consent was obtained prior to interviews, and a copy of the consent form was left with each respondent. The supervisor had the responsibility of reviewing all the completed questionnaires to ensure that all the information had been properly recorded before submission of the instruments to the project office for data entry. Overall, a total of 135 school administrators (head teachers/deputy head teachers) and 1,072 teachers were interviewed in the study.

FGDs and in-depth interviews lasted approximately one and one-half to two hours. Written informed consent was obtained from all key informants, and verbal consent was obtained from FGD participants. In both cases, a copy of the consent form was left with each participant. Each focus group discussion was conducted by two researchers—one working as a moderator, while the other took notes during the discussion. All FGDs were conducted in the local languages of Yoruba and Pidgin (in Lagos), and Hausa (in Kano and Nasarawa). With the permission of the study participants, FGDs were tape-recorded to ease the transcription of notes. In-depth interviews were conducted in English or in a local language depending on the preference of the respondent. Female and male respondents were interviewed separately.[5] The tapes and moderator notes were transcribed and translated by the researchers before they were submitted to the project office in Abuja. As a reimbursement for their time spent with the researchers, FGD respondents were offered a drink and a snack after the group discussions. A total of 114 group discussions with an average of 9 members in each group, and 37 key informant interviews were conducted during the study.

Response Rate

Generally, the data collection process was a positive exercise. An overall response rate of 96% was observed among teachers and school administrators, with 2% absent during the time of interview and 2% declining to participate. Typically, interviewers notified the school principal of the date and time when they would come to the school to conduct the interviews, and in most cases, they returned to a school at least one more time (with prior notification) to interview respondents who were absent on the previous visit to the school.

Still, there were instances related to respondents' participation in the study that are worth noting. One particular issue relates to the poor response obtained for female FGDs in Kano, where the research team failed to conduct any female-only group discussions. The major reason given for this omission was the reluctance of some female PTA members from participating in the study without the consent of their spouses. The fact that this happened for the whole state is intriguing, especially since FGD participants

[5] With the exception of two FGDs comprising both male and female respondents that were conducted in Kano. Data from these FGDs have been excluded from the analysis.

were not selected systematically.[6] Researchers conducted two "mixed" (male-female) FGDs, but they were excluded from the analysis as it would be misleading to compare findings from these two discussions to those that were either male-only or female-only group discussions.

Quality Control and Monitoring

Additional quality control and monitoring exercises aimed at maintaining the collection of high-quality data were conducted over the three-month period. These exercises included research team meetings at the end of the every workday to discuss their experiences, regular field visits by RTI technical staff to offer any assistance necessary in the collection of data, a random check of completed and reviewed questionnaires while still in the field to check for inconsistencies, and random exit interviews with respondents to assess the respondents' perspective of the interview process and to ascertain whether the data collection protocols (e.g., seeking informed consent) were followed. Each research team also received a refresher meeting midway into the data collection process to review and provide guidance on appropriate approaches to data collection.

Data Entry and Analysis

All completed questionnaires from structured interviews were submitted to the project office in Abuja for data processing. A team of three data entry clerks trained by RTI processed the data. Their roles included office editing, development of codebooks, coding of open-ended questions, data entry, and random verification of entered data. Data processing began in mid June and ended in August. The data were entered using EPI Info™ Software, and the data entry clerks were supervised by two RTI staff throughout the process. All entered data were electronically submitted to RTI in North Carolina for collaborative data analysis. English transcripts from focus group discussions and in-depth interviews were edited and, if received as hard copies from research teams, typed upon receipt in the project office.

Quantitative data analysis was conducted using SPSS and STATA software packages. This primarily centered on cross-sectional analysis to examine the prevalence of outcomes and in some cases examining bivariate relationships between the explanatory variables and the outcomes under study. Qualitative data coding and analysis was done using QSR N57™ Software to identify and summarize thematic qualitative responses from participants.

Strengths and Limitations of the Data

Strengths—The main strength of these data is that they are multi-topical and were collected from different sources: teachers, school administrators, parents, other key informants, and existing reports. This approach allows an opportunity to assess the perspectives espoused by the different stakeholders who participated in the study on a particular issue. Another strength of the data is that a reasonably large sample of primary teachers participated in the study. As such, statistically robust analyses can be done at the state level. Furthermore, the inclusion of male and female respondents teaching in small and large schools in rural and urban settings allows for useful gender and geographic comparison of responses to various phenomena. Finally, the selection of participants from three states with varying levels of adult HIV prevalence and in different geo-political zones enables us to compare responses to the issues under inquiry across the three states.

[6] Kano researchers reported reluctance even among male respondents who had taken part in the male FGDs and got a better idea of what the study was all about.

[7] QSR N5 (produced by QSR International Pty Ltd) is a follow-on to the Non-numerical Unstructured Data Indexing Searching and Theorizing (NUD*IST Vivo) software program for managing and exploring qualitative data produced by the same firm.

Limitations—A major limitation to this study is that primary data were collected only from public schools and only from three states. As such, findings from this study should not be interpreted to apply to private primary schools in the study areas or as being nationally representative. Further precluding inferences at the national level is that weighting was not used in our quantitative analysis. Statistical weights would compensate for gender and location (rural/urban) bias generated by the sampling design; however, this would require accurate and reliable counts of teachers by gender and location for each school in Kano, Lagos, and Nasarawa. Though we collected the necessary counts in Kano and Nasarawa states from SPEBs, we had difficulty attaining reliable counts for Lagos state. Without data for all three states, we chose to forgo the weighting technique[8].

In addition, it is worth noting that in regard to the qualitative data collected—while efforts were made to capture the diversity of informants and stakeholders in the selection of participants for FGDs and in-depth interviews—not all categories may have been equally represented due to sample size limitations.

One important group that was not included in this study is pupils. This non-inclusion means that we did not have an opportunity to hear pupils' perspectives on if and how HIV/AIDS has affected them. This exclusion was mainly due to the legal and logistical challenges around recruiting subjects who are under 18 years of age, as most pupils are. For instance, the consent of parents would have been required before conducting the study, and the questions to be asked and the methodology used to ask them would have had to be developed differently to take into consideration the age of the respondents. In addition, interviewing only the CAAs currently enrolled in school might not have portrayed the viewpoint of all CAAs, since many of them are doubtlessly out of school. Therefore, it was decided for this study to include questions about CAAs in the interviews for teachers and parents.

Finally, the study is cross-sectional and thus the data represent a snapshot of events in the lives of the respondents and their environs. For instance, the number of teachers in a specific school, the level of care (if any) for PLWA by respondents, a respondent's attitude toward a PLWA, whether a respondent is willing to undergo an HIV test, and such other variables are subject to change over time. This type of data presupposes a steady state (Blossfeld et al., 1989[9]), although practically this may not be the case. However, the study team made efforts to collect some relevant retrospective histories on issues of interest, such as the level of teacher absenteeism over the last term, the loss/addition of teachers over the last term, and the level of care for persons infected and/or affected by HIV/AIDS over the last two years, thus providing an opportunity to examine these important aspects of HIV/AIDS and their impact on the primary education sector.

[8] Notably, when conducting exploratory analysis, results on a number of observations using weighted and unweighted data were examined and the difference between the two was minimal and not significant.

[9] Blossfeld H., Hamerle A., & Mayer K. U. (1989). Event History Analysis: Statistical Theory and Application in the Social Sciences. Lawrence Erlbaum Associates, Hillsdale, New Jersey, Hove and London.

4 Findings

In this chapter, we present results obtained from the groups of participants interviewed in the study (school administrators, teachers, PTA members, key informants) in separate sections. Each section contains a brief introduction, a presentation of the study results, and a conclusion. Our recommendations based on the study findings are presented in the next chapter. Findings from the documentation review exercise were used in the development of study instruments and also in providing additional information on various issues under study including the state of primary education in Nigeria, and about the HIV/AIDS situation in the three states where the study was conducted. Where appropriate, these findings have been incorporated into this section.

Exhibit 1 below summarizes the key research questions that were examined in this study. Copies of the instruments that were administered to various groups of participants are included in ***Appendices 2–5*** at the end of this report. Most research questions centered on these three main themes:

- Impact of HIV/AIDS on the demand for education,
- Impact of HIV/AIDS on the supply for education, and
- HIV/AIDS-related stigma and discrimination in the primary education sector.

Additional data were also collected on respondents' social, economic, and demographic characteristics to provide a better perspective of the study population and to examine differences, if any, in respondents' viewpoints by these attributes.

Exhibit 1. Key Research Questions

Respondents' Social, Economic, and Demographic Information
Age, sex, marital status, education, years of experience in the education sector
State of Primary Education
What is the state of primary education?
Policy Formulation and Implementation in Relation to Primary Education
What are respondents' views regarding operational policies and guidelines in schools?
How well are extant policies and guidelines implemented by head teachers?
What needs to be changed?
Respondents' Perspectives on HIV/AIDS and Primary Education
What is the state of HIV/AIDS in the respondents' communities?
Has HIV/AIDS had an impact on primary education? How has HIV/AIDS affected the work/role of head teachers, teachers, pupils, parents in primary education?
How do respondents handle HIV/AIDS-related impacts such as teacher illness and absenteeism, teacher replacement due to death, and children affected by HIV/AIDS?
What is the situation like in regard to HIV/AIDS-related stigma and discrimination in schools (including respondents' attitudes on factors such as HIV testing, working and sharing equipment with PLWAs, and promotion of HIV-infected workers)?
What HIV/AIDS-related interventions are currently going on in schools?
What other interventions can be introduced in schools?
Are teachers well-equipped to conduct these interventions in schools?

4.1 School Administrators

Introduction

School principals play a critical role in the delivery of primary education and are instrumental in setting the academic tone and standards under which schools operate in Nigeria. They provide not only guidance and instructional leadership but also manage school activities that lead them to have close interactions with pupils and parents on a day-to-day basis. Consequently, their work can be potentially affected by HIV/AIDS in a number of ways.

Researchers conducted structured interviews with head teachers/principals in each of the selected schools in this study. For schools in Kano and Nasarawa states, in the event that the head teacher was not

available for an interview, the researchers interviewed the deputy head teacher. However, in the case of Lagos, it was observed that because the schools were large, deputy head teachers were often in charge of school administration responsibilities. Since information on school administration and management was one of the major parts of the head teachers' instrument, it was decided that both head teachers and their deputies be interviewed in Lagos. In this section, we present findings that describe the school principals' views on how HIV/AIDS has impacted primary education across the three states (Kano, Lagos, and Nasarawa) in which the study was conducted.

Findings/Results

Respondents' Attributes

Of the 135 school administrators interviewed, 102 (76%) held the post of head teacher and the remaining 32 held that of deputy head teacher. As a whole, most school administrators were middle-aged, with over 20 years of experience in the teaching profession, and had held their respective posts for over eight years.

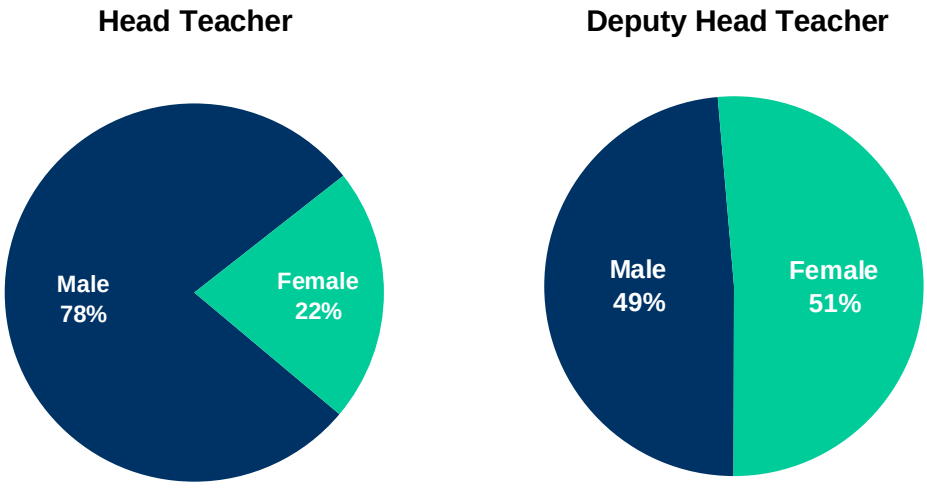
Exhibit 2. School Administrators' Attributes

Mean age (years)	43
Mean years of experience in teaching	21
Mean years of experience in post of teacher/deputy	8
Percent Male	71
Percent Urban	46
Percent Married	94

N=135

Generally, most school administrators were male, and this was more pronounced among head teachers. Indeed, as shown in Exhibit 3, although females represented less than a quarter of the head teacher corps, they composed over half of the deputy head teachers in our sample.

Exhibit 3. Gender of Head Teachers vs. Deputy Head Teachers



Because of the small sample size, our reference to school administrators or head teachers henceforth refers to the combined sample of both head and deputy teachers. Nearly all respondents from all states were married, given their age. However, there are notable differences in the other attributes. For instance, as shown in Exhibit 4, school administrators in Kano and Nasarawa were overwhelmingly male, while the reverse was true for Lagos. Exhibit 5 shows that while Lagos respondents have had more years in the teaching profession, they had slightly fewer years of experience as school administrators compared to their colleagues in Kano and Nasarawa.

Exhibit 4. School Administrators' Social and Demographic Characteristics, by State

State	Percent Urban	Percent Male	Mean Age in Years	Percent Married
Kano	35	98	41	96
Lagos	74	30	50	91
Nasarawa	27	85	39	95

N=135

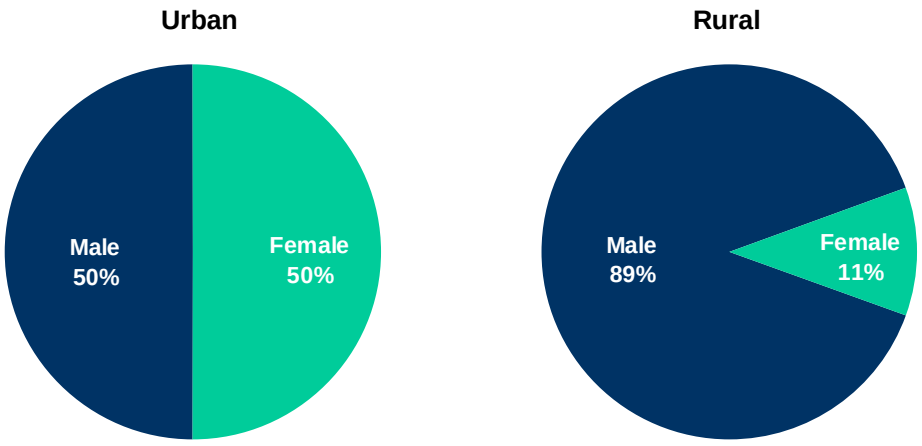
Exhibit 5. School Administrators' Professional Characteristics, by State

State	Mean Years of Experience in Post	Mean Years of Experience in Teaching
Kano	9	18
Lagos	7	27
Nasarawa	9	17

N=135

We also looked at attributes of the school administrators by gender and residential setting. Exhibit 6 compares the gender composition of respondents from rural and urban schools. Female respondents were more likely to be working in urban schools than in rural areas—in this case, primarily in Lagos. Due to an insufficient number of cases, we could not disaggregate these attributes at the state level.

Exhibit 6. Gender of School Administrators, by Sector



Level of schooling

Another important professional attribute of educators is their level of schooling. Overall, as shown in Exhibit 7, all school administrators were highly trained, with about 80% of the sample reporting holding the Nigerian Certificate of Education (NCE)[10] or above.[11] The other proportion of the sample carried the Teacher's College (TCII)/GR2 certification.[12] Therefore, virtually all respondents had some form of training and certification as educators. Looking at educational attainment by state, Kano yielded the lowest percent of respondents who reported having obtained the NCE degree or above at 62%. Lagos and Nasarawa respondents reported comparable rates of educational attainment with 90% and 89%, respectively, having an NCE or higher. School administrators working in urban schools were also more

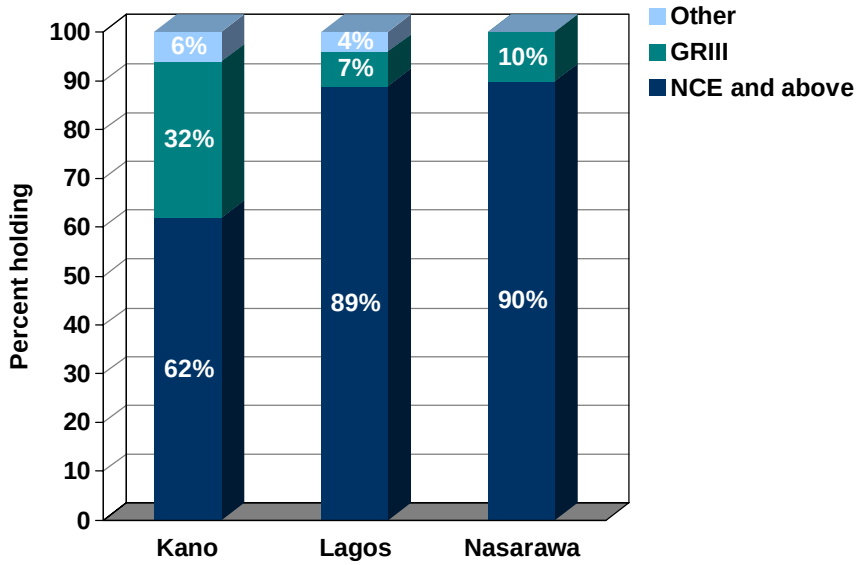
[10] The NCE is typically earned in three years of full-time study at a college of education or in five years of part-time study at a National Teacher's Institute (NTI) center of college of education that offers "sandwich courses" for teachers already teaching.

[11] Recently, the minimum standard for teachers to enter the field has advanced from the TCII/GR2 to the NCE.

[12] Four years of post-primary study at a GRII teacher training colleges leads to a GRII certificate.

educated than their counterparts working in rural settings. Due to the varying level of urbanization in the three states, these differences could be more pronounced at the state level, but are not presented in this analysis because of the small sample size.

Exhibit 7. School Administrators' Educational Level, by State



Teaching workload

We were interested to learn whether school principals, in addition to the day-to-day management of their schools, also teach in the classroom. More than three-fourths of respondents interviewed (78%) also worked as classroom teachers—and many did so on a regular basis. Such information provides insights on the demands placed on these respondents as a result of teacher shortage and/or overcrowding of classrooms and how this situation could be aggravated by increased HIV/AIDS-related absenteeism among teachers.

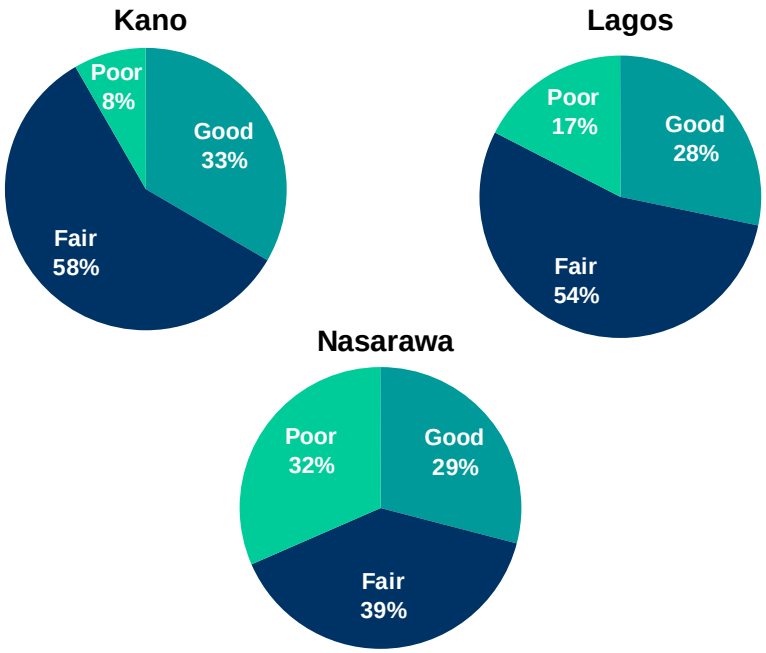
About 39% of school administrators interviewed also worked as teachers on a "regular" basis.

Another 40% of school principals interviewed taught on an "as needed" basis.

State of Primary Education

This study also collected information on how school administrators view the state of primary education. Generally, as shown in Exhibit 8, most respondents reported that the state of primary education is "fair," with about a third noting that the state of education is "good." State-level comparisons indicate that Kano State school administrators had the most favorable opinion of primary education, while those from Nasarawa had the least favorable opinion. However, the differences are not statistically significant.

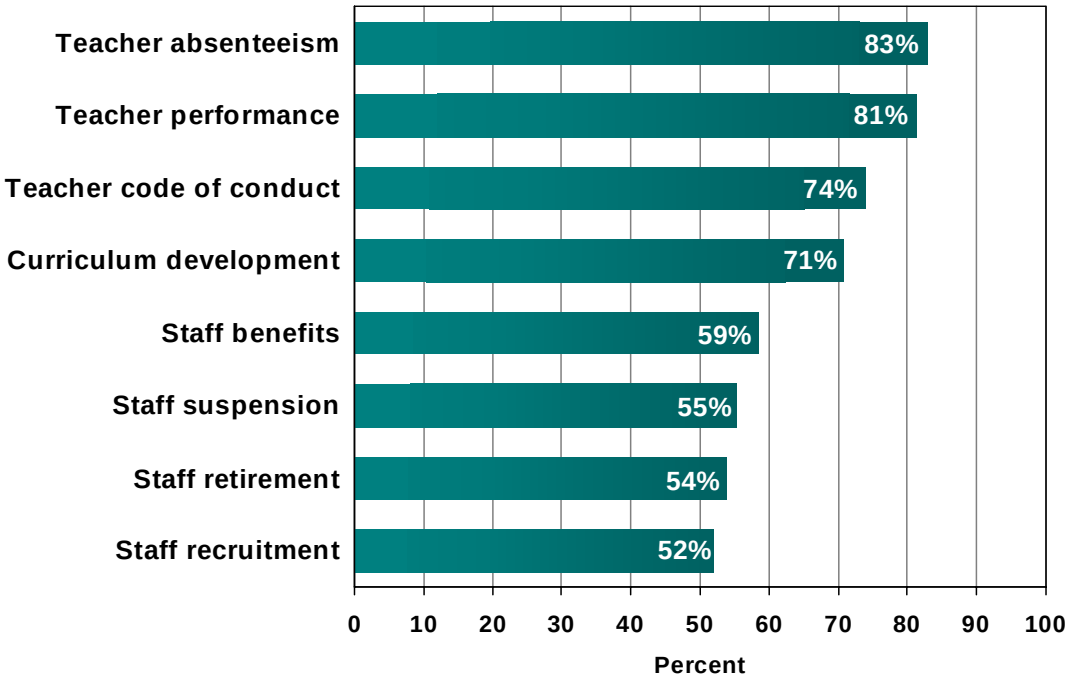
Exhibit 8. Perceived State of Primary Education in Nigeria, Percent Responding by State



Head teachers and their deputies were also asked a series of questions regarding the existence and efficacy of school operational policies and guidelines on a number of personnel issues ranging from curriculum development to staff recruitment, and their level of involvement in the development and/or revision of such policies.

Exhibit 9 shows that, in general, the majority of school administrators reported that policies/guidelines exist on how to handle personnel issues—with the number reporting such being highest on the issues that school administrators are more likely to be directly involved in, such as handling of teacher absences and assessing teacher performance. Still, the fact that more than one-third of the respondents didn't know if there are guidelines/policies on staff recruitment, staff benefits, retirement, or suspension causes concern.

Exhibit 9. Personnel Issues for Which Head Teachers Have Operational Policies, Percent Responding



Head teachers noted involvement in the development of these policies and guidelines by stakeholders at various levels of government—national, state, local, and school. Respondents were asked to list the levels at which they thought involvement in the development of policies and guidelines took place. The results presented in Exhibit 10 reflect the opinions of respondents who answered "yes" to the existence of policies/guidelines on at least one of the personnel issues mentioned in the previous paragraph. Overall, the greatest portion of responses assigned responsibility for operational guidelines and policy development to the state (55.8%) and local government (54.3%). However, there were noticeable differences across the three states. While most Lagos respondents believed that the policies and guidelines are mainly developed by federal and state-level stakeholders, respondents from Kano believed that this process is primarily done by state and LGA officials. On the other hand, unlike respondents from the other two states, almost one-half of school administrators from Nasarawa thought there is some level of involvement in the development of guidelines at the school level. More than 50% of respondents mentioned that the policies and guidelines are not regularly reviewed.

Exhibit 10. School Administrators' Views on Stakeholder Involvement in Policy Making at Various Levels of Government, by State

Level	Kano (%)	Lagos (%)	Nasarawa (%)	Total (%)
Federal	13.6	60.0	16.7	30.1
State	63.6	73.3	30.6	55.8
LGA	77.3	13.3	72.2	54.3
School	4.5	0.0	47.2	17.3

N=125

Secondary research informs that there is general administrative overlap within the Nigerian education system that blurs the lines of accountability. In the public sector, no single tier of government has absolute responsibility, and for each subsector, there are varying degrees of overlap regarding who is in charge.[13] The ambiguity over "who does what" in terms of teacher management precludes a satisfactory enabling environment for teacher management policy change and adaptation, a necessity for the Nigerian education system in the wake of the HIV/AIDS epidemic. Further, these findings also suggest that school administrators, with the exception of those in Nasarawa, felt that they are rarely involved in the formulation of policies and guidelines that directly affect their day-to-day work. This study offers an opportunity to compare viewpoints on this important issue from other stakeholders (parents and teachers) at the school level, as reported in the next two sections of this chapter.

Perspectives on HIV/AIDS and Primary Education

Knowledge about HIV/AIDS

In general, school administrators were knowledgeable about HIV/AIDS, the correct ways as to how HIV is transmitted, and in how individuals can protect themselves from HIV infection. Only one of the 135 respondents interviewed had not heard of HIV/AIDS. Almost 90% of the respondents attributed their knowledge about HIV/AIDS to mass media. Other commonly cited sources of information were "public campaigns" (24%) and "training programs" (14%).

State of HIV/AIDS and its impact on primary education

We asked school administrators a set of unprompted questions on the state of HIV/AIDS in their areas and its potential impact on primary education. About 10% of the head teachers and their deputies perceived that HIV/AIDS in their area was "bad" and a number of people have died, or that HIV infection was on the rise. An additional 19% was unsure of the state of HIV/AIDS in their area, since they could not tell who is infected just by looking. The rest believed that HIV/AIDS cases are very rare in their community or that there are no HIV/AIDS cases at all. Apparently, for most respondents, the yardstick of the state of HIV/AIDS in their communities is the number of people sick or those who have died from HIV/AIDS-related causes. Since these manifestations of HIV/AIDS tend to lag HIV infection for several years, the state of the disease or its impact could be even greater. Even so, these responses provide some

[13]Hinchcliffe, K. (2002) *Public Expenditures on Education in Nigeria: Issues, Estimates and Some Implications* (p. 3), Washington, DC, The World Bank. Hinchcliffe reported that the search for appropriate mechanisms and formulas for minimizing the horizontal/vertical imbalance has resulted in 16 changes to the constitution to resolve the issue.)

perspective on the perceived magnitude of the problem, which is not trivial given the proportion of respondents who believed that the situation is either deteriorating or is already "bad."

About one in 10 school administrators perceived that the situation of HIV/AIDS in their area is bad and has had some impact on education in their schools.

When asked whether HIV/AIDS has affected their work as administrators, or the work of their teachers, about 11% responded "yes." More specifically, school administrators mentioned HIV/AIDS-related challenges and problems such as increased teacher absence due to death and illness, decreased enrollment of pupils, or the negative psychological and emotional impacts stemming from the disease.

The study also shows regional differences in the impact of HIV/AIDS as reported by school administrators, and the reported impact was greatest in Nasarawa. For instance, almost one in every five head teacher/deputy head teacher from Nasarawa indicated that HIV/AIDS had affected their pupils' performance, compared to 15% of respondents from Kano and none from Lagos. The two major effects they mentioned were reduced pupil enrollment and poor performance in school.

Additional information obtained on the level of caregiving that school administrators have provided to family members or friends infected and/or affected by HIV/AIDS also suggests an impact of HIV/AIDS on the work of school administrators. About 12% of school administrators reported having cared for someone infected with HIV over the past five years. A slightly smaller proportion of 10% reported having cared for someone affected by HIV/AIDS (even though that person was not infected with HIV), such as orphans, in the last five years.[14] Furthermore, about 8% of school respondents reported having ever worked with someone who they thought had HIV/AIDS, nearly all of whom were teachers.

Factors affecting the supply for education

Given the possible impact of HIV/AIDS on primary education, school administrators were asked questions related to how they handle factors that affect the supply of education in schools. As a start, we asked head teachers about their own absences from work over the past term. The following table summarizes self-reported school administrators' absences. The results show that illnesses (of self, relatives, or friends) combined with funerals accounted for the majority of reported absences. The data of reported number of days missed should be interpreted with caution due to possible recall problems and some reluctance on the part of respondents to divulge that information.

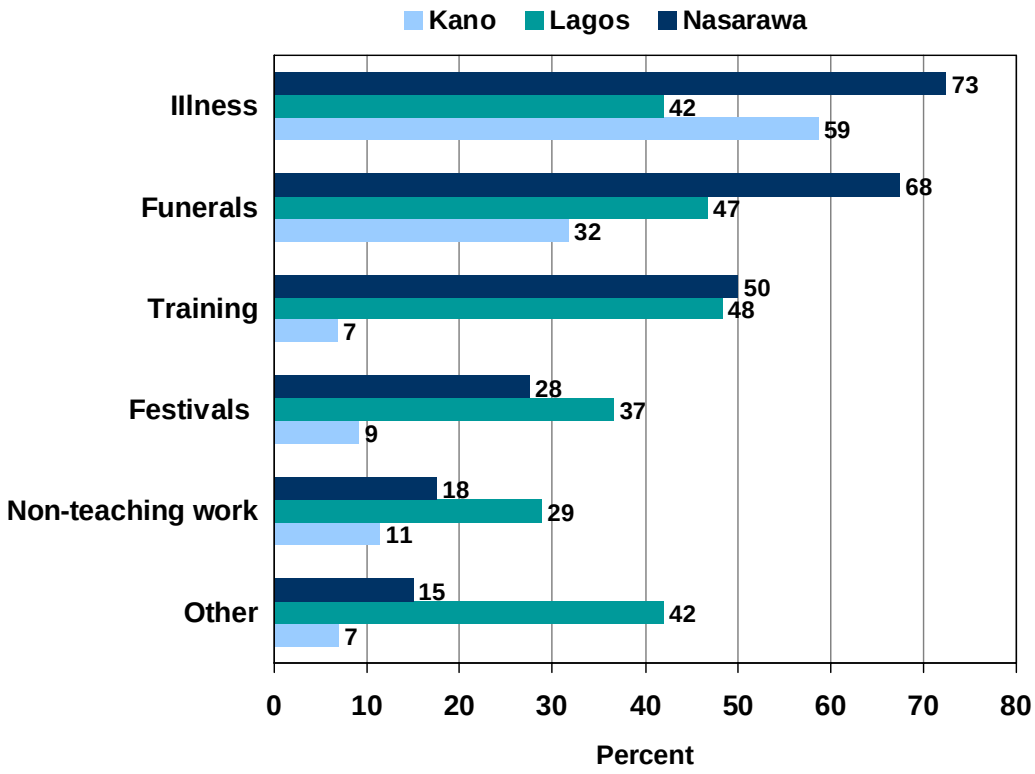
Exhibit 11. School Administrators' Reasons for and Number of Days Missed

Reason for Absence	% Responding "Yes"	Mean Number of Days Missed
Illness (self, relatives, and friends)	33.8	1.1
Funerals	27.1	0.6
Training	47.4	2.6
To do other non-teaching work	14.9	0.4
Other factors	22.6	0.8
Total		5.4

[14] Information on the nature of care given was not collected during interviews with school administrators.

We also asked school administrators whether any of their teachers had been absent in the past term and if so, what were the main causes of absenteeism. The findings here, shown in Exhibit 12, also indicate that illnesses and funerals were the major causes of teacher absences from school in the past term across all three states. In both cases, respondents were not asked whether the illnesses and/or funerals were HIV/AIDS-related. However, it is worth noting that Nasarawa school administrators were more likely to report teacher absenteeism as a result of illnesses and funerals compared to administrators from the other two states.

Exhibit 12. Reason for Teacher Absenteeism in the Last Term According to School Administrators, by State



When asked how they handled teacher absences, the majority of respondents reported that they used other teachers at school or themselves to take over the class(es) for the absent teacher; merged classes; and in seldom cases, sent the children home early. This response reflects the operational solutions that head teachers have to come up with to provide education in case of teacher shortage. An additional role is the management of the teaching staff. A number of respondents reported that they took a "disciplinary action" such as a query or a warning to the absent teacher if he or she had not given prior notice of the absence. We further asked respondents how they would handle the situation if they had a staff member who became sick too often or for a prolonged period of time from HIV/AIDS-related causes. In response, the majority (75%) reported they would "ask the teacher to go for proper treatment," and another 20% said that they would "report the situation to the education authority/board." Both responses are not concrete action items, suggesting a lack of implementing authority among head teachers on key personnel issues.

School administrators were also asked whether they have had new teachers join their staff and/or have lost teaching staff. Overall, about three quarters (74%) of the respondents reported having added an average of two–three (2.7) teachers to their staffs over the last two years. On the other hand, about 53% of school administrators reported having lost a similar average of two–three (2.7) teachers from their staffs. Thus, it appears that some schools may have had an increase in their teaching staffs. However, for some, the net gain may have been zero, given the similar number of people lost primarily due to teacher transfers, as shown Exhibit 13.

Exhibit 13. Reason for and Average Number of Teachers Lost in Past Two Years, According to School Administrators, by State

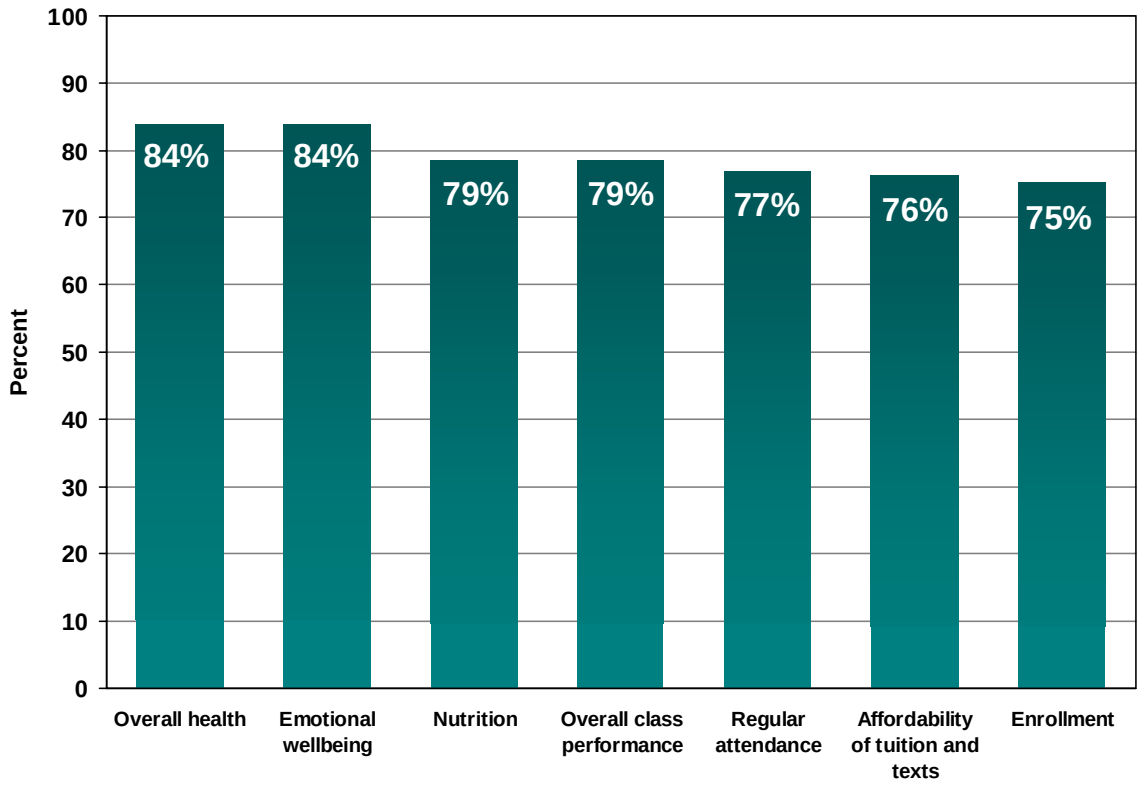
Reason for Staff Reduction	Mean Number Lost
Transfer	2.2
Retirement/resignation	0.2
Long-term illness	0.1
Death	0.2
Total	**2.7**

The demand for education—Children affected by HIV/AIDS

This study paid particular attention to a key issue of primary education for CAAs—which we defined as children infected with HIV or those whose parents or guardians were either infected with HIV or have died from HIV/AIDS-related causes. First, we asked each school administrator whether he or she has had CAAs in school during the past two years. The results show 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. Notably, these were self-reported assessments by the respondents and thus may not necessarily represent the actual situation of CAAs in schools.

Secondly, we collected information on school administrators' views about CAAs. One such important piece of information is the well being of CAAs. In general, school administrators reported that CAAs are worse off than their unaffected peers on all indicators of well being that we inquired on, as illustrated in Exhibit 14.

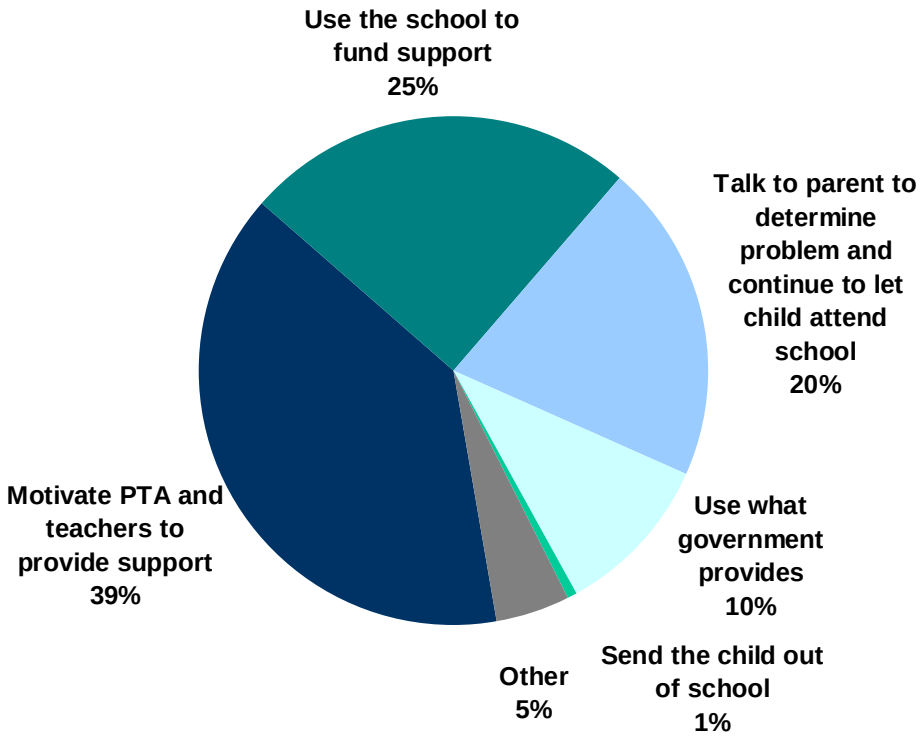
Exhibit 14. School Administrators Reporting that CAAs are Worse Off than their Peers on Selected Health, School, and Economic Factors, Percent Responding



When asked what the critical needs of CAAs are, the most commonly cited response among head teachers interviewed was "love and moral support," cited by almost 60% of the respondents. In fact, it is intriguing that twice as many cited "love and emotional support/emotional well being" than "nutrition and shelter" (30%). On the one hand, this could reflect the head teachers' awareness of the devastating emotional and psychological impact of the HIV/AIDS epidemic on young children. On the other hand, it could reflect the ability of the extended family system to cope in the meantime with meeting the tangible needs of the CAAs. This finding could also reflect the lack of direct experience in handling CAA needs on the part of the respondents (this question was asked of all school administrators regardless of their experience dealing with CAAs). Other CAA needs mentioned by respondents included "treatment" (22%) and "financial assistance including school fees" (22%).

We then asked school principals how they would help CAAs in the event that they had some in their schools. Although tuition is free in public primary schools, we asked each respondent how he or she would handle a situation if a child in his or her school could not afford to pay for the other costs of education such as text books, school feedings, development levy, and PTA fees. Exhibit 15 illustrates the composition of responses and the respondents' potential dependency on communities for support. In continuation, head teachers were asked how they would handle the continued absenteeism of a pupil due to sickness. Again showing the dependence on community, head teachers were concordant in responding that they would contact parents to determine the problem and provide assistance (89%). However, few details were provided on what kind of help would be given.

Exhibit 15. Most Cited Ways in Which School Administrators Would Handle CAAs Who Cannot Afford to Pay for Education, Percent Composition of Responses



HIV/AIDS-Related Stigma and Discrimination

A key barrier to prevention of HIV infection and the mitigation of its impact is the stigma associated with the disease. It this study, we approached the subject of HIV/AIDS-related stigma and discrimination in the primary education workplace through both experiential and hypothetical questions. Respondents were asked about their level of comfort talking about HIV/AIDS in the workplace, and almost 80% of school principals reported that "people are open and willing to talk about HIV/AIDS in the workplace." Notably, rural residents were more likely to report that their workmates are willing and open to talk about HIV/AIDS when compared to urban residents. As illustrated in the Exhibit 16, 65% of respondents perceived that their peers are willing to discuss HIV/AIDS so as to avoid risky behaviors that makes one vulnerable to infection. Other responses (Exhibit 17) also suggest a connection between talking and increasing awareness among others about HIV.

However, we are not able to tell from this information what type of discussions about HIV/AIDS the respondents' workmates were willing to engage in and whether such discussions reduced HIV/AIDS-related stigma.

Exhibit 16. ***Are People Open and Willing to Talk About HIV/AIDS in the Workplace?*** **Percent Responding, by Sector**

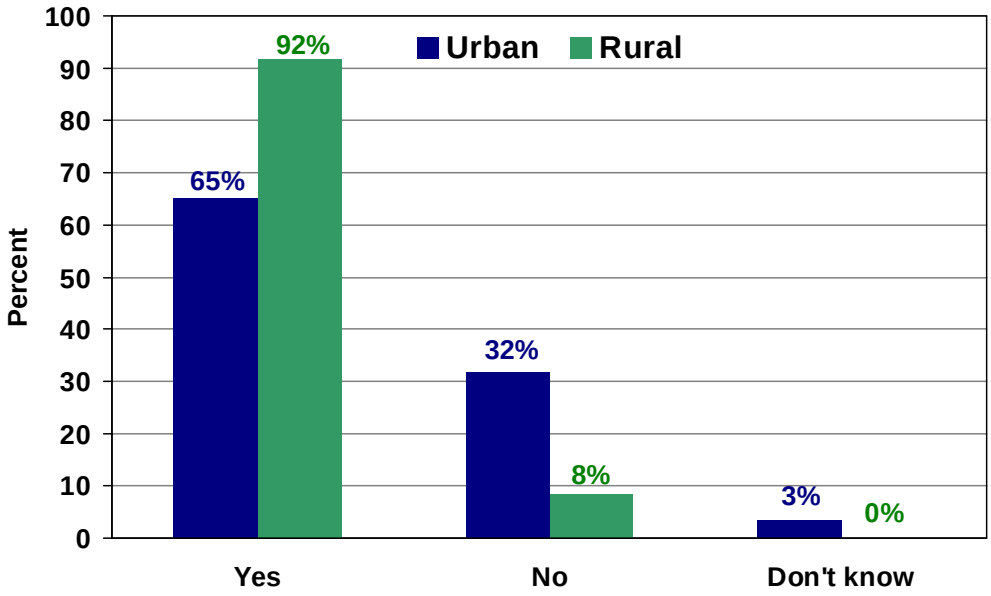
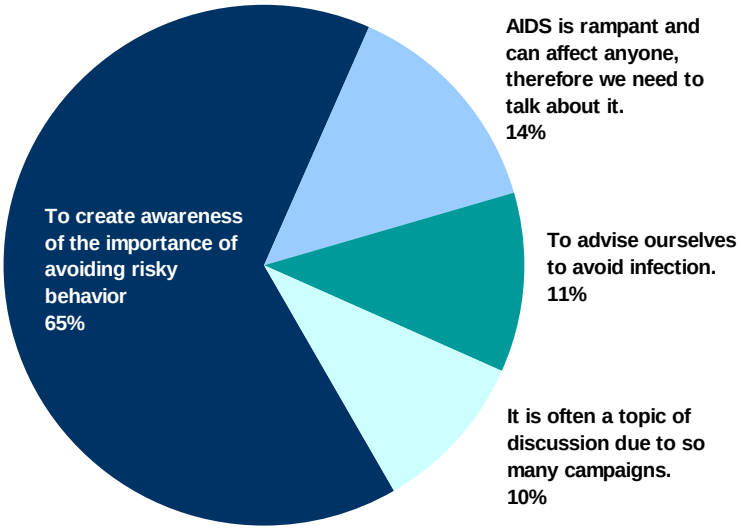
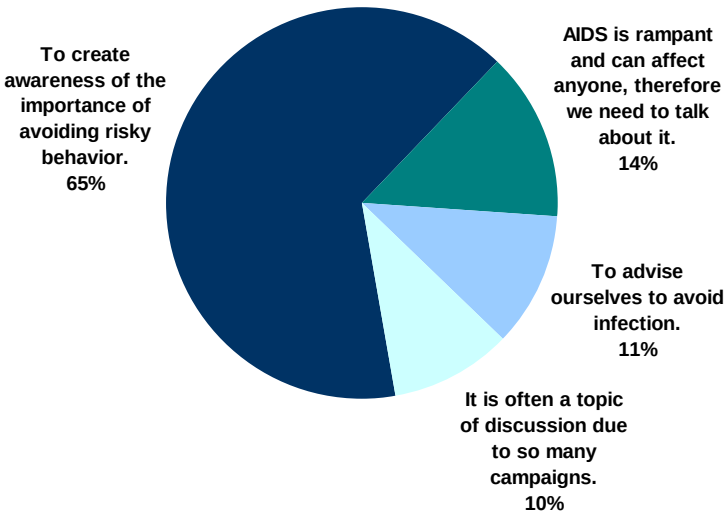


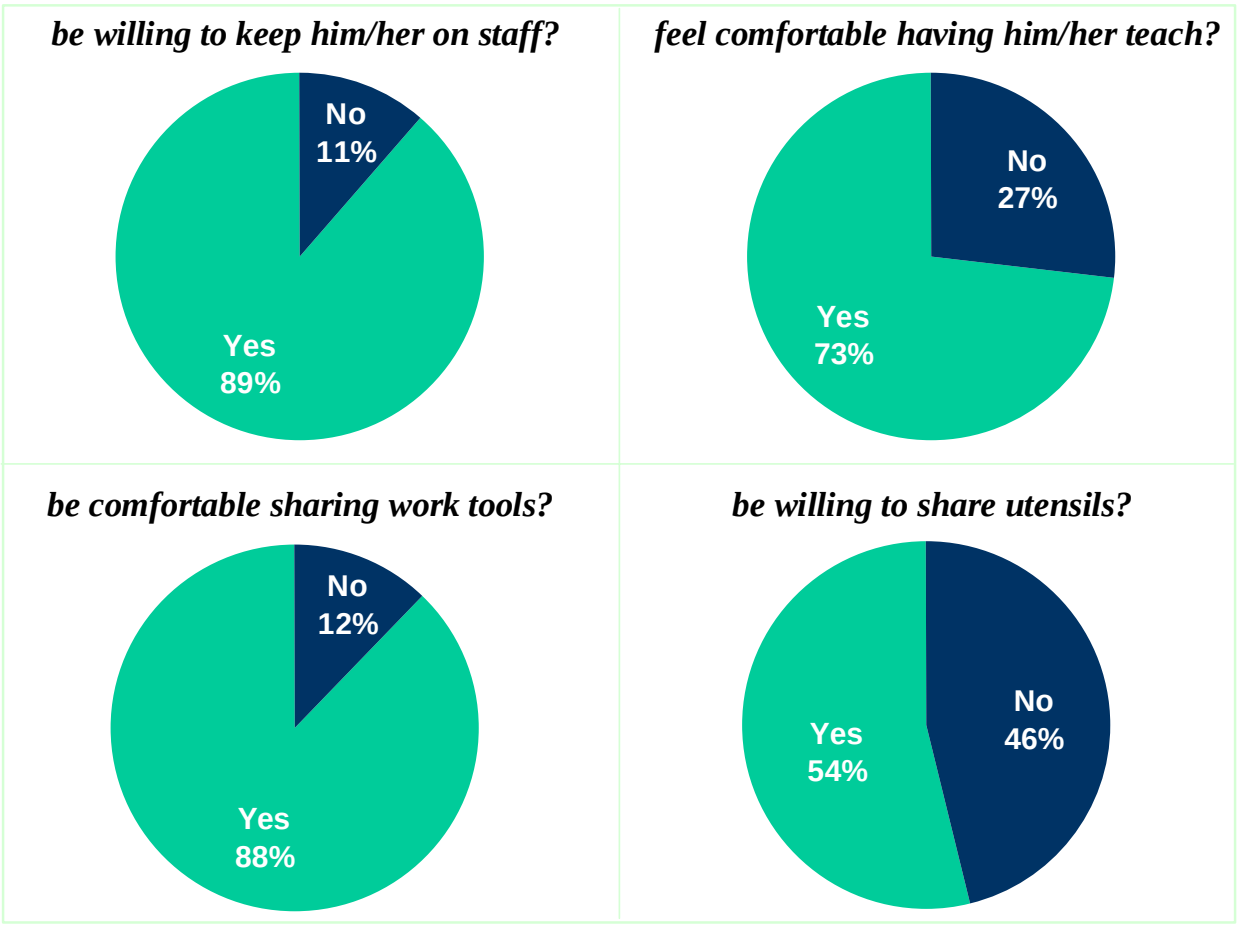
Exhibit 17. ***Why Are People Open and Willing to Talk About HIV/AIDS in the Workplace?*** **Percent Composition of Responses**





Hence, we asked head teachers/deputy head teachers a series of hypothetical questions on relational, management, and workplace practices toward an HIV-positive teacher/workmate. In this case, we find slightly different results depending on the level of closeness that would be needed at the workplace. For instance, Exhibit 18 shows that while 89% of respondents said they would be willing to keep an HIV-positive teacher on their staff, a rather lower proportion (73%) would feel comfortable with the HIV-infected teacher. That proportion is much lower on an issue that would necessitate a closer interaction—sharing utensils with an HIV-positive person.

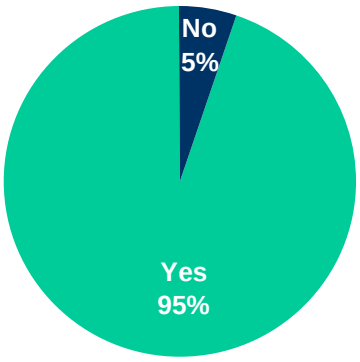
Exhibit 18. ***If You Had a Teacher on Staff that You Know is HIV-Positive, Would You …*** **Percent Responding to Selected Workplace Practices**



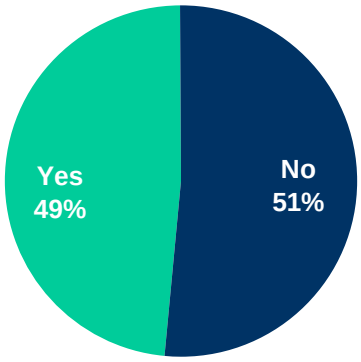
We further sought respondents' attitudes toward teachers' benefits and HIV/AIDS. When asked whether an HIV-infected teacher on staff should receive benefits, nearly all school administrators agreed that they should. As shown in Exhibit 19, common responses given for offering benefits include: "because they are still working for the government and doing the same job as those not infected" (39.8%) and "to assist in catering for their needs (39.8%). However, when asked if an HIV-positive teacher should be allowed to teach, about half of the respondents were not supportive.

Exhibit 19. ***Should Primary Teachers Who Are HIV-Positive …*** **Percent Responding to Selected Workplace Practices**

receive all benefits that accrue to all other primary teachers that are not HIV positive?

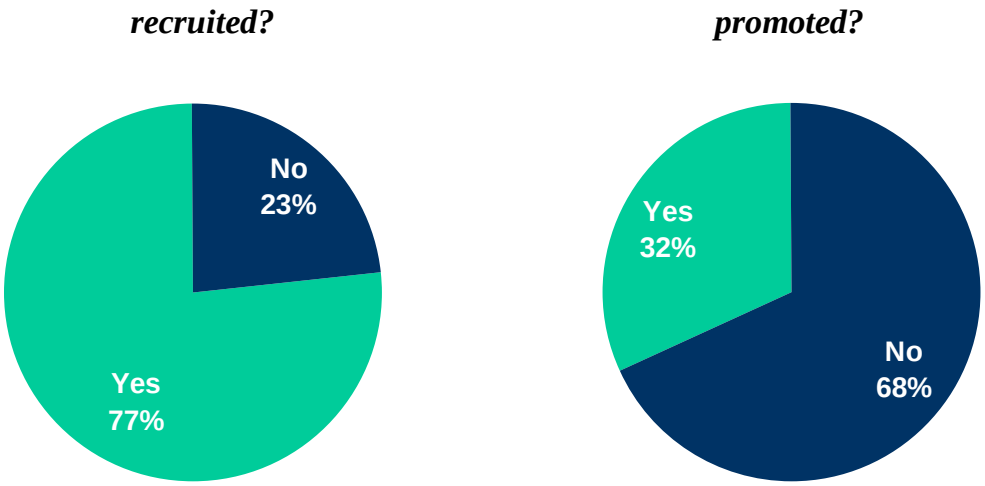


be allowed to teach?



We further asked respondents their opinions on HIV-testing before recruitment to and promotion in the education sector. While about three-fourths of respondents supported a policy for new teachers to undergo an HIV test before recruitment, the reverse was true when we asked if they would support a policy to test teachers before promotion (Exhibit 20). It is not clear why school principals had such contrasting views on these questions and how they would apply to persons already working in the teaching profession compared to those yet to join the teaching profession. We did not ask respondents the reasons for these opinions. One possible interpretation is that for the situation when the questions refer to persons already in the teaching profession, the respondents, already part of the teacher corps, may be envisioning themselves or one of their co-workers in the situation of being HIV-positive, needing benefits, and not wanting to undergo an HIV test prior to promotion. Thus, they may not want to support such a policy. On the other hand, in the situation where the individuals are not yet part of the corps, this situation is a little bit more detached and hence, even if such a policy were in place, it would have no effect on these respondents. Another explanation could be that school administrators are not accepting of HIV-infected teachers' entering the teacher corps because they perceive such individuals to be disruptive and/or counter-productive and, therefore, a poor investment.

Exhibit 20. *Should Primary Teachers Undergo an HIV Test Prior to Being* …Opinions on HIV Testing Prior to Recruitment and Promotion, Percent Responding

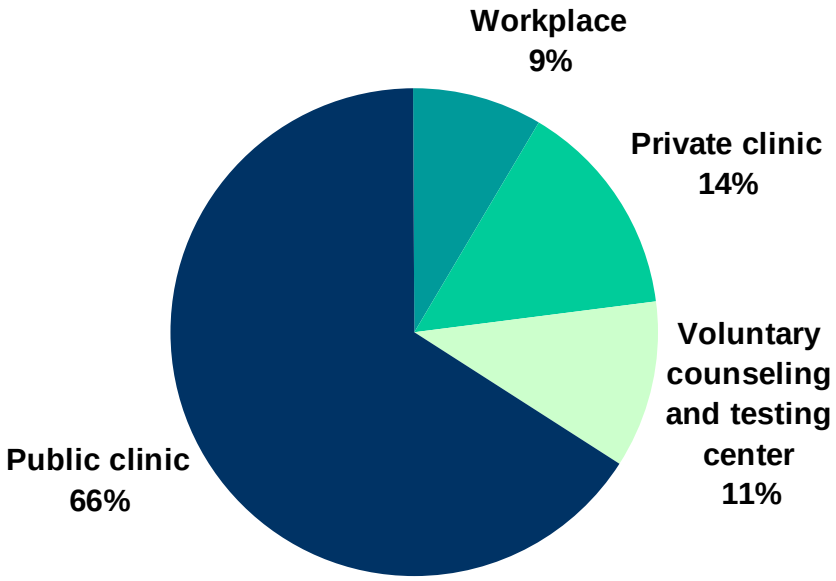


HIV testing, counseling, and behavioral change

Besides respondents' perspectives on mandatory HIV testing as a policy prior to recruitment and promotion, we also inquired about their opinions on voluntary HIV testing. Voluntary counseling and testing for HIV is a key HIV prevention strategy that affects behavior change, and school administrators appear to be well-versed with this. For instance, when asked the advantages of a person knowing his or her HIV status, the two common advantages cited were "*if infected, it helps to prolong survival by taking proper care of oneself*" (31.8%) and "*to be sure of your status"*(30.6%). But respondents also reported some drawbacks to someone knowing their status, especially that it "*creates worries and unhappiness if one is tested HIV-positive,"* mentioned by 69% of the respondents.

Although only 5.2% of the responding head teachers thought they may have been exposed to HIV in the past, over three times as many (17.2%) have been tested for HIV. However, a significantly higher proportion of respondents had not been tested for HIV, many of which (57%) indicated they would be willing to undergo HIV testing. This perhaps represents a high unmet need for HIV testing among school administrators. Furthermore, almost 90% of those willing to be tested reported they would also be willing to pay an average of *Naira* 1019.13 (about US $7.85*)* for the services. It is not clear whether limited access to HIV testing services contributes to this high unmet need, but very few of these respondents would be willing to be tested from a workplace, as shown in Exhibit 21.

Exhibit 21. ***Where Would You be Willing to Be Tested for HIV?*** **Composition of Responses**



Perspectives on HIV /AIDS Interventions

Given the possible impact of HIV/AIDS on primary education, we assessed the presence of HIV/AIDS interventions in schools and also sought opinions from respondents in regard to the introduction of other interventions in their schools. One such key intervention is HIV/AIDS education to pupils.

Respondents' views on HIV/AIDS education interventions in primary schools can be summarized as follows:

92% of school administrators responded that there is **no** HIV/AIDS education in primary schools.
91% of school administrators responded that there is **no** HIV/AIDS education taking place in their schools.
28% of school administrators said they have ever received some form of orientation/training on HIV/AIDS.
98% of school administrators responded that there is **no** HIV/AIDS curriculum in the primary schools.
Yet, 95% of respondents who report that there is currently no HIV/AIDS education in primary schools said they would **support the introduction of HIV/AIDS education** in their schools.

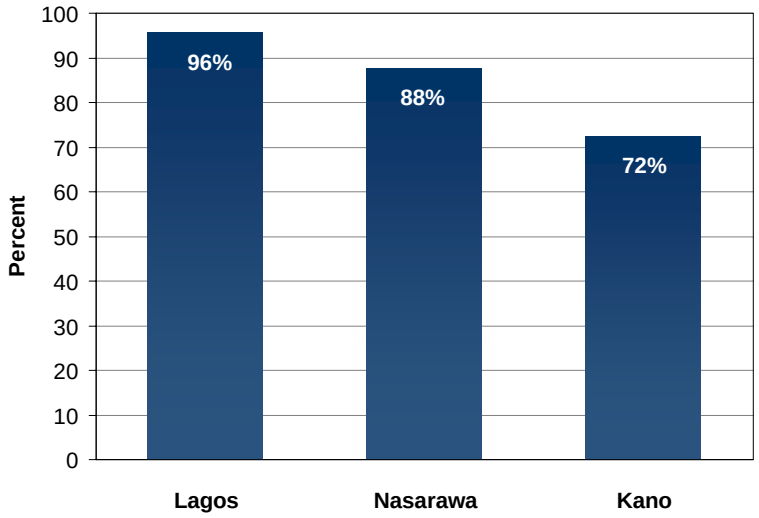
Head teachers suggested various methods for introducing HIV/AIDS education in schools, including

- development of a curriculum on HIV/AIDS and the provision of instructional materials for teachers;
- training of teachers on HIV/AIDS issues to equip them to provide HIV/AIDS education; and
- community mobilizations before introduction of HIV/AIDS education so that parents are aware and supportive of the initiative.

During the documentation review and discussions with stakeholders, it was found that a national curriculum on Family Life and HIV/AIDS Education in primary schools has been developed by the Nigeria Educational Research and Development Council (NERDC) and the Universal Basic Education Commission (UBEC). This curriculum specifically provides approaches and guidelines on how to teach HIV/AIDS in primary schools. Information gathered indicated that training around this curriculum had commenced at the state level with plans to reach the schools in due course. Of the three states covered in this study, only Lagos had taken part in this exercise by the time of the study, and Nasarawa participated in September 2004, after the data had been collected. But data collected from this study across all three states indicate that while school administrators would be supportive of this initiative, knowledge about the curriculum had not yet filtered down to the primary schools.

The success of HIV/AIDS education programs in primary schools would also depend on whether teachers feel well-suited and equipped to conduct such education. As such, we asked for head teachers' opinions on the capacity of teachers to provide HIV/AIDS education in primary schools. As shown in Exhibit 22, most school administrators reported that teachers are well-suited to provide HIV/AIDS education in primary schools. According to respondents, this was because they are "trained educators who impart knowledge" (mentioned by 59% of respondents) and "because they are nearer to the children and children can listen to them" (mentioned by 35% of respondents).

Exhibit 22. School Administrators' Views on Whether Teachers are Well-Suited to Provide HIV/AIDS Education in Primary Schools, by State



Besides introducing HIV/AIDS education in primary school, respondents also mentioned the need to increase general awareness campaigns in schools through film shows and distribution of posters, and the training of teachers on HIV/AIDS as the other two main interventions to consider.

Overall Impact of HIV/AIDS on Primary Education Compared to Other Factors

To culminate the interview with school administrators, we asked their opinions on factors or programs that have had a positive impact vis-à-vis those that have had a negative impact on primary education over the past five years. On the positive side, two most commonly cited factors were the introduction of universal basic education and increased government support in non-recurrent school inputs such as construction of classrooms, provision of textbooks, and furniture for schools. On the other hand, when asked what factor they considered to have had the most negative impact on primary education, just over 5% of the respondents mentioned HIV/AIDS. The two major problems were lack of teacher incentives and morale and lack of school materials, cited by about 26% and 22% of respondents respectively. Another major negative factor mentioned was the lack of teachers in general, and more specifically, the lack of qualified teachers with strong pedagogical skills.

4.2 Teachers

Introduction

For any educational system to succeed in providing quality education, it needs to maintain a pool of well-qualified and motivated teachers. Teachers are often the first point of contact that pupils have with education, and in many societies, teachers not only play the role of educators but also act as role models and counselors to their students. Hence, we were interested in obtaining teachers' views on the state of primary education and how (if at all) HIV/AIDS has impacted primary education. This section presents findings obtained from 1,072 teachers from Kano, Lagos, and Nasarawa that were interviewed during this study.

Findings

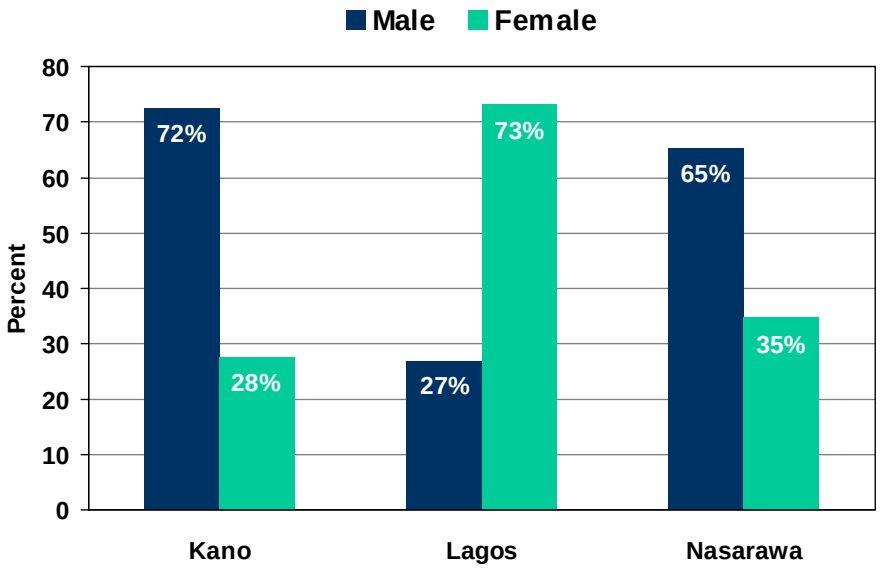
Exhibit 23. Teachers' Attributes

Percent Male	52.6
Percent Urban	57.0
Percent Married	88.2
Mean age (years)	37.7
Mean years experience in teaching	12.1
Mean years teaching in present school	4.3

N=1,072

As a whole, teachers interviewed were middle-aged, mostly married, with more than 10 years' experience in the teaching profession. Respondents were about evenly divided between males and females. However, similar to the distribution observed among school principals, there are many more female than male teachers in Lagos than in Kano and Nasarawa (Exhibit 24).

Exhibit 24. Gender of Primary School Teachers, by State



Differences also are noticeable in teachers' professional and socio-demographic characteristics across the states as shown in Exhibits 25 and 26. For instance, looking at professional experience as measured by years spent teaching, Lagos teachers on average had twice as many years of experience as their counterparts. Lagos teachers were also more likely to be teaching in urban areas—in part because nearly all of Lagos state is urban. Consequently, urban teachers in the sample are more likely to be experienced at teaching than their rural counterparts. Given these variances, we present most of the results in this section at the state level.

Exhibit 25. Descriptive Statistics for Selected Professional Characteristics

State	Mean Years Teaching in Present School	Mean Years Experience in Teaching
Kano	4.0	8.7
Lagos	3.3	17.1
Nasarawa	3.6	9.1

N=1,072

Exhibit 26. Descriptive Statistics for Selected Social and Demographic Characteristics

State	Percent Urban	Percent Male	Mean Age in Years	Percent Married
Kano	52.1	72.3	33.6	83.9
Lagos	72.9	26.9	42.5	91.6
Nasarawa	41.0	65.3	35.8	88.7

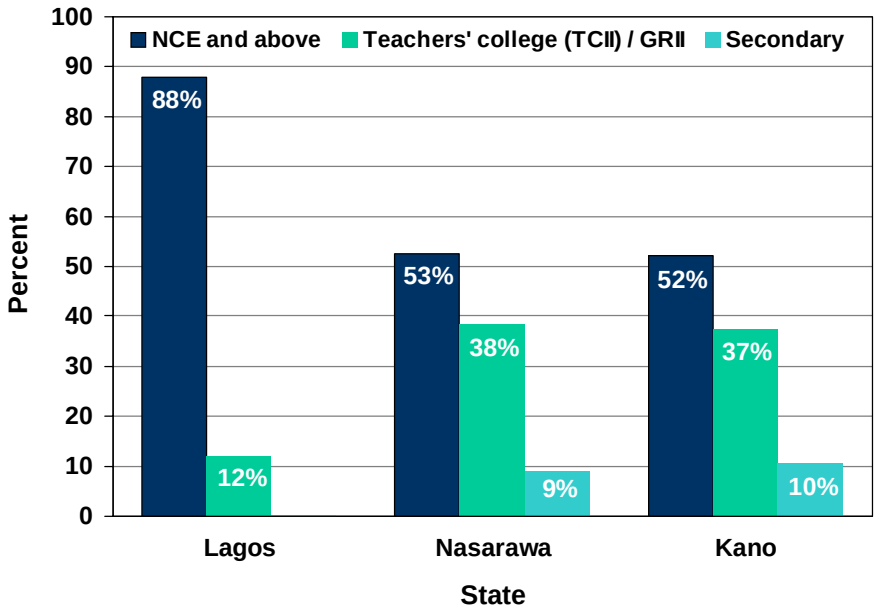
N=1,072

Level of schooling

Not only did Lagos teachers in our sample have more years of teaching experience, they were also generally more qualified than teachers interviewed in Kano and Nasarawa states. As shown in Exhibit 27, about 88% of teachers from Lagos have the Nigerian Certificate of Education (NCE) or above, compared to about 52% of those from Nasarawa or Kano.[15, 16] Notably, almost half of Kano and Nasarawa teachers carry a Teacher's College (TCII)/GR2 certification[17] or a secondary school certificate, which are below the allowed minimum training. It is also interesting to note that rural teachers are over-represented among teachers with qualifications lower than the NCE. The rural sector yields approximately 42% of the teachers in our sample, yet almost 59% of the rural teaching corps have a secondary or GR2/TCII certificate.

If we restrict teacher qualification to be attendance at a teacher training institution, we learn that Lagos teachers are the most prepared. In this case, 99% of Lagos teachers have attended a teacher training institution. Meanwhile 15% and 14% of Kano and Nasarawa teachers are teaching without being professionally trained in teaching, respectively.

Exhibit 27. Education Level, by State



Teacher workload

One possible immediate impact of HIV/AIDS on the supply of teachers is through increased teacher workload as a result of death or absenteeism by some of the teachers in a school. A look at the level of teacher workload as measured by the number of classes/arms that each respondent teaches shows

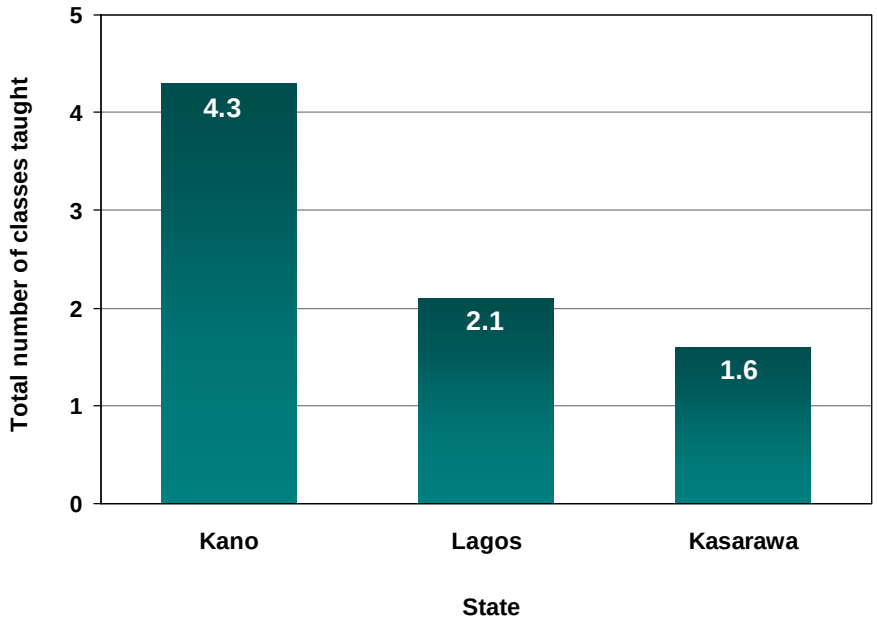
[15] The NCE is typically earned in three years of full-time study at a college of education or in five years of part-time study at a National Teacher's Institute (NTI) center of college of education that offers "sandwich courses" for teachers already teaching.

[16] Included in NCE degree or above are NCE degree holders, BA (Ed), BSC(Ed), BA, BSC, or other tertiary.

[17] Four years of post-primary study at a GRII teacher training colleges lead to a GRII certificate.

significantly contrasting results at the state level. Exhibit 28 shows that Kano teachers teach twice as many classes as Nasarawa teachers, and almost three times as many classes as teachers in Lagos. In this case, each arm is equivalent to a class. For instance, if respondent A reported teaching P1A and P1B, that would be counted as two classes in the same way as it would for respondent B who reported teaching P1A and P2B.

Exhibit 28. Total Number of Classes Taught by Respondents, by State

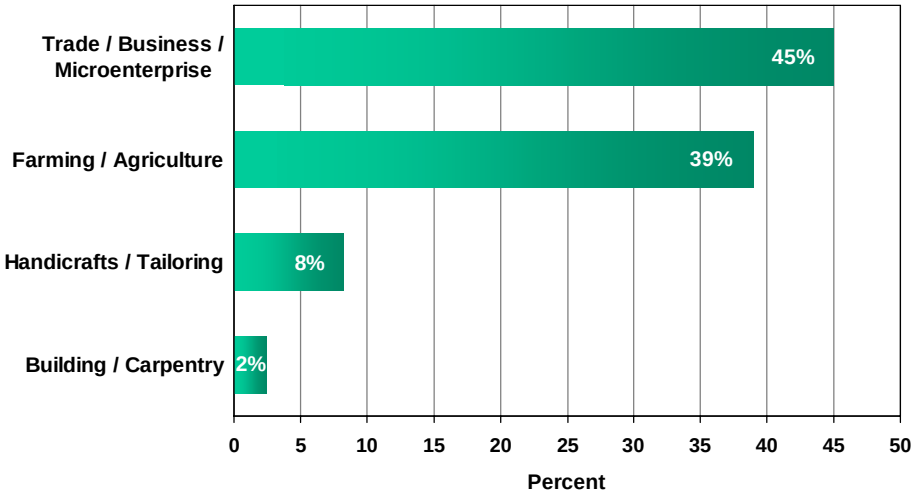


In general, the number of classes taught by teachers in all states has increased. In Kano and Lagos, just under half of teachers surveyed responded that the number of classes they teach has increased over the past two years. In Kano, over three-fourths of our respondents (77.7%) considered this increase to be *permanent*, while in Lagos, just over half (56.3%) perceived the increase to be temporary. On the other hand, a higher proportion of teachers in Nasarawa (57.9%) reported an increase in the number of classes taught over the past two years. Nasarawa teachers were split between whether this increase is permanent or temporary. However, across all states, HIV/AIDS was not one of the major reasons cited for this increase. The two major factors cited were "increased student enrollment" (72.2%) and teacher "transfer/retirement/resignation" (17.1%).

It is worth noting that teacher workload also includes added responsibilities outside the day-to-day "classroom" practice of teaching. Some of these added responsibilities might be to monitor tests and/or coach sports teams, coordinate club activities, and act as labor/health masters, along with other functions. In this case, over half of all teachers interviewed had additional (non-teaching) responsibilities in their schools. Across the states, Lagos teachers, (65%) took on such non-teaching responsibilities, compared to 56% in Nasarawa and 50% in Kano.

Each teacher was also asked whether he or she had other sources of income besides that generated from their primary teaching jobs. Here we find that the state with the least number of trained teachers (Kano) had the highest proportion of teachers with other sources of income. Almost half of Kano teachers (49.5%) had other sources of income, compared to 42% in Nasarawa and 19.2% in Lagos. Exhibit 29 depicts the other occupations in which teachers engaged, across all states.

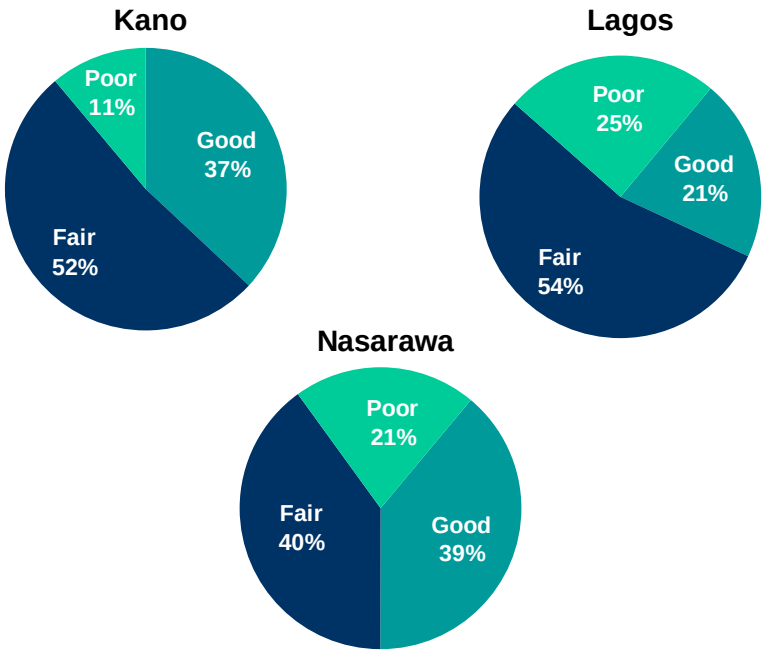
Exhibit 29. Other Income-generating Occupations in Which Teachers Engaged, Percent Participating Across All States



State of Primary Education

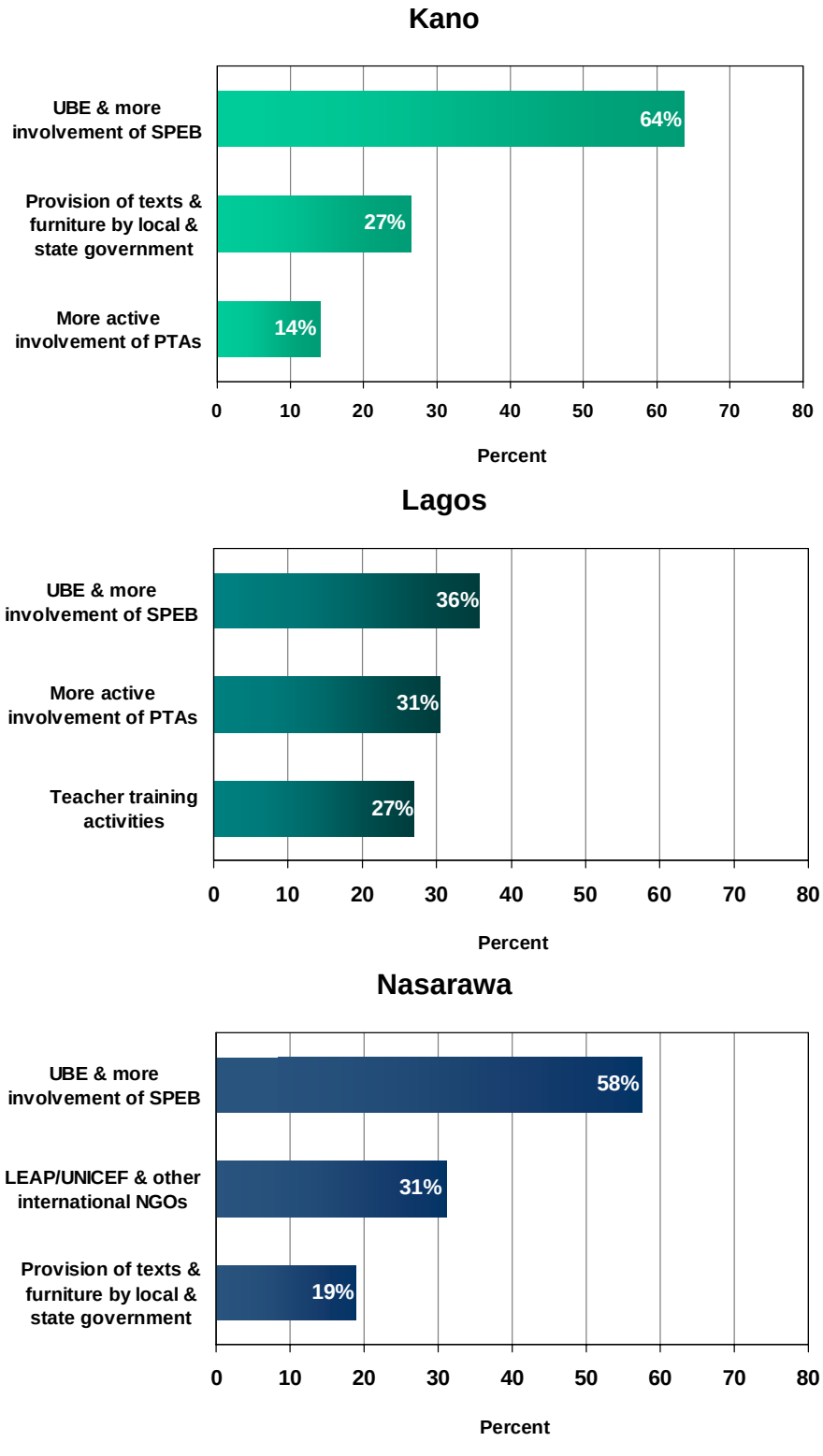
We then sought teachers' perspectives about the state of primary education in Nigeria. As was the case with head teachers, most teachers believed that the state of primary education in Nigeria is generally good or fair. Exhibit 30 shows that the majority of teachers in each state rated the quality of primary education in the country to be "fair." Still, a notable proportion of respondents, especially in Lagos and Nasarawa states, reported that the state of primary education was "poor." We should note that this was a subjective interpretation of good, fair, and poor by respondents, and the interpretation of these ratings could vary across states. Hence, these results may not be comparable across state or rural/urban settings.

Exhibit 30. Perceptions on the State of Primary Education, Percent Responding by State



Within each state, teachers varied in the programs or factors they cited as having a positive impact on primary education. However, in all states, the largest percentage of teachers credited UBE and more SPEB involvement. Exhibit 31 illustrates respondents' perceptions of those factors/programs by state.

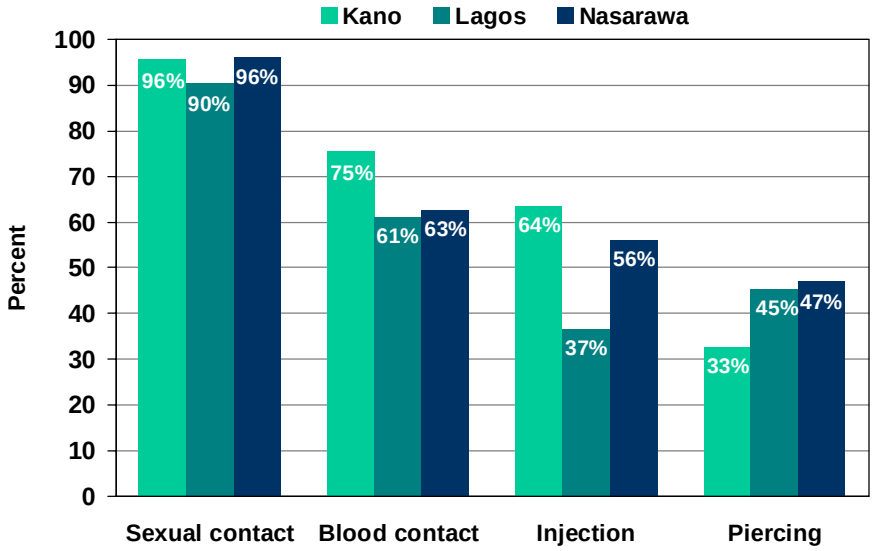
Exhibit 31. ***What Factors/Programs Have Had a Positive Impact on Primary Education?***



Teacher Awareness and Knowledge of HIV/AIDS

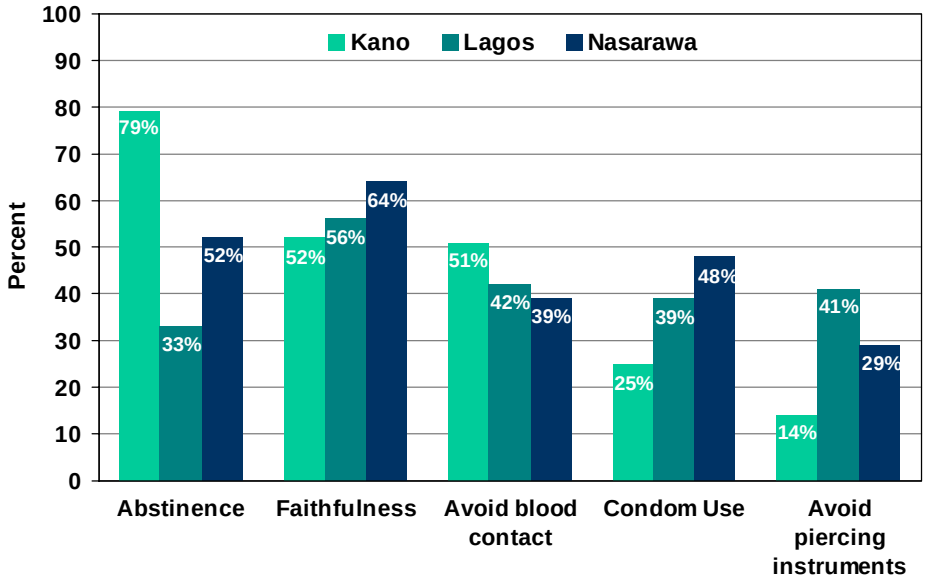
To focus the conversation on HIV/AIDS and its effects on the primary education system, we started by assessing teachers' level of awareness, knowledge, and attitude about HIV/AIDS. The results show that almost all (99.7% of all teachers responding—1072) have heard of HIV/AIDS, and 92.6% mentioned the mass media as the main way that they learned about HIV/AIDS. Furthermore, there was a high knowledge of how HIV is transmitted, as illustrated in Exhibit 32. In this case, almost two-thirds of respondents could correctly mention (when unprompted) at least two ways through which HIV is transmitted.

Exhibit 32. Common Modes of HIV Transmission Mentioned, Percent Responding by State



Teachers across all states reported ways to protect oneself from infection. Abstinence, remaining faithful, avoiding blood contact, and using condoms were the most commonly reported methods across states, as shown in Exhibit 33. The reported ways to avoid HIV infection perhaps reflect the perceived modes of HIV transmission. The differences across states in responses to these questions were not statistically significant.

Exhibit 33. Most Common Methods of Protection Against Infection Cited, Percent Responding by State, Across all States

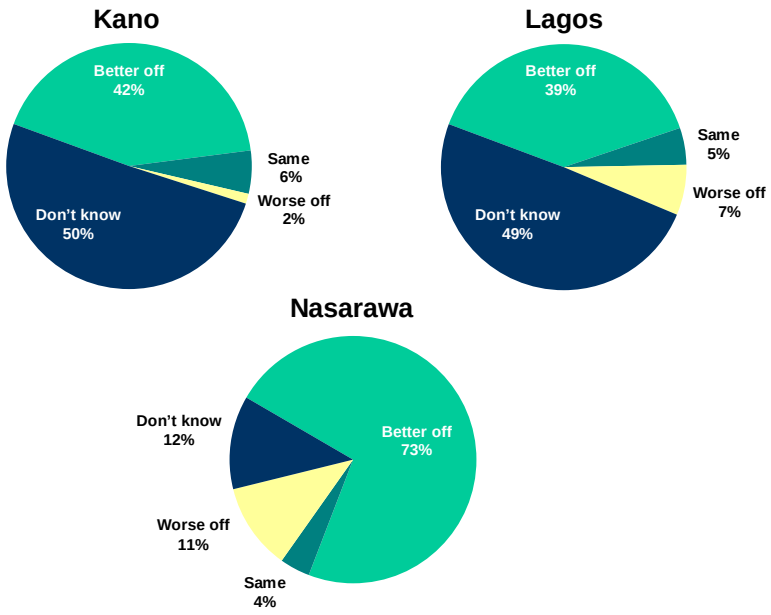


HIV/AIDS and Primary Education

State of HIV/AIDS in respondents' communities

In each state, teachers were asked to compare the situation of HIV/AIDS in their area compared to other areas surrounding their local government and/or state. In each state, a sizable proportion of teachers perceived the situation to be better off in their own area than in others as illustrated in Exhibit 34. However, a significant number of respondents were unsure. Nasarawa teachers were the most optimistic, with almost three-fourths (72.6%) responding that the HIV/AIDS situation in their area was better off than in neighboring communities. In Lagos, almost 40% considered themselves to be better off while about half (49.1%) were unsure. Similarly, 42.4% of Kano teachers considered their situation better than others' while over half were unsure.

Exhibit 34. Respondents' Perception of HIV/AIDS in Their Own Area Compared to Surrounding, Percent Responding by State



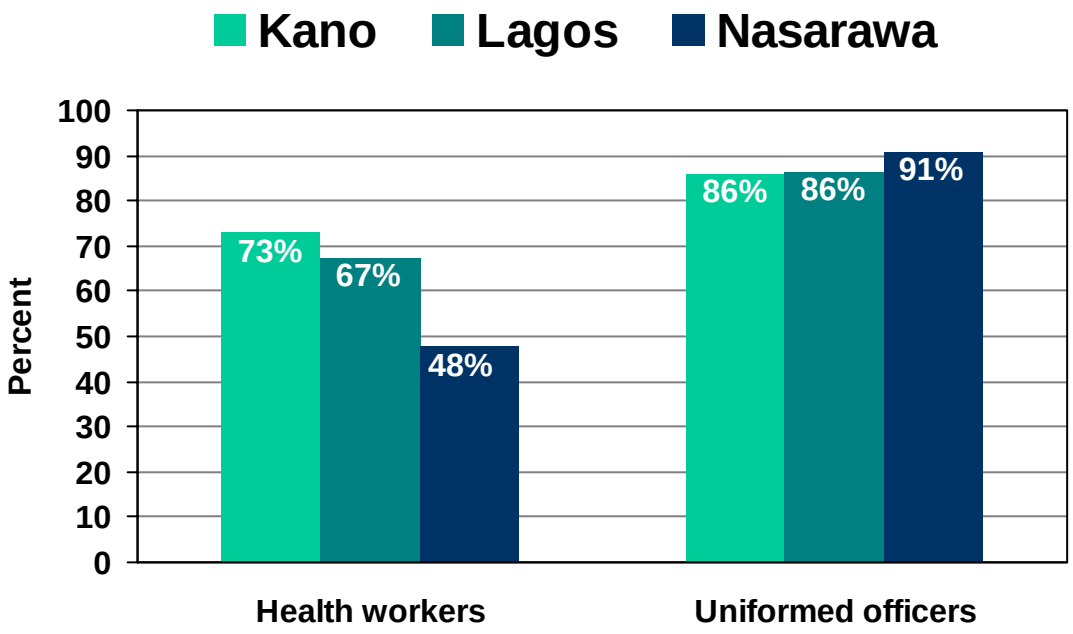
Has HIV/AIDS had an impact on primary education?

To get answers to this question, we first asked teachers whether, in their opinion, they felt that the disease had affected primary education. The data show notable differences among teachers' perceived impact of HIV/AIDS on primary education. For example, 47% of Nasarawa teachers responded that HIV/AIDS *has* affected primary education and 13% were not sure. On the other hand, the proportions of perceived impact were much lower in Kano and Lagos. In Kano, 12% of teachers thought that HIV/AIDS has impacted primary education, and over 50% were unsure. In Lagos, 11% of teachers considered HIV/AIDS to have impacted primary education while almost 20% were unsure of its impact. Two frequently mentioned manifestations of HIV/AIDS' negative impacts in each state were increased death and illness among parents and pupils, and a reduction in children's attendance and performance in school. Notably, HIV sentinel survey data collected on pregnant women attending antenatal clinics in the three states show a significantly higher level of HIV prevalence in Nasarawa compared to the other two states over the past 10 years.[18]

We were also interested in assessing teachers' perceptions of risk to HIV infection in comparison to persons working in other professions—in this case, health workers and uniformed officers. Overall, the majority of teachers reported that they are at a lower risk of being infected with HIV compared to health workers and/or uniformed officers, as illustrated in Exhibit 35. When asked why they thought so, respondents mentioned that uniformed officers are more mobile, which leads them to have "many sex partners." Also, uniformed officers are sent to war where they may have contact with blood from various people through sharp objects. Respondents believed that because health workers have more contact with sick people, they are more likely to contract HIV. However, some teachers (22.3%) perceived teachers' risk of HIV infection as higher than that of health workers due to the latter group's greater knowledge about how to protect themselves against infection.

[18] Federal Ministry of Health (FMOH), *2004 National HIV/Syphilis Sentinel Survey Report*.

Exhibit 35. Perception that Teachers' Risk of HIV Infection is Lower than that of Other Professionals. Percent Responding, by State



Teacher supply

To gain a better understanding on how HIV/AIDS has impacted the teacher supply, we asked teachers a series of questions about their own absenteeism over the past term. We should note that these questions did not specifically focus on HIV/AIDS-related teacher absenteeism. Yet, as shown in Exhibit 36, overall, illnesses and funerals were the primary reasons for teachers' absenteeism in the last term, with more teachers from Nasarawa reporting absenteeism due to these two factors than those from the other two states. Furthermore, Nasarawa state teachers reported having missed the greatest aggregate number of days in the last term, 6.05 days, compared to their counterparts in Kano and Lagos, who missed an average of 3.2 and 2.1 days, respectively.

Frequent teacher absenteeism would imply increased workload for other teachers as teacher substitution is not frequently practiced—indeed assigning classes to other teachers was the most cited approach used by head teachers to handle absenteeism. Most local governments find it difficult to cope when confronted with issues of sick and maternity problems or even with resignation.[19] As the epidemic matures, this problem could be confounded with absenteeism from HIV/AIDS-related illnesses since such illnesses tend to be more chronic. While the reported absenteeism is not only due to HIV/AIDS-related causes, state variances with Nasarawa teachers reporting a noticeably higher rate are worth noting.

[19] Teacher Study Recruitment Deployment and Retention, 2004. RTI International, RTP, NC.

Exhibit 36. Teacher Absenteeism: Reasons for and Number of Days Missed, by State

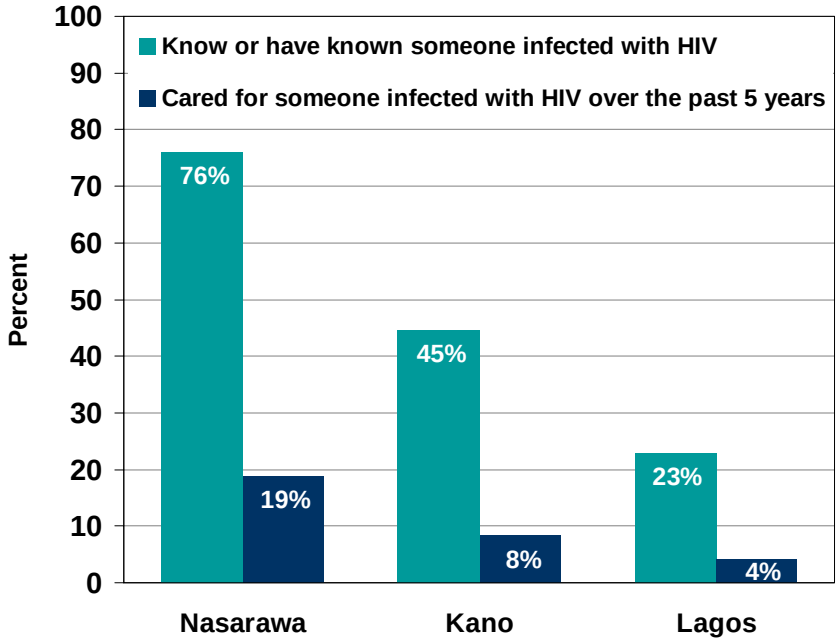
Kano		
Reason for Absence	**Percent Responding "Yes"**	**Mean number of days missed**
Illness (self, relatives, & friends)	39	1.7
Funerals	19	0.4
Training	9	0.7
To do other non-teaching work	6	0.1
Total		3.2
Lagos		
Reason for Absence	**Percent Responding "Yes"**	**Mean number of days missed**
Illness (self, relatives, & friends)	32	0.9
Funerals	12	0.3
Training	21	0.7
To do other non-teaching work	4	0.1
Total		2.1
Nasarawa		
Reason for Absence	**Percent Responding "Yes"**	**Mean number of days missed**
Illness (self, relatives, & friends)	56	2.6
Funerals	35	0.8
Training	29	1.5
To do other non-teaching work	4	0.1
Total		6.1

We were also interested in obtaining some information on the level and impact of direct caregiving that teachers provide to persons living with HIV/AIDS. Besides the absenteeism related to the challenges of day-to-day caregiving for the sick relatives and ultimately the funeral expenses, HIV/AIDS places heavy financial burdens on relatives to pay for treatment, which could also affect performance and productivity even when caretakers are not completely absent from work. Likewise, having a colleague who is infected with HIV might have a negative emotional effect on performance. Thus, we asked teachers about their own personal experience with the epidemic through working with and/or caring for someone affected or infected by HIV/AIDS over the past five years. As shown in Exhibit 37, almost three-fourths (76%) of Nasarawa teachers know or have known someone infected with HIV—a much higher proportion when compared to 45% of teachers in Kano and 23% in Lagos. Even more striking, one

in every five teachers interviewed in Nasarawa reported having cared for someone infected with HIV over the past five years. A much lower percentage of 8.3% of teachers from Kano and 4.1% from Lagos reported doing so. Such care includes financial support for medical costs and food (mentioned by 65% and 70%, respectively, by those who provided care). Other types of care include providing transportation to seek treatment, housing, and physical support.

"One in every five teachers in Nasarawa has cared for someone infected with HIV over the past five years. About three-fourths of these teachers have been negatively affected emotionally and financially."

Exhibit 37. Teachers Who Have Known or Cared for Someone Infected With HIV by State, Percent Responding by State



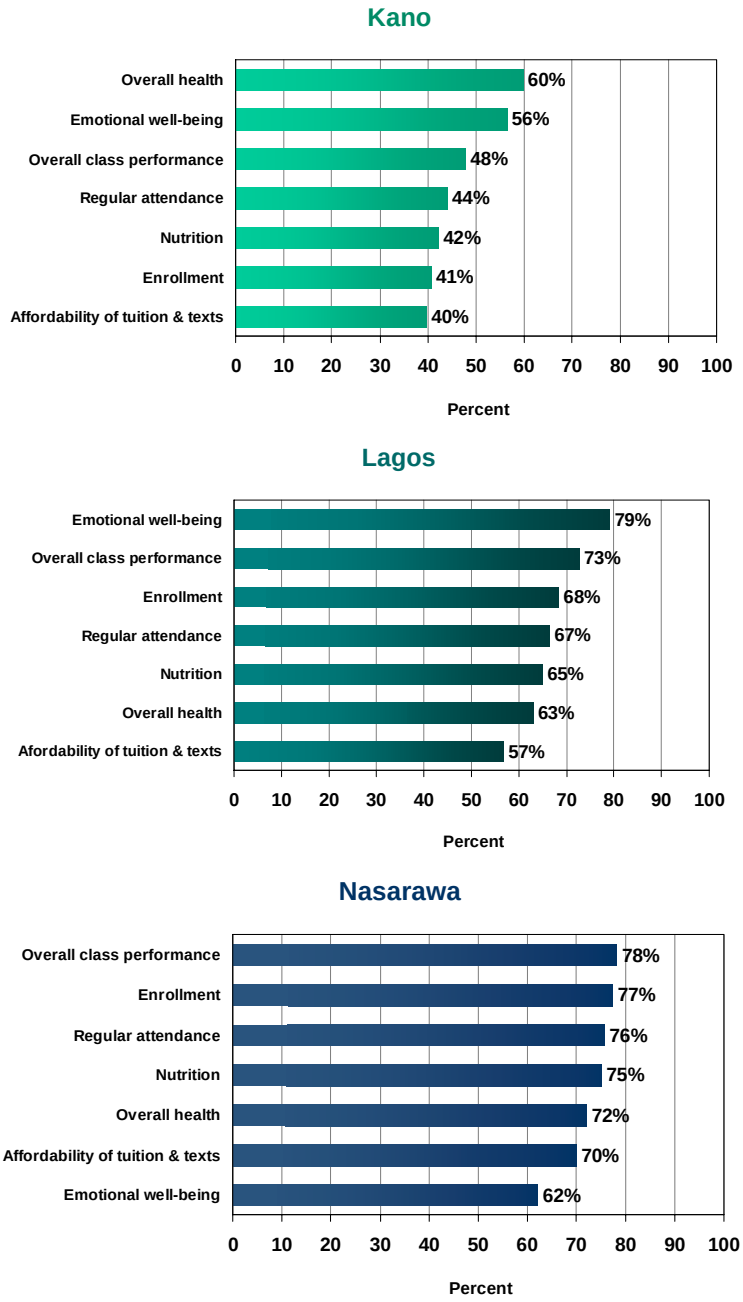
Children affected by HIV/AIDS (CAAs)

Our analysis now turns to how HIV/AIDS has affected the education of CAAs from the viewpoint of teachers. In general, very few teachers reported having taught CAAs in the last two years—less than 1% in Lagos, 1.7% in Kano, and 3% in Nasarawa. However, some factors should be kept in mind while interpreting this result. First, it is possible that CAAs are more likely to drop out of school than the children who are not affected by HIV/AIDS after their parents become ill or die. In that case, some of those children infected with or affected by HIV/AIDS would not be part of the pool of students under consideration, since the question was restricted only to the last two years. Second, a teacher may not know all the CAAs in her/his class at any specific time. Therefore, these percentages may not truly represent the situation of CAAs in the primary schools and communities in the three states. Yet, the fact

that the response in Nasarawa was twice as high as that in other states suggests a perhaps greater impact of HIV/AIDS in that state at the time of interview when compared to the other two states.

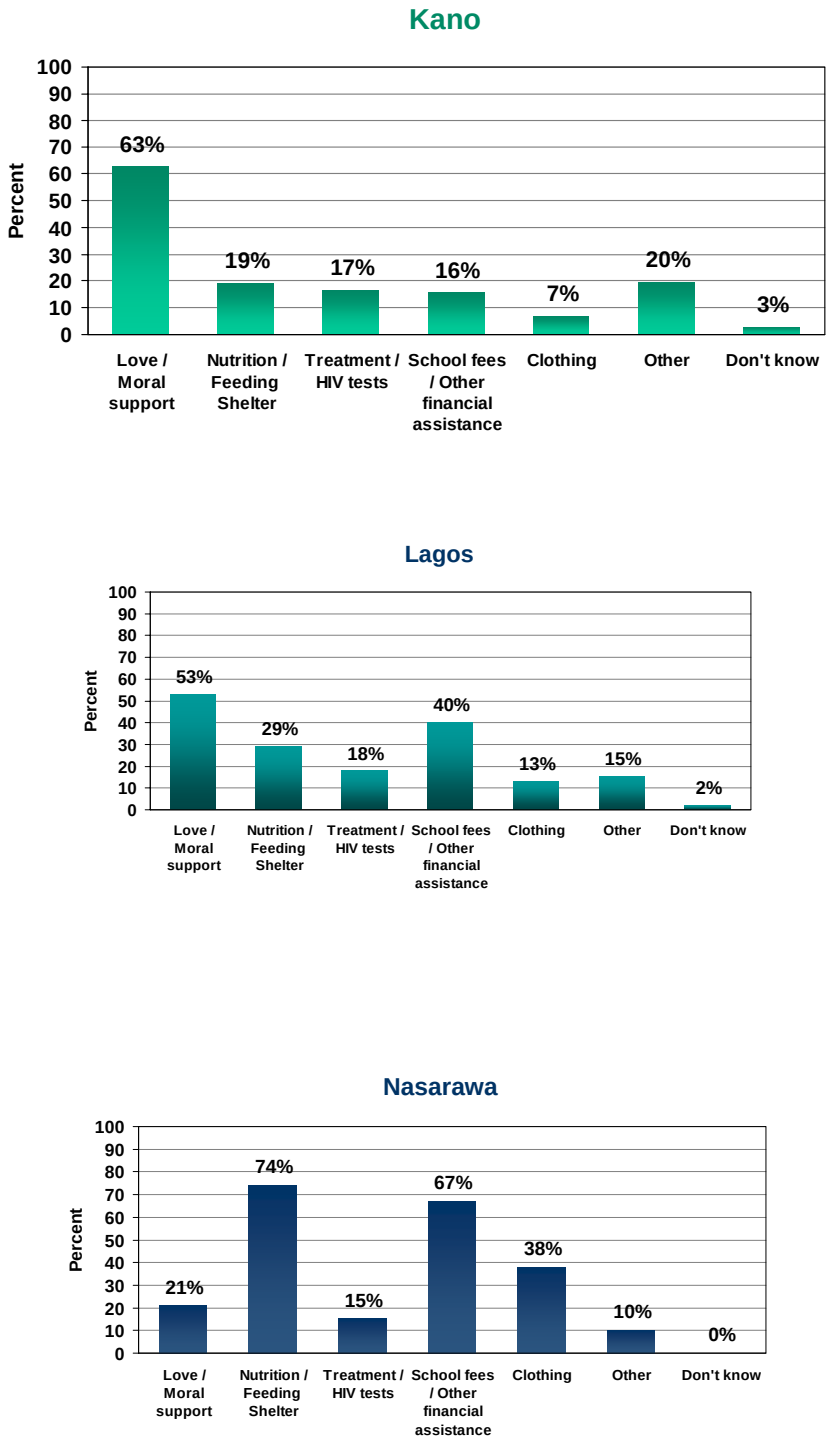
We also asked all teachers interviewed their opinions on whether children affected by HIV/AIDS were better or worse off, or on par with children not affected by HIV/AIDS, with respect to various health and school outcomes and economic well-being. As depicted in Exhibit 38, teachers in all states consider CAAs to be worse off on all indicators when compared to other children.

Exhibit 38. Teachers Reporting that CAAs Are Worse Off than Their Peers on a Variety of School, Health, and Economic Factors, Percent Responding by State



As shown in Exhibit 39, we also asked teachers to list what they considered to be the critical needs of CAAs. In this case, the results show some varying viewpoints by state.

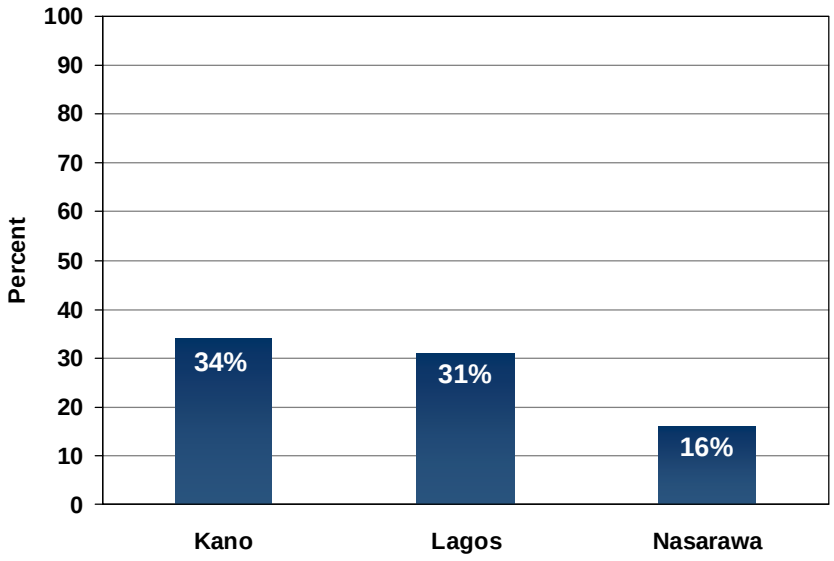
Exhibit 39. Critical Needs of CAAs as Cited by Teachers in Each State



HIV/AIDS-Related Stigma and Discrimination

As with head teachers, we asked teachers in our sample a set of experiential and hypothetical questions to assess the level of stigma and discrimination related to HIV/AIDS in their workplace and communities. We started by asking whether workmates were willing and open to talk about HIV/AIDS as a measure of comfort in discussing HIV/AIDS (Exhibit 40). We found that teachers in Nasarawa were most comfortable talking about HIV/AIDS and those in Kano were least comfortable. As noted earlier, a person's being open and willing to talk about HIV/AIDS does not necessarily suggest he or she is not prejudiced about the disease. However, one key way to break the silence about HIV/AIDS is by being open and willing to talk about it. Communication creates an opportunity for dialogue and exchange of useful information that increases knowledge about HIV/AIDS and ultimately leads to a change in attitudes toward those infected and/or affected. Therefore, the fact that 34% of teachers in Kano, about one-third (31%) of teachers in Lagos, and almost one-fifth of those from Nasarawa report a lack of willingness by colleagues to talk about HIV/AIDS at their workplace points to an area that needs urgent attention.

Exhibit 40. Teachers Reporting a Lack of Willingness/Openness to Talk About HIV in Their Workplace, by State

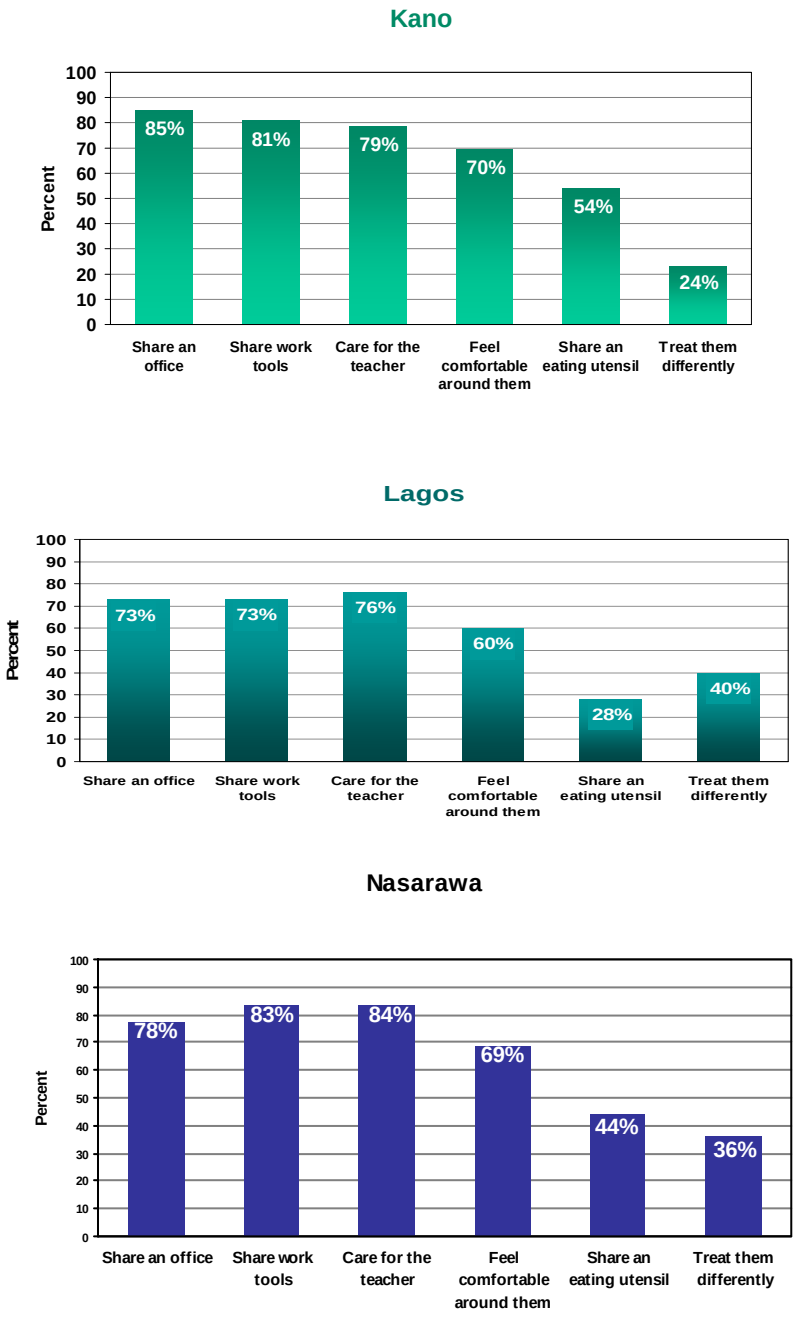


In regard to teachers' experience working with PLWAs, very few (33) teachers reported having worked with someone who had HIV/AIDS. Yet, among these, there is a significant difference between states: 8.9% of Nasarawa teachers responded to having worked with someone with HIV, while 1.7% of Kano teachers, and less than 1% of teachers in Lagos responded likewise. We asked this small group of teachers who said they had worked with an HIV-infected colleague how those persons were treated by colleagues and workmates. Most (61.1%) reported there was no stigmatization inflicted upon the individuals.

To better understand opinions about HIV/AIDS-related stigma, we also asked all teachers a set of hypothetical questions about how they would interact with an HIV/AIDS-infected teacher at their workplace. As depicted in Exhibit 41, teachers' willingness to interact with and care for HIV-infected teachers in the workplace varied. For example, while over three-fourths of Kano teachers were willing to

care for an HIV-infected individual, only about one-third of Nasarawa teachers were willing to do so. On the other hand, there is little difference in the number of respondents who would be comfortable sharing work tools across all states. However, while the majority of teachers reported being comfortable in sharing work tools in all the three states, almost 20% of teachers mentioned they be unwilling to share work tools or an office with a person infected with HIV, indicating a possibility of strong stigmatization to the infected person and possible discrimination, to the extent that the infected person's performance may be affected.

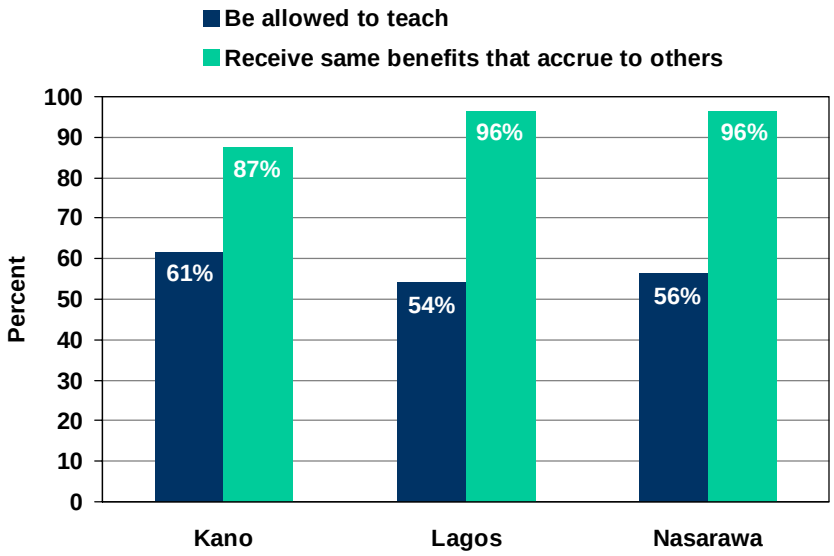
Exhibit 41. Viewpoints on How Teachers Would Treat Fellow HIV-Infected Workers, by State



Overall, 93% of teachers supported the proposition that HIV-infected teachers already working should receive the same benefits as those accruing to non-infected teachers with reasoning such as: "to assist in catering for their needs and enable them to get treatment" (supported by 38.5% of responding teachers who support benefits) and/or infected teachers "are still working for the government and doing the same as those not infected" (supported by 36.5% of teachers who support benefits). The primary reason given by the 7% of teachers who *do not* feel that HIV-infected teachers should receive all benefits is "because they are sick and should not be in the teaching profession; they are not productive" (supported by 44.2% of teachers who do not support benefits). Yet teachers were less accepting that an HIV-infected individual be allowed to teach; just about 57% of teachers interviewed thought that HIV infected teachers should be allowed to teach.

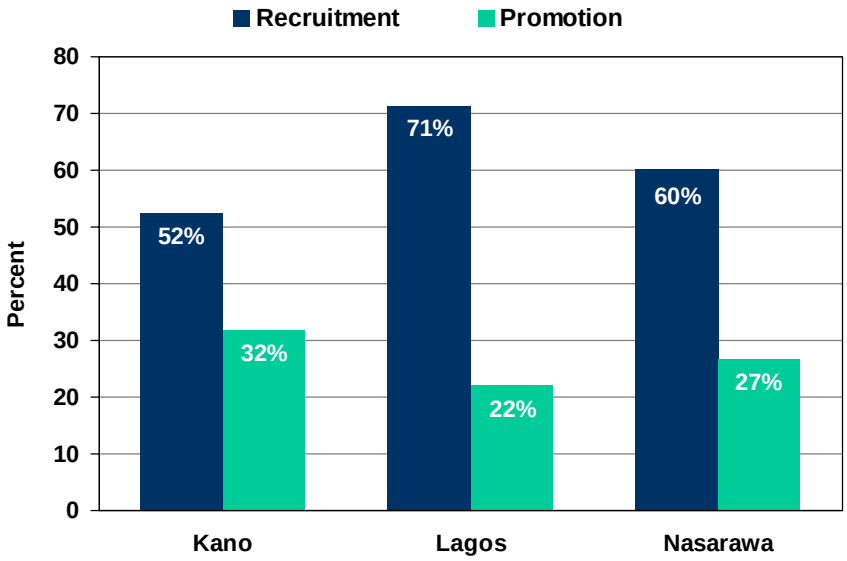
The discrepancy between responses to the question of whether HIV-positive teachers should be allowed to teach and the question of whether HIV-positive teachers should receive benefits mirrors the findings from the survey of head teachers in the three states. We did not probe to learn why teachers have these opinions, but we might consider a similar hypothesis as was discussed for head teachers. A teacher who is already part of the teacher corps might not want to support management practices that could have a negative effect on his or her future. The teachers may be less supportive of HIV-infected teachers entering the corps as such a restriction would never apply to the respondent, already part of the corps. Exhibit 42 illustrates little difference among the states.

Exhibit 42. Teachers are Divided in Their Opinion of Whether HIV-Positive Teachers Should be Allowed to Teach or to Receive Benefits. Percent Responding, by State



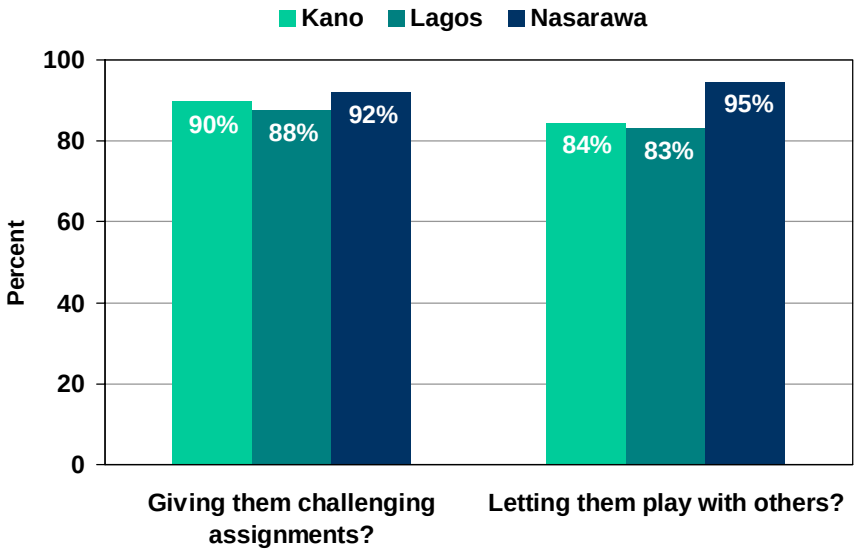
We also surveyed whether teachers would support HIV testing before teacher promotion and recruitment if such a policy were put in place. Again, we notice contrasting viewpoints on the two issues. For instance, while Lagos-based teachers were the most supportive of administering an HIV test before recruitment (71.4%), they were also the least supportive of the proposition that teachers undergo an HIV test prior to being promoted (22%). Again, in general, the levels of support by teachers mirror those reported by school administrators in that respondents from all three states appear to be more willing to support such an action if it is not directly applicable to those already in the teaching corp.

Exhibit 43. Should Primary Teachers Undergo an HIV Test Prior to Recruitment and Promotion, Percent Responding by State



We also assessed teachers' attitudes toward CAAs. If they were in a situation where they were to teach a CAA, most teachers (85%) responded that they would not treat the children differently compared to those not affected by HIV/AIDS—e.g., in doing challenging class assignments or in letting the CAA play with others. The variation in response to these questions among states is not statistically significant. Teachers also reported a willingness to offer assistance and support if they had a CAA in their class who missed school regularly and for prolonged periods of time.

Exhibit 44. Would Teachers Feel Comfortable Giving CAAs Challenging Assignments and Letting CAAs Play with Other Children, Percent Responding by State



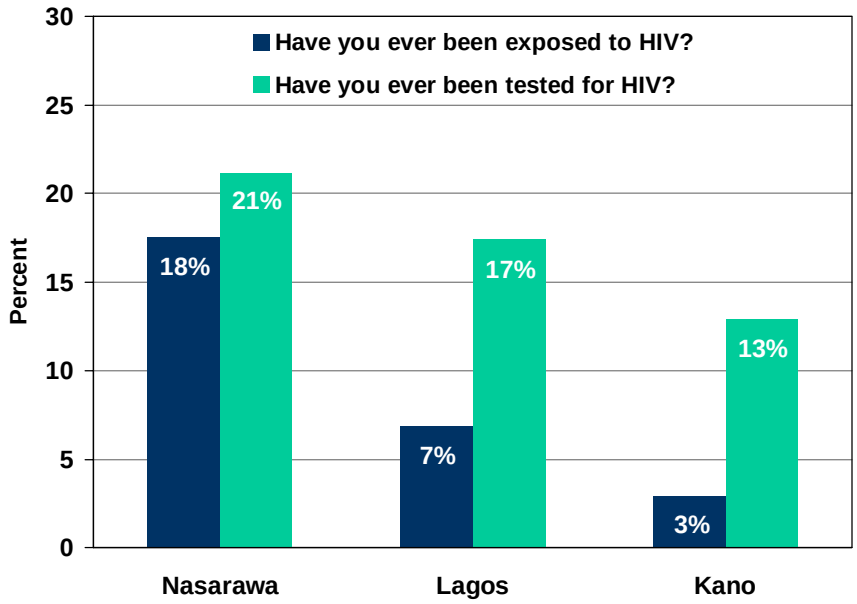
Access to Health Care Services

Voluntary HIV counseling and testing (VCT)

We also asked about teachers' viewpoints regarding VCT. First, we asked teachers whether, in general, they had ever been in a situation where they thought they may have been exposed to HIV infection. We did not ask for specifics of the situation. Reflecting a pattern similar to responses on several other HIV/AIDS-related questions, the proportion of teachers who think they have ever been exposed to HIV infection is highest in Nasarawa at 18%, compared to 7% in Lagos, and about 3% in Kano.

When asked if they have ever taken a voluntary HIV test, as in the case of perception of exposure to HIV infection, more teachers in Nasarawa reported having undergone an HIV test, followed by Lagos and then Kano (Exhibit 45). However, there is one striking difference: While there is just a 3 percentage-points difference between the number of people who reported having been tested for HIV and those who think they may have been exposed to HIV infection in Nasarawa, the gap was much wider in the other two states. Indeed, twice as many teachers in Kano and Lagos reported having ever been tested for HIV compared to those who think they may have been exposed to HIV infection. It is not clear whether there might have been reticence among some respondents in disclosing their true self-assessed risk of HIV infection that could have led to underreporting of exposure to HIV.

Exhibit 45. Perceived Rate of Exposure to HIV Infection and Rate of HIV Testing Among Teachers, Percent Responding by State



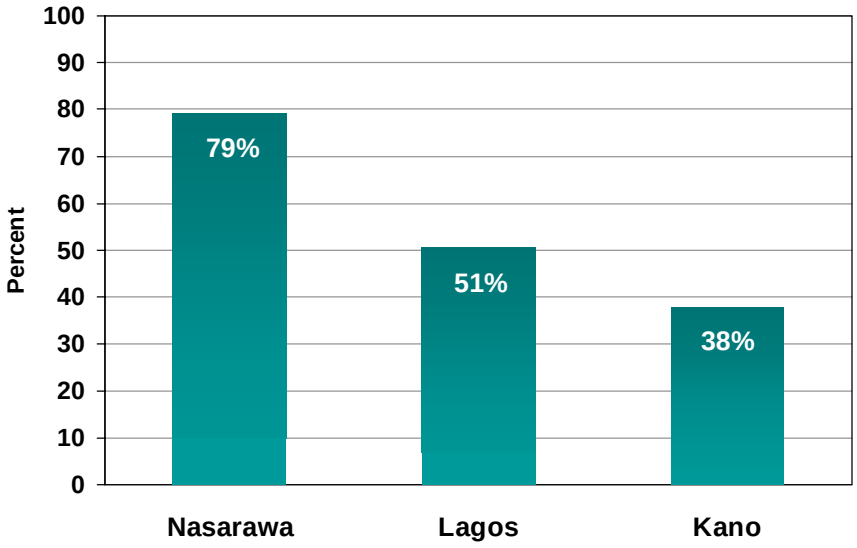
We also found that, overall, there is a significant difference in testing rates between respondents from urban areas compared to those from the rural sector. While 13.6% of rural teachers said they had been tested for HIV, almost 20% of urban teachers reported having been tested[20]. At the state level, more Nasarawa residents (21%) reported having been tested for HIV before compared to 17% and 13% for Lagos and Kano residents, respectively.

[20] Even at the state level, urban residents in each state reported higher levels of HIV testing than their rural counterparts.

As noted earlier, knowledge of someone's HIV status could positively influence behavior change. In this case, we did not specifically ask respondents why they had taken an HIV test. However, when we asked what teachers in general thought to be the pros and cons of someone knowing their HIV status, their viewpoints appear to affirm the potential influence of counseling and testing in behavior change. For instance, the most commonly cited pros were "to be sure of yourself" and hence keep oneself safe (56%), and "to prolong life by seeking early treatment if infected" (35%). The most notable cons were the fear that "if infected it creates worries and unhappiness" (69%) and that if infected, "it may shorten longevity" (26%).

As with school administrators, we found a very high unmet need for counseling and testing among teachers. About 54% of the 883 teachers across the three states who had not been tested for HIV indicated they were willing to be tested. However, the level of willingness differs significantly across the states, as shown in Exhibit 46. It should also be noted that this need represents only those who have never been tested. Consequently, the need could be greater as many of the respondents who have been tested before may be interested in receiving another HIV test.

Exhibit 46. *Would you Be Willing to be Tested for HIV,* Percent Responding by State



Among the respondents willing to be tested for HIV, a majority reported they would also be willing to pay for the service (Exhibit 47). Notably, among those who had never been tested for HIV, a higher proportion of respondents in Nasarawa was willing to be tested for and also willing to pay a higher amount for the test compared to respondents from other states. While there is a wide range in the amount of money that teachers would be willing to pay for an HIV test in each state, about 50% of teachers in each state would be willing to pay 500 Naira or less.

Exhibit 47. Teachers' Willingness to Pay for an HIV Test and Amount they are Willing to Pay, by State

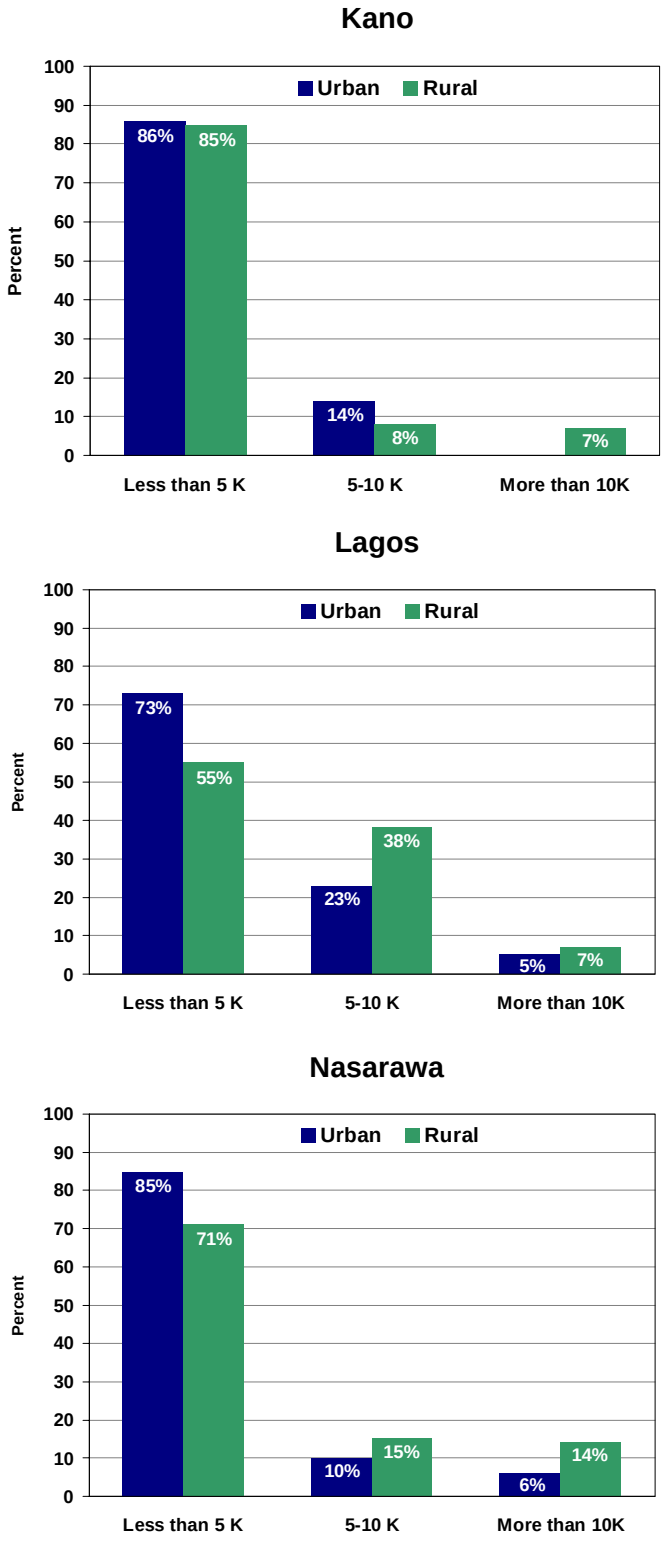
	State		
	Kano	**Lagos**	**Nasarawa**
Would you be willing to be tested for HIV?	37.6%	50.7%	79.3%
If yes, would you pay for the HIV test?	77.9%	67.8%	95.2%
How much?			
Minimum	N50	N5	N30
Maximum	N10,000	N3,000	N20,000
Mean	N763	N600	N1,083
50th percentile (median)	N500	N500	N500
75th percentile	N1,000	N1,000	N1,000

Most teachers willing to be tested preferred doing so at public clinics, private clinics, or at VCT centers. However, we were not able to obtain information on how many of the respondents knew a place where they could obtain HIV testing services, how far such a place was from their communities, and why they would prefer HIV testing services from a particular place. Thus it is hard to ascertain whether the respondents' opinions in regard to the source of HIV testing services were shaped by the quality of service, the distance to the service center, the cost, or a combination of such factors.

Access to health services

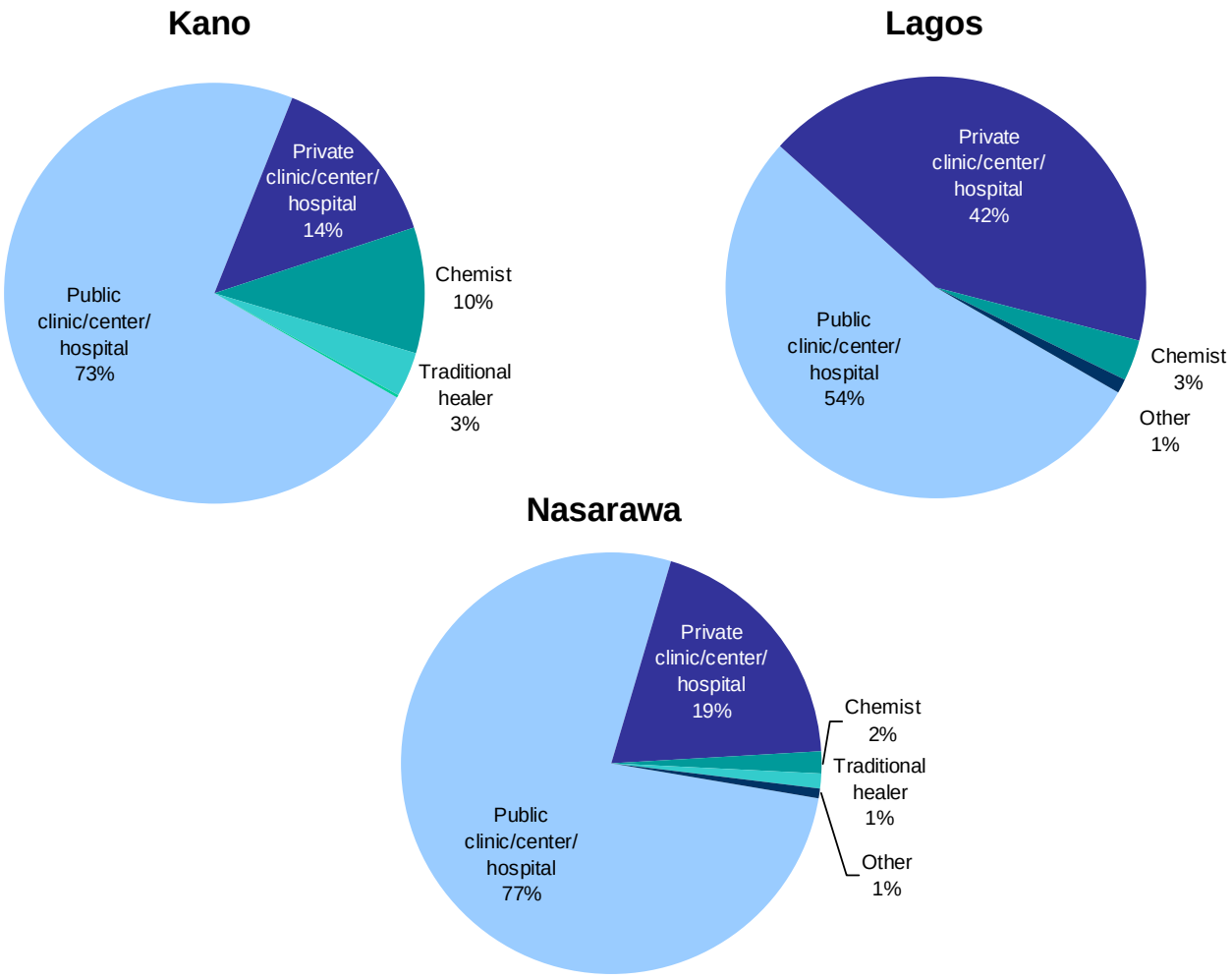
We also assessed the availability of healthcare services for teachers in our sample. First, we looked at the level of access to healthcare services as measured by distance to the nearby healthcare facility. Exhibit 48 illustrates that, in general, respondents in each state had access to a healthcare facility within less than five kilometers from their residences, with Kano healthcare facilities being closest for both rural and urban residents. What we cannot determine, however, is the quality and/or range of services provided at these facilities. Rural teachers (especially in Kano and Nasarawa states) were more likely to have no healthcare facility within a 10-kilometer radius from their residences.

Exhibit 48. Distance to Nearest Healthcare Facility, by Sector in Each State



We then looked at the rate of healthcare services utilization amongst teachers over the past 12 months before their interviews. Across all states, 68.3% of teachers sought healthcare either for themselves and/or dependents in the past year. There is no significant difference in the number of people who used healthcare services by state, sector (rural/urban), or gender. In general, most of the respondents (67%) who reported using healthcare services went to a public clinic/health center/hospital, while over 25% frequented a private clinic. However, at the state level, teachers from Lagos were more evenly divided between choosing a public (54%) and private (42%) provider as shown in Exhibit 49.

Exhibit 49. Type of Healthcare Facilities Where Teachers Accessed Services, in Last Year, by State



The range of prices paid for healthcare varied by the type of clinic the respondent accessed. While the median price paid for public clinic/center/hospital users ranged between 1001–2000 *Naira* for private clinic/center users, the median price paid was higher at 2000+ *Naira.* The smallest amounts paid were by users of chemists and traditional healers (median value of under 500 *Naira).* We did not ask specific questions about why respondents chose to go to a particular facility or about the quality of services obtained during the last visit. However, when asked for opinions about the cost of services incurred, over half of public clinic users found the cost of the services to be reasonable while over half of private clinic users found the price paid to be high.

Apparently, almost all healthcare costs incurred by teachers and or their relatives were paid for out of pocket by the respondents or their other family members (Exhibit 50). Only a negligible proportion of respondents reported that their healthcare services were paid for by the government or their schools, and nearly all these respondents were Lagos residents. It is not clear, however, whether the respondents might have claimed reimbursements from the school/government since they could be entitled to some medical allowances. But in the light of reported delays in payment of salaries, it is not clear whether such reimbursements would be paid on time either.

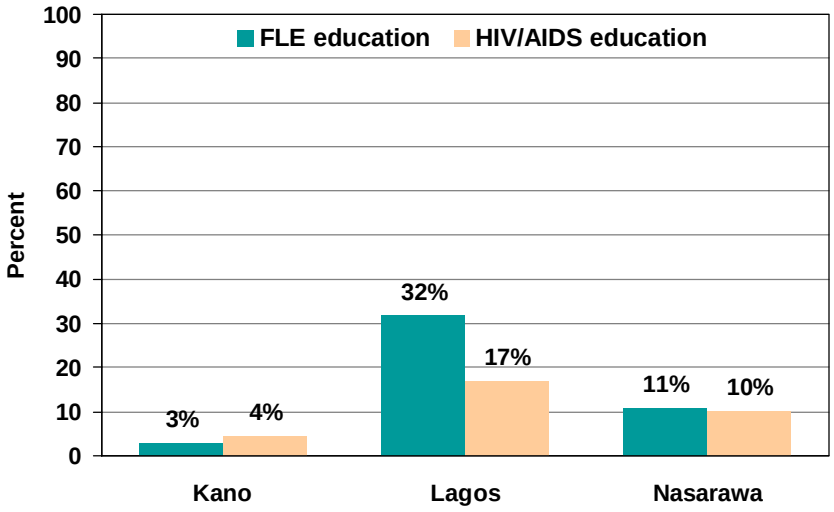
Exhibit 50. How Teachers' Healthcare Services Were Paid for During Last Visit to Health Facility in Each State

	State			
Source of funding	**Kano**	**Lagos**	**Nasarawa**	**Total**
Paid for by self	78.9	67.8	75.0	73.8
Paid for by other family members	15.1	22.5	19.0	18.9
Paid for by school or government	0.0	5.4	0.5	2.1
Paid for by other sources	6.0	4.3	5.6	5.2

Perspectives on HIV/AIDS Interventions in Schools

Our study also assessed the feasibility, appropriateness, and efficacy of HIV/AIDS-related activities in primary schools. One notable and likely intervention is the education about HIV/AIDS that would be provided to pupils. We therefore asked teachers whether family life education (FLE) was taking place in their schools. FLE typically focuses on equipping pupils with skills and approaches necessary to effectively handle life situations. Through skills enhancement and more understanding on issues such as human development and how to manage relationships and sexuality, pupils may also gain knowledge on how to avoid HIV infections. However, FLE is not exclusively limited to HIV/AIDS, and indeed does not necessarily tackle the issue of HIV. Thus we posed a specific question to ascertain whether HIV/AIDS education was taking place in respondents' schools. Here we found that only a small proportion of teachers (17%) across the states reported having either FLE or HIV/AIDS education take place in their schools. Exhibit 51 illustrates the variation in FLE and HIV/AIDS education in primary schools by state, with Lagos state appearing to be clearly ahead in this intervention, followed by Nasarawa and, lastly, Kano. In the schools where this education took place, it occurred mostly in upper primary classes starting from P4.

Exhibit 51. Teachers Reporting Family Life and HIV/AIDS Education in Their Schools, Percent Responding by State



Nearly all teachers interviewed did not think (90% said no; 7% didn't know) there is a curriculum on HIV/AIDS for primary schools in Nigeria. For those who were currently conducting some HIV/AIDS education in their schools, they did so primarily through passing around pamphlets on HIV/AIDS or through collaboration with other organizations, which come to their schools to conduct public awareness campaigns. In some cases, teachers introduce the topic of HIV/AIDS to their pupils when teaching about other subjects especially science. However, this HIV/AIDS education was not part of their curriculum and is not standard across schools.

A standardized curriculum on HIV/AIDS education would provide the advantage of ensuring that pupils in all schools receive a uniform set of information to help them avoid HIV infection. Accordingly, as noted earlier, NERDC and UBEC have developed a curriculum on Family Life and HIV/AIDS education in primary schools and are in the process of disseminating this curriculum. One key issue to keep in mind is the need to get stakeholder buy-in at the local level for such a curriculum, and teachers are critical stakeholders since they would be the ultimate implementers of such a curriculum.

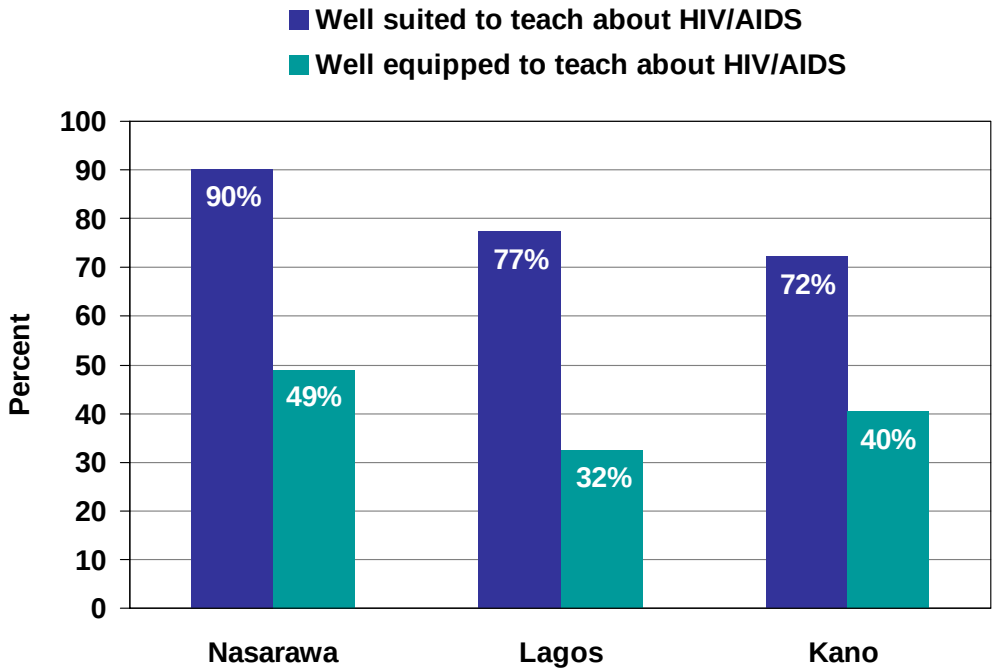
Apparently, teachers in general are supportive (87%) of conducting HIV/AIDS education in primary schools. Yet, the fact that more than two-thirds of teachers had never taught about HIV/AIDS and that a significant proportion of teachers still had negative attitudes toward working with fellow teachers who are HIV-positive underscores the magnitude of the gap that still needs to be covered so as to create an enabling environment for HIV/AIDS education in primary schools. Indeed, over half of the teacher population (including those who have taught about HIV/AIDS) interviewed did not feel *well-equipped* to teach about HIV/AIDS in their classrooms.

However, teachers believed they were *well-suited* to teach HIV/AIDS education due to the fact that they are "trained educators" and teachers are "nearer to the children and children will listen to them." Exhibit 52 shows the variation in responses to whether teachers are well-equipped and well-suited to teach about HIV/AIDS, by state. These results should perhaps not be surprising given that only 22% of teachers interviewed have received any orientation or training in HIV/AIDS. Given the big size of the teacher corps, the challenge will be increasing the coverage of that training to more teachers in the near future. Respondents who believed that teachers were not well-suited to teach about HIV/AIDS mentioned

factors that primarily reflect capacity rather than status; e.g., "teachers are not well-trained in HIV/AIDS issues," and "health officers are in a better position to teach about the topic than teachers."

Apart from HIV/AIDS education, other recommended interventions by teachers include distribution/provision of film shows and posters to increase awareness and the use of health personnel to teach HIV in schools, mentioned by about 6% of teachers.

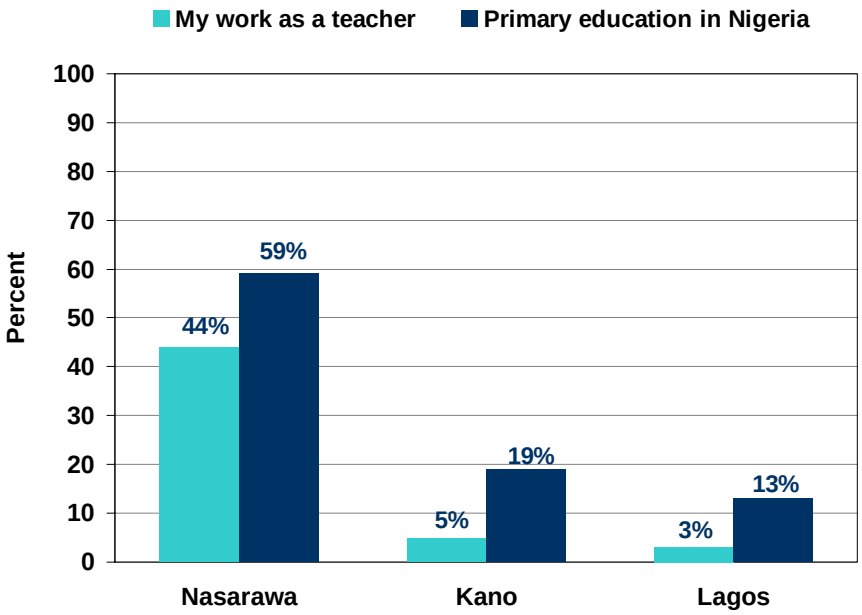
Exhibit 52. Teachers Feel Well-Suited to Teach About HIV/AIDS but Are Less Secure in Their Capacity to Teach About the Subject, Percent Responding by State



Overall Impact of HIV/AIDS on Teachers' Work

In summary, all teachers indicate that factors such as lack of school materials, poor teacher incentives, and poverty have had a more negative impact on primary education than HIV/AIDS. However, we also found that a noticeable proportion of teachers believed that HIV/AIDS has personally affected their work and has, in general, affected primary education in Nigeria. As shown in Exhibit 53, more than 40% of teachers in Nasarawa, about 5% in Kano, and about 3% in Lagos indicated that HIV/AIDS has had an impact on their work—including feeling sad about the possibility of being infected and through increased absenteeism of teachers, which has increased their teacher workload. At a macro level, more teachers across all three states feel that HIV/AIDS has had an impact on primary education in Nigeria, but as with other indicators reported in this study, Nasarawa teachers were much more likely to report such an impact.

Exhibit 53. Teachers Responding that HIV Has Had an Impact on Their Work or on Education in General, Percent Responding by State



4.3 Parents

Introduction

The mental and intellectual development of children at school also requires a home environment that is favorable to successful learning. Parents play a primary role as educators through encouragement, support, and home-based activities that foster learning. In addition, parents' levels of involvement in their children's school activities— including communicating with school authorities about their children's performance and building strong working relationships with the teachers—contribute to improving the performance of their children. In recognition of this, a National Association of Parents-Teachers Association of Nigeria (NAPTAN) was formed with the aim to strengthen parental involvement in schools. The NAPTAN has state, LGA, and school-level branches. The association creates an avenue for parents to participate in volunteer activities at the schools; to engage in fundraising activities for extracurricular (and curricular in some resource-constrained settings) programs that improve the quality of primary education; and to meet, discuss, and solve some of the school issues that may arise, such as making changes in a school curriculum. Parents are a critical group in the delivery of quality education in Nigeria.

Consequently, we conducted FGDs with PTA members from schools selected under this study to collect their opinions on issues related to the state of primary education in their communities, how their schools are performing and how (if at all) HIV/AIDS has impacted primary education. The results from these group discussions follow.

Results

A total of 86 group discussions were conducted across the three states, with an average participation rate of nine members in each group. These discussions were about evenly divided between male and female groups (Exhibit 54), providing an opportunity to compare female and male opinions on issues. These group discussions also reflect the level of urbanization in each district. More group discussions were conducted in Nasarawa and Kano than in Lagos because more schools were surveyed in those two states than in Lagos.[21]

Exhibit 54. FGD Participants by Gender and State

State	Male FGDs Conducted	Female FGDs Conducted	FGDs with both male & female participants	Number of Transcripts Excluded From Analysis[22]
Kano	28	0	2	2
Lagos	10	11	0	
Nasarawa	33	32	0	7
Total	71	43	2	9

On State of Primary Education

Female and male parents across all three states considered the state of primary education in their communities to be in need of improvement. Nearly all group discussions mentioned similar challenges that impede the delivery of quality education in their respective areas—including overcrowding in classrooms; lack of teachers, teaching materials, and food for pupils; untimely payment of teachers' salaries, and limited/dilapidated school facilities such as few classrooms, buildings with leaking rooms, and poor sanitation facilities. Instances given by respondents to illustrate the magnitude of the infrastructure problem (which worsens the crowding problem) included a situation where three schools shared a single toilet, a lack of toilet facilities at some schools, and leaking classroom roofs that led to merging of classes at several schools when it rained.[23]

However, when asked how their schools were faring compared to other schools around them, the majority of respondents reported that their schools were doing better. This perception was generally more pronounced in discussions held amongst urban schools' PTA members than those conducted among rural schools' PTAs. Also, urban respondents across all three states were more likely to mention recent additions of buildings and latrines to their schools over the past five to 10 years.

The discussion on the state of primary education included an inquiry about what factors respondents believed were responsible for the state of primary education in their communities. In this

[21] As earlier noted, fewer schools were surveyed in Lagos compared to other states because the average teacher population per school there is higher.

[22] Two male-female transcripts conducted from Kano have been excluded from this analysis. Also, three male transcripts from Nasarawa were excluded from the analysis because of incoherent statements in answers to questions.

[23] This study was conducted in a rainy season, and the research team observed some of the reported instances since the FGDs were conducted at the school premises.

case, both positive and negative issues were raised. On the positive side, respondents believed that the school environment was safe, teachers were hard working despite the challenging conditions, and teachers were well-behaved. Credit was given to government departments (UBE and SPEB) and NGOs—such as Literacy Enhancement Program (LEAP), United Nations Educational, Scientific and Cultural Organization (UNESCO) Education Trust Fund, and the Petroleum Trust Fund (PTF)—for improving primary education by providing more textbooks and supporting the construction of new classrooms. Notably, more urban parents than rural parents reported an improvement in primary education over the 10 years. The role of parental involvement in the construction of toilets and in the recruitment/support of supplementary teachers was reported as a critical (positive) factor to the success of some schools.

On the other hand, the lack of active parental involvement in school activities was one of the main reasons cited for the declining quality and standard of public primary education. For instance, respondents in Lagos mentioned that PTA meetings were only attended by women, and when some schools set up fines for non-attending PTA members, some parents resorted to sending "representatives" who were not able to offer constructive ideas during the meetings "just to avoid the fines for non-attendance." Nasarawa female respondents blamed their lack of active participation in PTAs on the fact that the officials only call/convene male PTA meetings. Other negative factors cited include a rapid increase in pupil enrollment without a reciprocal increase in teacher supply. Rural parents also mentioned that transferred teachers were not always replaced because some teachers don't like to work in rural areas due to poor infrastructure and poor remuneration for the teachers, which has affected their motivation and morale. Further, a proliferation of private schools in urban areas has led to parents withdrawing their children from public schools (mentioned mainly in Lagos).

HIV/AIDS in the Community

Overall, knowledge is high about HIV/AIDS and the ways through which the disease is transmitted, and there was no noticeable difference in this knowledge by gender or residence. However, most respondents in Kano and Lagos mentioned that although they knew about HIV, they had not experienced it in their communities and that it did not exist there. In Nasarawa, however, some respondents noted that although HIV/AIDS was not rampant, there were indications of HIV in their communities, and/or that it was hard to tell the full picture of the HIV/AIDS situation because it takes a long time for AIDS to show even when someone is infected. Several group discussions also alluded to the possible relationship between poverty and HIV transmission by saying that while many people know about the risk of HIV infection through blood contact at salons, they don't have enough money to afford buying clippers for themselves. Hence, they may continue to go to barbers and pedicurists for their services.

In all three states, respondents communicated that people were open to talking about HIV/AIDS as a subject because, as one female respondent put it, *"it is the talk of town . . . even in churches."* However, most people were not comfortable talking about HIV/AIDS in a personal way; e.g. discussing their HIV status or that of their close relatives or friends. It is also worth mentioning that even though many respondents correctly mentioned the common modes of HIV transmission and reported a willingness to talk about HIV/AIDS in their community, a number of respondents from these two states viewed HIV as an immoral problem and one compounded by carelessness.

> ". . . *the promiscuous women that are not faithful are the ones infected with AIDS*. . . " (Lagos female respondent).
>
> ". . . *we know that we shouldn't use blades or have sex with a woman who has slept with a dog. These are the causes of AIDS*." (Lagos male respondent). This was, however, immediately

countered by another respondent: *". . . we cannot blame them because sometimes they get infected without their knowledge. . . ."*

"*. . . we in this community have really been protecting ourselves as we are not a promiscuous people and there is total abstinence to premarital sex*" (Kano male respondent).

"*As we heard in the radio they said it can be transmitted through sexual intercourse with multiple sex partners – nonchalant attitudes. It is said it is all contracted through these ways. We thank God we don't have people with such attitudes in this community. . . "* (Kano male respondent).

Impact of HIV/AIDS on Primary Education

The majority of focus group participants in all three states reported that HIV/AIDS had not yet had a major impact on primary education in their areas because "they don't have it in their communities." Indeed, they believed that factors such as teachers' absenteeism due to lack of motivation as a result of untimely payment of salaries had impacted education more than HIV/AIDS. Still, some of the respondents indicated that it was hard to tell whether or not HIV/AIDS had affected primary education in their communities. This, in their opinion, was because people are not open about their status if they are infected, and it is also hard to tell how they behave.

". . . even if a teacher is infected with HIV, he will never admit that he is sick. So, it is hard to tell the situation. . . " (Nasarawa female respondent).

" . . . there are some teachers who have been sick, but it is hard to tell if they are sick of AIDS. . . Nasarawa male respondent).

". . .there are orphans in this community but we don't know what killed their parents. . ." (Nasarawa male respondent).

A few respondents across all three states (but more in Nasarawa than in the other two states) also believed that HIV/AIDS had indeed negatively affected teacher performance and teachers' attendance and that this impact could get worse in the future. Others thought that the most immediate impact was on children whose lives often get disrupted when the parents begin to fall sick.

"Yes, I have seen a person whose children's education was affected by the disease because he died and left them. They were divided between their relatives so that they would be taken care of but if a child is not with his parent, nobody will bother to look at how they are performing and so their education is affected (Kano male respondent).

HIV/AIDS-Related Stigma in the Education Sector

Most respondents concurred that HIV/AIDS still carries stigma in Nigeria. Respondents noted that although a number of educational and awareness programs have helped to improve people's views about the disease, "many people still run away from persons infected with HIV/AIDS, thinking that if they shake hands with them, they would be infected." To them, this explains why in part many people still don't want to know their HIV status unless there is a serious/major reason for doing so; e.g. if a partner was seriously sick and, even then, those who get tested didn't want to talk about it.

". . . The truth is that even if it is my brother that is infected, I will not go near him because I don't want to be infected. . ." (Kano male respondent).

". . . People of this area don't like to go for HIV testing because they are afraid of a positive result and discrimination. . . ." Respondent 2 adds: *". . . there is no gender difference in the blame, every infected person that is known to be unfaithful, be it a male or female is blamed accordingly. . . ."* Respondent 3 adds: *". . . here, people are discriminated and stigmatized, because people are afraid of being infected, but due to the constant enlightenment, the stigmatization has reduced. . . ."* Respondent 4 adds: *". . . Still, there is stigmatization in this community. . ."* (Kano male FGD).

Given these viewpoints, we asked FGD participants their opinions on HIV/AIDS-related stigma in their schools. Most respondents indicated that parents in their communities would not support having an HIV-positive teacher in their schools for a number of reasons. First, they believed that the teacher would not serve as a good role model: the teacher could not command respect as pupils wouldn't listen to him or her. Second, some parents reasoned that such a teacher can "touch and transmit HIV to the pupils," while others also expressed concern about the possibility of male HIV-infected teachers infecting female pupils in upper primary schools.

". . . We won't allow him to teach because he will confuse children in the school. . ."(Nasarawa female respondent).

". . . No, we will not agree to that (meaning an HIV-positive teacher teaching in school)*…because there are females in school, he* (teacher) *might or may have sex, through which the female will be come infected. . ."* (Nasarawa female respondent).

Finally, some respondents who didn't support having HIV-infected teachers in their schools, reported that such teachers would be "sickly" and "die off soon," which could affect the performance of the pupils. There was, however, a small proportion of participants who thought that HIV-positive teachers should be allowed to teach as long as they were still able to perform their duties. Paradoxically, virtually all respondents maintained that they supported HIV-positive teachers in continuing to receive payment of salaries and benefits even when sick.

HIV/AIDS Interventions in Primary Schools

We also asked FGD participants for their opinions about new or ongoing HIV/AIDS interventions in their schools. Most parents indicated that there are no HIV/AIDS programs in schools apart from posters that were distributed to primary schools by the Ministry of Health. The exception was in three group discussions in Lagos and two in Nasarawa where participants indicated that some teachers are currently incorporating HIV/AIDS materials into other subjects, such as health education and social studies.

Generally, parents were supportive of introducing HIV/AIDS interventions in schools and reported that teachers were well-suited to implement most interventions because of their level of training and closeness with the pupils. The most commonly cited intervention was HIV/AIDS education so that "pupils can know about HIV and protect themselves." Yet, almost all respondents also believed that teachers needed more training and orientation about HIV/AIDS to be able to effectively conduct HIV/AIDS education. To solve this problem, some parents proposed that health workers should be brought into schools to talk to teachers about HIV/AIDS.

". . . Some children respect and obey the say of their teachers more than their parents. . ." (Kano male respondent).

Other proposed programs included counseling, nutrition programs, distribution of posters and, whenever possible, staging of films. Some parents also proposed the idea of exempting children affected by AIDS from paying PTA levies and, if possible, for these children to receive assistance in buying scholastic materials. There were no noticeable differences in the opinions expressed by female and male respondents or by urban versus rural residents.

However, while parents concurred on the need for HIV/AIDS education in schools, they were specific on what type of information should be covered in that education. For the most part, parents supported general education about the disease and how it is transmitted. They also supported the promotion of abstinence before marriage and faithfulness when married, but were not supportive of introducing education on condoms or distributing condoms to pupils. To the respondents, promoting condom use or distributing condoms was "basically encouraging the pupils to use them."

> *"Yes, it (HIV/AIDS) should be taught but only ways of transmission like blood contact, syringes and razor should be taught, and not how to expose children to things that they are not supposed to know at their age. Also condom use should not be shown or discussed to them. . ."* (Kano male respondent).

> *". . . sex education should be included in primary schools but not condom use . . . because they are still little children, if you distribute condoms you will be encouraging them to have sexual intercourse which is bad. . . . It's by counseling . . .Counseling is the most important. . .* (Lagos female respondent).

These sentiments were unanimously shared across all three states and in only a few group discussions were respondents supportive of education on condoms in primary schools, with a view that some of the primary children were already sexually active and, hence, needed the right information. Parents indicated there is an actual risk of these children getting the wrong information from sources such as movies. In regard to when and in which class such education should take place, the majority of respondents believed this education should begin in upper primary (starting from class four onwards).

Focus group discussants also emphasized the importance of traditional leaders, elders, religious leaders, and other local leaders in any efforts that may be designed to reach children out of school. Many parents reported that these children (especially girls) were more likely to be infected with HIV in part because they had fewer things occupy their time and therefore could fall prey to the "lures" of men. The two most cited interventions among this group were through film shows and community education meetings, in both cases with the help of traditional, local, and religious leaders. However, there did not appear to be a big number of CAAs out of school currently in the communities where this study was conducted.

School Policies and Operational Guidelines

We also asked respondents for their views on school operational policies and guidelines. Most participants noted that although policies and guidelines exist, parents are not typically involved in the formulation of these policies and that these policies and guidelines are not well implemented.

Instances of poor policy implementation focused on the teacher personnel problems noted above (including poor and untimely remuneration, teacher shortages, and a lack of school materials).

> *"Replacement was in the olden days, nowadays in this present dispensation, there is no replacement for any lost teacher. It is only the head that can be replaced. If it is a class teacher, there is no replacement."* (Lagos female respondent)

". . . public schools are supposed to provide support for medical and funeral costs of teachers but they are not doing it. HIV/AIDS has no impact on this. It is just poor management" (Lagos male respondent).

Apparently, these comments confirm the general shortage of teachers in most schools that was mentioned by the teachers and school administrators who were interviewed in this study. It appears that new entrants into the teaching profession are easily absorbed and contribute marginally toward easing teacher supply constraints. However, according to FGD participants, there also appears to be a difference in the level of difficulty that schools face to replace a teacher lost to death or retirement versus a teacher lost due to transfer—i.e., when a teacher is transferred, a replacement is sent immediately from another school. On the other hand, when a teacher retires or dies, there is no immediate replacement and in some cases, as mentioned by many respondents, this may not happen at all unless it was a head teacher who retired or died. This distinction is important and underscores the potential impact of HIV/AIDS on the teacher workforce since the disease would presumably lead to more loss of teachers due to illness or deaths, in which case such teachers would be hard to replace. Furthermore, a number of parents believed that this poor implementation of policies would be a challenge to other new initiatives, such as helping to provide support to families of deceased teachers or supporting CAAs. However, some PTA members did get involved in policy implementation by lobbying against transfer of good teachers and/or for replacement of lost teachers. A few FGDs in Nasarawa also mentioned a program where some teachers were directly hired by the PTA at the school level.

4.4 Key Informants

Introduction

Our group of key informants comprised stakeholders from various backgrounds that included religious and traditional leaders, Nigeria Union of Teachers (NUT) and PTA officials, and LGA and state government education, personnel, administration, planning and school services officials. Our interest here was to obtain a variety of viewpoints on the issue of HIV/AIDS and primary education in the three states. A total of 36 respondents were interviewed through semi-structured one-on-one discussions on a number of issues related to HIV/AIDS and primary education. Exhibit 55 describes the affiliations/titles of the selected key informants. It is worth noting, however, that the sample of key informants was overwhelmingly male (about 92%). Hence, no useful analysis/comparison of respondents' perspectives can be done by gender.

Exhibit 55. Key Informants by Their Affiliation

Affiliation	Number of Respondents in the Category
State Government Officials	4
Local Government Officials	20
PTA Officials	5
Traditional/Religious Leaders	2
NUT Officials	3
NGO Officials	2
Total	36

Results

Overall, key informants' view on the state of primary education and HIV/AIDS in the communities/states mirrored those observed from other stakeholders in terms of the content, and the differences/similarities in responses across states and within states. Therefore, for purposes of brevity, this section focuses on the additional/unique views raised by the key informants that have otherwise not been reported.

One such critical issue is the level of preparedness of the education system in Nigeria to address the challenges ahead in the wake of the HIV/AIDS epidemic. Overall, most key informants acknowledged that the primary education system is not well prepared to handle HIV/AIDS-related problems in education if the epidemic continues to escalate. In their opinion, this is due to several reasons. First, there is no current legislation or authority for the educators on how to specifically handle the HIV/AIDS problem. Second, the system is already overwhelmed because of an embargo in some states, which prevents the recruitment of new teachers. Indeed, it is already difficult to find a replacement for a teacher who dies for any cause. A noticeable proportion of informants indicate that in cases where they need teaching staff, the positions are not yet filled because the authorities have no money or power to recruit new teachers. HIV/AIDS-related illnesses and deaths could exacerbate this problem. Third, there is no budget allocation for rapid training of new teachers to fill the vacuum that the HIV/AIDS catastrophe could create.

It should be noted that a draft *National HIV/AIDS Workplace Policy for the Education Sector in Nigeria* was recently (in September, 2004) produced. This document will provide guidance to the development of HIV/AIDS-related interventions in the education sector (including primary education). The challenge now is to expedite the ratification process of this policy so that it gets disseminated. Furthermore, based on the approved policy, there will be need for the development of operational guidelines for education officials at various levels of government to offer them insights on how they should address this problem operationally. The data obtained from this study suggest that this problem could be compounded by extant challenges that are primarily due to resource constraints and lack of clear guidelines on issues of accountability and implementation than due to lack of a national level policy.

5 Implications for Future Programs

5.1 Introduction

The primary objective of this study was to generate information from various stakeholders on how HIV/AIDS has affected primary education in Nigeria and to identify mechanisms that can be utilized to develop HIV/AIDS prevention and mitigation programs in primary schools. This section highlights the key findings observed from this study and discusses some issues that can be considered in the development and/or scale up of future HIV/AIDS programs in the primary education sector.

5.2 Recommendations

Current State of HIV/AIDS in Primary Education—Perception Versus Reality

While there are some differences across states, the data obtained from this study generally suggest that most stakeholders do not view HIV/AIDS as having had a major impact on primary education so far. Many respondents reported that other factors such as poverty, a lack of scholastic materials, and lack of teachers have had a more negative impact on primary education over the past 10 years. However, a noticeable proportion of respondents from all categories (school administrators, teachers, parents, and other key informants) report that although HIV/AIDS may not be the leading factor affecting primary education, the disease has already started to affect primary education in general and in some cases, their work in particular.

Information collected on indicators of the HIV/AIDS impact on education also reflects a burden placed on the supply of education. For instance, we found a heightened level of teacher absenteeism related to illnesses (of self or other family members) and funerals across all states. Clearly, not all such absenteeism is HIV/AIDS-related but the finding that it is higher in Nasarawa (a state with higher HIV prevalence and one where 20% of the teachers interviewed have cared for someone with HIV/AIDS over the past five years) than the other two states implies a heavier burden on the supply of teachers in that state—likely in part due to HIV/AIDS.

As mentioned earlier, it is also important to keep in mind the fact that the above-mentioned impacts tend to lag HIV infection for some time. Hence, in the wake of increasing HIV prevalence over the past decade, these manifestations of HIV/AIDS will most likely be higher in the coming years unless interventions are designed to combat the illness now. To this end, there is consensus among teachers, school administrators, education planners and key informants that the education system needs to enhance efforts to address the challenges to primary education that could be brought upon by the HIV/AIDS epidemic. Waiting until the epidemic gets worse could be more detrimental, costly, and less efficient. Operationally, school administrators urgently need guidance on how to address the surging teacher workload. They are already faced with a major challenge of managing teacher absenteeism that needs to be addressed immediately and a challenge which will only get worse as the impact of HIV/AIDS on the health and well-being of the teachers gets more pronounced.

Attitudes Towards PLWAs—An indicator of Stigma and Discrimination

The success of HIV/AIDS interventions in the primary education sector will be greatly determined by how much the issue of stigma around the disease is addressed. Findings from this study suggest that a significant proportion of educators still carry negative attitudes toward colleagues who are

PLWAs to the extent that some educators would not feel comfortable working with them and/or sharing work tools. Such attitudes would undoubtedly perpetuate silence around the disease and also influence the way such educators can impart HIV/AIDS knowledge to pupils.

Typically, most HIV/AIDS-related selfish and negative attitudes are primarily due to a lack of accurate information about the disease and a lack of legislation on how to handle perpetrators of such attitudes. The Federal Ministry of Education (FMOE) recently produced a draft *National HIV/AIDS Workplace Policy for the Education Sector in Nigeria*. This policy will provide a framework through which sector specific interventions to address stigma and discrimination at the workplace can be developed. Hence, the policy needs to be adopted and implemented urgently. Furthermore, HIV/AIDS prevention and mitigation programs that are specifically targeted to educators in primary schools need to be developed.

HIV/AIDS Interventions in Primary Schools

Apparently, HIV/AIDS education is the most feasible intervention in primary schools. Indeed, most respondents in all categories (school administrators, teachers, parents, and key informants) across the states supported introducing HIV/AIDS education in primary schools and thought that such education was more appropriate in upper primary classes (P4 and above). Yet, very little of this education is currently taking place in the three states. In a number of cases, respondents reported having hosted some HIV/AIDS campaigns conducted by NGOs, and others mentioned having received some posters on HIV/AIDS to be displayed in the classes. The unanimous support for introducing HIV/AIDS education in primary schools by respondents from all categories creates an opportunity for a positive reception of the *National Family Life and HIV Education Curriculum* that was produced earlier this year by the NERDC in collaboration with the UBEC and is currently being disseminated to various states throughout the country.

However, the fact that nearly all respondents (even in Lagos state where this curriculum was disseminated several months ago before this study was conducted) didn't know that such a curriculum exists underscores the amount of work that will need to be undertaken by the government departments and donor agencies to disseminate this curriculum all the way down to the school level. More importantly, although teachers are willing and feel *suited* to provide HIV/AIDS education in schools, the majority do not feel *well-equipped* to do so. Therefore, the dissemination of the curriculum needs to be combined with capacity-building activities for the teachers, to equip them with the knowledge and skills relevant for provision of such education. Innovative approaches will need to be developed so as to scale up both pre-service and on-service training of teachers in HIV/AIDS. Implementing agencies can play a key role in facilitating dialogue and collaboration among relevant institutions in this effort. In addition, there is need to engage parents in this process early on (e.g., through PTAs) about the content of the education to be provided in schools so as to get their buy-in. The unanimous disapproval of teaching about condoms and the distribution of condoms by parents across all states draw attention to the need to address this issue. In order for teachers to be able to conduct effective HIV/AIDS education, they also need to have adequate teaching and learning materials such as resource handbooks on HIV/AIDS, pictures, posters, and films over and above the curriculum. These materials also need to be culturally appropriate and gender-sensitive. In most of the schools where this study was conducted, apart from the HIV/AIDS posters earlier mentioned, these teaching materials did not exist.

Another equally important dimension to capacity building for teachers is the issue of sustainability. In this regard, it is important that a dialogue is initiated with teacher training institutions to explore ways through which HIV/AIDS training can be incorporated into pre-service training curricula to ensure that new teachers entering the teacher workforce are fully equipped.

The issue of how to handle CAAs is also worth noting. Overall, most respondents indicated that CAAs are not doing as well as other children on all indicators of health, well-being, and school performance. Furthermore, they proposed interventions such as waivers on PTA levies and the purchase of other scholastic items, together with the provision of counseling to such children. Yet, most teachers and administrators either didn't think (or didn't know whether) they had CAAs in their classrooms. It is not clear from the study whether this is because there were not as many CAAs in the communities or whether there was some reticence on the part of the guardians and other community members to identify their children as CAAs. In any case, the lack of enough knowledge on the prevalence of CAAs in the schools may make it hard to design interventions for such children in schools. This further underscores the need to involve parents and other community members in the design of interventions for CAAs.

Dissemination of Findings and Future Research on This Topic

Finally, we propose a wide dissemination of research findings not only at the national and state levels, but also at the LGA and school level to stimulate further discussion about some of the key issues covered in this study. We also recommend that similar studies be conducted in states with higher HIV prevalence so as to assess the impact of HIV/AIDS on education in those states.

Appendix 1: Research Team

Kano Team

Abdulrasaq Alkali – Interviewer/Supervisor
Mohammed Ali – Interviewer
Fatima Ali Suwaid – Interviewer
Abdullahi Mohammed Yakubu – Interviewer
Hajara Suleiman Adamu – Interviewer
Hassan Habib – Interviewer
Zainab Abubakar – Interviewer

Lagos Team

Emeka Nsofor – Interviewer/Supervisor
Ufon Udofia – Interviewer
Anthony Williams – Interviewer
Aderonke Fateye – Interviewer
Olufumilayo Ojo – Interviewer
Rita Omobvude – Interviewer
Chijioke Mark Nwakudu – Interviewer
Oluseyi Owolade – Interviewer
Bolaji Obadeyi – Interviewer

Nasarawa Team

Samsu Gombwer – Interviewer/Supervisor
Linda Chioke – Interviewer
Galadima Abdullahi – Interviewer
Folarin Abraham – Interviewer
Ene Ejiembe – Interviewer
Ibrahim Yahusa – Interviewer
Charles Orume – Interviewer
Hadiza Galadima – Note taker

Data Entry

Caroline Johnson – Typist
Udeme Jack Essien – Data Entry
Ijeoma Diala – Data Entry/Supervisor
Lawrence Ikpi – Data Entry
Impey Chwukuemeka – Data Entry

Technical and Administrative Staff

Laura Hudson – Project Manager
Chwukuemeka Anyamele – Technical Officer
Kirsten Olson – Graphics
Linda Rudisill – Editor
Ijeoma Diala – Administrative Officer
Alexandra Schlegel – Technical
Sonja Douglas – Graphics
Gail Hayes – Document Preparation
Alastair Rodd – Advisory role (technical and administrative)
Robert Ssengonzi – Project Director/Technical

Appendix 2: Head Teachers' Questionnaire

Study on the impact of HIV/AIDS on primary education in Nigeria
Head Teachers'/ deputy head teachers' Questionnaire

Consent form

Good morning/afternoon. My name is _____ I am working on a research project on the impact of HIV/AIDS on primary education in Nigeria. This is a USAID-funded project implemented by RTI International in collaboration with the Federal MOE, the State MOE and the SPEB. Results from this survey will be used to better plan programs and initiatives in the education sector. You have been selected at random among teachers in your LGA to participate in this study. This will not take too much of your time – about one and a half hours. I would like to ask you some questions about issues related primary education and HIV/AIDS. Participation in this study is voluntary and you may withdraw from participation at any time. I also would like to assure you that everything you say will be kept confidential and your identity will not be revealed to anyone. Your views are very important and your honest participation will greatly assist in meeting the goals of this study.

At this point, do you have any questions about the study? Also, in case you have additional questions about the study after we leave this area, you can contact Dr. Emeka Anyamele at _____. I am also going to leave a copy of this consent form with you.

May I begin the interview now?

Signature of respondent _____ Date _____

Interviewer Number: _____ V001

Interview Date: ___/____/_____/ V002
DD/MM/YYYY

Start time for interview: _____ V003

End time for interview: _____ V004

State Name: _____ V005

LGA Name: _____ V005a

Type of location: V006a
Urban
Rural
Semi-urban

School Name: _____ V007

Respondent Unique ID #: _____ V008

Sex V009
Male
Female

Section A: Social, Economic and Demographic information

Q.1 What is your age? **(Age in Completed years.)** _____ V010
Note to interviewer: Code 97 for Don't know/No response.

Q.2 What is your educational level? **(Record highest level completed)** _____ V011
1. Primary
2. Secondary
3. Teachers' College (TC II) /Grade 2
4. National Certificate of Education (NCE)
5. BA (Ed), BSc (Ed), BA, BSc
6. Other tertiary (specify) _____
7. Other (specify) _____

Q.3 Are you a head teacher/school principal or a deputy head teacher? V012
Head teacher
Deputy head teacher

Q.4 How long have you been working in this capacity? _____Record complete years V013

Q.5 How many teachers do you currently have in this school? _____ V014

Q.6 Do you also work as a teacher? V015
Yes
No (skip to Q.9)

Q.6a Is this teaching done on regularly or on "as needed basis"? V016
Regularly
On as needed basis

Q.7a What class(es) do you teach? _____ **[List all classes and arms that respondent teaches in]**
V017-P1, V018-P2, V019-P3, V020-P4, V021-P5, V022-P6

Q.7b Total number of classes that respondent teaches _____ **[Count two arms of same class (e.g. P1A and P1B) as two classes]**
V023

Q.8 What subjects do you teach? **[Circle all that apply]**
Mathematics V024
English V025
Science V026
Social Studies V027
Religious studies V028
Art V029
Sports V030
Health education V031
Other specify _____ V032

Q.9 Before you took over the current responsibility, were you a teacher? V033
Yes
No (skip to Q.10b)

Q.10 How long had you worked as a teacher before you became a head /deputy head teacher? _____**Record complete years**
V034

Q.10b Total number of years in the teaching profession _____ **[Should equal sum of responses to Q.10 and Q.4]** V035

Q.10c How long have you worked in this school? _____ **[Record number of completed years]** V036

Q.11 What is your current salary scale and step? __/__ V037
SS/ST

Q.12 Have you ever attended any teacher training institution? **Probe such as: Teachers' college, college of education, Faculty of education** V038
Yes
No (skip to Q. 14)

Q.13 What form of certification did you obtain? **[Circle all that apply if respondent has more than one certification]**
Grade 2 V039
NCE V040
BA (Ed) / BSc. (Ed), BED, PGDE V041

Q.14 Do you have any other source of income other than being a head teacher/deputy head teacher? V042
Yes
No (skip to Q. 16)

Q.15 What other sources of income do you have? **Record up to two sources of income**

Other Occupation 1: _____ V043 Other Occupation 2: _____ V044

Q.16 What is your marital status? V045
Married
Single

Q.17 How many people do you currently and regularly live with in your household/home (excluding visitors)? _____ V046

Q.18 What is your relationship to them?

Relationship to respondent	Number	
Spouse		V047
Biological children		V048
Siblings		V049
Biological parents		V050
Grand parents		V051
Grand children		V052
Other relatives		V053
Non relatives		V054
Total Number		V055

Q.19 In your opinion, what is the state of primary education in Nigeria? V056

1. Good
2. Fair
3. Poor

Section B: School operational policies and guidelines

Now, I would like to ask you some questions regarding operational policies and guidelines for your school.

Q.20 Do you have operational policies/guidelines on the following personnel issues in your school?

Personnel Issue	Yes	No	DK	
Staff Recruitment	1	2	7	V057
Staff Retirement	1	2	7	V058
Staff Suspension	1	2	7	V059
Staff Absenteeism	1	2	7	V060
Staff Benefits	1	2	7	V061
Curriculum Development	1	2	7	V062
Teacher Performance	1	2	7	V063
Teacher code of conduct	1	2	7	V064

Q.20a At what level were these policies/guidelines developed? **[Circle all that apply]**

1. Federal level V065
2. State level V066
3. LGA level V067
4. School level V068

Q.21 Are these policies written or not? _____ **[If written, ask for a copy]** V069

Yes
No

Q.21a In your opinion, are these policies well implemented at your school? V070

1. Yes
2. No
3. It depends (explain) _____
7. DK/NR

Q.22 Are these policies/guidelines regularly reviewed? V071

Yes
No (Skip to Q.25)

Q.23 How often? V072
Annually
Every 2 – 4 years
Every after 5 years or more

Q.24 Who is involved in the review of these policies? **Check all that apply**
School officials V073
LGA officials V074
State-level education officials V075
Federal-level education officials V076
PTA V077
Other Specify _____ V078

Q.24a In your opinion, are these policies good or do they need to be revised? V079
1. Good as they are
2. Need to be revised

Q.24b What would you like included/covered in these policies that is currently not covered? V080, V081, V082, V083
_____
_____

Q.24c Do teachers in your school normally/regularly receive in-service training programs? V084
2. Yes
3. No (skip to Q.24e)

Q.24d What topical areas do these programs cover? V085, V086, V087, V088
_____
_____
_____

Q.24e How do you determine future teacher staffing needs for your primary school? V089, V090, V091, V092
_____
_____

Q.24f Do you have record of teacher attendance in schools? V093
Yes
No

Q.24g How often do you record teacher attendance? V094
Every day
Two times a week
Once a week
Other

Q.24h Programmatically, how is the issue of teacher absences handled in schools? [Probe for: substitute teachers, re-assignment of extra classrooms to existing teachers] V095, V096, V097, V098, V099
_____
_____
_____

Section C: HIV/AIDS in the education sector

Now, I would like to ask you some questions regarding HIV/AIDS and primary education in Nigeria.

Q.25 Have you ever heard of HIV/AIDS? **V100**
Yes
No

If no, probe. If it is definite that respondent has no knowledge of HIV/AIDS, end interview.

Unprompted for questions 26-30, circle all that apply

Q. 26 How is HIV transmitted?	Q. 27 How can someone protect him/her self from HIV infection?	Q. 28 What are the signs and symptoms of HIV/AIDS?	Q. 29 How did you learn about HIV/AIDS?	Q. 30 How can someone protect him/her self from being infected by an HIV-infected person that they care for?
Unprotected sexual contact V101 Blood contact V102 Kissing V103 Injections V104 Curses/ witchcraft V105 Sharing toilet V106 Piercing instruments V107 Other specify _____ V108 Don't know V109	Abstinence V110 Condom use V111 FaithfulnessV112 Avoiding blood contact V113 Piercing instruments V114 Others (specify) _____ V115 Don't know V116	Weight loss V117 Skin rash V118 Loss of hair V119 Chronic fever V120 Diarrhea V121 Headaches V122 Others (specify) _____ V123 Don't know V124	Public campaigns and community meetings V125 Mass media (Radio, TV, bill boards, newspaper) V126 Health education V127 Counselling and testing V128 Training program V129 From Friends V130 Others (specify) _____ V131 Don't know V132	Use gloves V133 Use disinfectants V134 Not share utensils V135 Nothing V136 Not sharing piercing Instruments V137 Other (specify) _____ V138 Don't know V139

Q.31 What is the HIV/AIDS situation in this area? V139a, V139b

_____
_____
_____

Q.32 Generally, as a school administrator, how has HIV/AIDS affected your work? V140, V141, V142

_____
_____
_____

Q.33 How has HIV/AIDS affected teacher performance in your school? V143, V144, V145

_____
_____
_____

Q.34 How has HIV/AIDS affected student/pupil performance in your school? V146, V147, V148

_____
_____
_____

Now, I would like you a number of questions about caring for persons infected and/or affected by HIV/AIDS, teaching children affected by HIV/AIDS, HIV testing and counseling, working with people infected with HIV, and conducting HIV/AIDS education in primary schools. If you find any of these questions too personal or if any of these questions make you uncomfortable, you can choose not to answer any or all of them and still participate in the study.

First, I would like to ask you some questions related to caring for persons infected with HIV.

Q.35 In the last five years, have you cared for someone *infected* with HIV/AIDS? V149
Yes
No (skip to Q.37)
7. Don't know/Don't remember (skip to Q.37)

Q.36 How many people? _____ V150

I would like to ask you some questions related to caring for persons affected (but not infected) by HIV/AIDS. These include orphans, children whose parents are HIV positive even though they are not deceased, and dependents of persons infected with HIV.

Q.37 In the last five years, have you cared for someone *affected* by HIV/AIDS? V151
Yes
No (skip to Q.39)

Q.38 How many? _____ V152

Now, we are going to talk about HIV/AIDS in schools. In some questions, I will ask you about your experiences and in others your opinions if you were faced with a particular situation.

Q.39 Are people open and/or willing to talk about HIV/AIDS in your workplace? V153
Yes
No
7. DK (skip to Q. 41)

Q.40 Why V154, V155, V156/

Why not? V157, V158, V159_____

Q.41 Have you ever worked with someone who has HIV/AIDS? V160
1. Yes
2. No (skip to Q.47b)
7. DK (skip to Q.47b)

Q.42 Is/was this person(s) a: [**check all that apply]**
1. Teacher V161
2. Head teacher V162
3. Administrative staff V163
4. Other specify _____ V164

Q.43 How was that person treated by colleagues and workmates? **Unprompted first, and then probe for aspects** such as (Sharing of materials; being included in conversations/discussions; entitlement to benefits such as housing, medical allowance; being treated in a condescending or judgmental manner; being gossiped at; being forced to retire/stop working) V165, V166
_____
_____
_____

Q.44 Why was that person treated that way? _____ V167, V168

Q.45 Over time, has there been a change in the way such persons are treated in your workplace? V169

Yes
No (skip to Q.47)
7. DK (skip to Q.47b)

Q.46 What has brought on that change?

_____ V170, V171
_____ (skip to Q.48)

Q.47 Why has there been no change?

_____ V172, V173
_____

Q. 47b If you had a teacher staff that you know is HIV positive, would you:

	Yes	No	DK/NR	
Be willing to keep him/her on your staff?	1	2	7	V174
Feel comfortable sharing work tools e.g. pen/pencil	1	2	7	V175
Feel comfortable having that teacher continue to teach?	1	2	7	V176
Be willing to share eating utensils?	1	2	7	V177

Q.47c In your opinion, should primary teachers who are HIV positive be allowed to teach students/pupils? V178

Yes
No
7. DK/NR

Q.47d In your opinion, should primary teachers undergo an HIV test prior to being recruited? V179

Yes
No
DK/NR

Q.47e In your opinion, should primary teachers undergo an HIV test prior to being promoted? V180

Yes
No
7. DK/NR

Q.47f In your opinion, should primary teachers who are HIV positive receive all benefits that accrue to all other primary teachers that are not HIV positive? V181

1. Yes
2. No
7. DK

Q.47g Why? _____ V182, V183

Q.47h If you had a teacher staff that became sick too often? How would you handle that situation? V184, V185

_____

CABAs/CAAs

Q.48 Over the last two years, have you had children infected with HIV/AIDS or those affected by HIV/AIDS in your school? **(explain CAAs: AIDS orphans and/or children whose parents or caretakers have HIV/AIDS)** V186

1. Yes
2. No (skip to Q.50)
7. DK (skip to Q.50)

Q.49 About how many? V187

1. 1 – 50
2. 51 – 100
3. 100+
4. 30+
7. DK

Q.50 In your opinion, how do CAAs compare to other children not affected by AIDS on the following factors?

	Same	Better	Worse	DK	
Enrollment	1	2	3	7	V188
Regular attendance	1	2	3	7	V189
Affordability of tuition and text books	1	2	3	7	V190
Nutrition	1	2	3	7	V191
Overall health	1	2	3	7	V192
Emotional wellbeing	1	2	3	7	V193
Overall class performance	1	2	3	7	V194

Q.51 What are the critical needs of CAAs? V195, V196, V197, V198

_____

_____

Q.51a How is the government/school meeting these needs? V199, V200, V201

_____

_____

Q.51b If/When you have a child attending your school who cannot afford to pay for education e.g. (text books, lunch, development levy, school fees), how do you handle the situation? _____

_____

V202, V203

Q.51c If/When you have a child attending your school who does not come to school regularly on account of sickness (either of the child or that of the parents/guardians), how do you handle the situation?

_____

_____

V204, V205

Q.51d In your opinion, how may the child who is HIV positive or one who has parents/guardians that are HIV positive be treated at school? _____

_____

V206, V207

HIV testing and counseling

Q.52a. Have you ever been in a situation where you think that you may have been exposed to HIV infection? V208

1. Yes
2. No
7. Don't know

Q.52b Have you ever been tested for HIV? V209
1. Yes (skip to Q. 52g)
2. No

Q.52c If no, would you be willing to be tested for HIV? V210
Yes
No (Skip to Q.52g)

Q.52d Where would you be willing to be tested from? V211
1. Workplace
2. Private clinic
3. Voluntary counseling and testing (VCT) center
4. Public clinic

Q.52e Would you be willing to pay for HIV testing and counseling services? V212
Yes
No (skip to Q. 52g)

Q.52f How much? _____ V213

Q.52g What are the advantages and disadvantages of someone knowing their HIV status? V214, V215, V216, V217
Advantages: _____
_____
_____
_____

Disadvantages: _____ V218, V219, V220, V221
_____
_____
_____
_____

Now, I would like us to talk about the issue of teacher attendance

Q.53 There are many reasons why someone may miss work. Over the past term, were you absent from work (teaching) for any of the following reasons?

Reason for absence	1. Yes 2. No	How many days in past term
1. Illness (self, relatives and friends)	V222	V223
2. Funerals	V224	V225
3. Training	V226	V227
4. To do other non-teaching work	V228	V229
5. Other factors	V230	V231
Total		**V232**

Q.53a Over the past term, were any of your teachers absent from work (at least once/one time) for any of the following reasons? **If yes, record proportion of staff that was absent at least once for each reason.**

Reason for absence	1. Yes 2. No	About how many for each category?	**To be calculated by interviewer:** Proportion of teachers that missed at least one day for each reason. 1. One quarter 2. One half 3. Three quarters 4. All
1. Illness (self, relatives and friends)	V234		V235
2. Funerals	V236		V237
3. Training	V238		V239
4. To do other non-teaching work	V240		V241
5. Festivals e.g. marriage ceremonies	V242		V243
6. Other factors	V244		V245

Q.54 How do/did you handle teacher absences? _____ V246, V247, V248

_____

_____

Q.55 Over the last two years have you had any new teacher(s) added to your staff? V249

1. Yes
2. No (skip to Q.57)

Q.56 How many? _____ V250

Q.57 Over the last two years, has your teaching staff reduced for any reason? V251

Yes
No (skip to Q. 60)

Q.58 How many?

Reason	**Number lost**
Transfer	V252
Retirement\Resignation	V253
Illness	V254
Death	V255
Don't know	V256
Total # of teachers lost	V257

Q.59 For each of the reason, how does the reduction in teaching staff over the last two years compare with the trend in the past 5 years?

Reason for teacher reduction	Bigger	About the Same	Smaller	DK
Transfer **V258**	1	2	3	7
Retirement **V259**	1	2	3	7
Resignation **V260**	1	2	3	7
Illness **V261**	1	2	3	7
Death **V262**	1	2	3	7
Don't know **V263**	1	2	3	7

Q.60 Is there an HIV/AIDS policy in schools? V264

1. Yes
2. No (skip to Q. 61)
7. DK (skip to Q. 61)

Q.60a Have you received orientation/training about this policy? V265

1. Yes
2. No
7. DK/NR

Q.60a Have your teachers received orientation/training about this policy? V266

1. Some
2. None
3. All

Q.61 Is there a curriculum on HIV/AIDS education in primary schools? V267

1. Yes
2. No (skip to Q.62)
7. DK (skip to Q.62)

Q.61a Is this curriculum national or not? V268

1. It is national
2. It is not national
3. We have both a national and a state curriculum

Q.62 Is HIV/AIDS education taking place in your school? V269

1. Yes
2. No (skip to Q.67)
7. DK (skip to Q.67)

Q.62a Is this HIV/AIDS education part of your school curriculum? V270

Yes
No

Q.63 In which classes/grades does this education take place? **[Circle all that apply]**

	Yes	No	DK	
Primary 1	1	2	7	V271
Primary 2	1	2	7	V272
Primary 3	1	2	7	V273
Primary 4	1	2	7	V274
Primary 5	1	2	7	V275
Primary 6	1	2	7	V276

Q.64 In your opinion, is this education effective? V277
Yes
No

Q.65 Why? V278, V279 Why not? V280, V281
_____
_____
_____

Q.66 What can be done to further improve the efficacy of this education? V282, V283, V284
_____
_____
_____
_____

Q.67 Would you support the idea to introduce HIV/AIDS education in primary schools? V285
1. Yes
2. No

Q.68 What would need to be done for HIV/AIDS education to be introduced in primary schools? V286, V287
_____
_____
_____

Q.69 Have you ever received any orientation/training on HIV/AIDS? V288
1. Yes
2. No (skip to Q. 72)

Q.70 Who provided this training? _____ V289

Q.71 Which topics were covered? _____
V290, V291, V292, V293

Q.72 In your opinion, are teachers in general well suited to provide HIV/AIDS education in primary schools? V294
1. Yes
2. No

Q.73 Why? V295, V296 Why not? V297, V298
_____

Q.74 What other interventions can be incorporated into primary school programs to combat the spread of HIV?
V299, V300, V301
_____
_____

Q.75 In your opinion, what factors or programs have had a positive impact on primary education over the past five years?
V302, V303, V304, V305, V306
_____
_____
_____
_____

Q.76 Apart from HIV/AIDS, what other factors have had a negative impact on primary education over the past five years?
[Unprompted - Circle all applicable responses]

1. Poor health of teachers and pupils from diseases such as malaria, cholera, measles V307
2. Poverty which leads to lack of finances to take children to school V308
3. Lack of enough teachers V309
4. Lack of qualified teachers with good pedagogical skills V310
5. Lack of school materials (text books, classrooms, furniture) V311
6. Big class sizes/congestion in classrooms V312
7. Lack of incentives/lack of job satisfaction amongst teachers V313
8. Limited parental involvement V314
9. Lack of appropriate policies V315
10. New lifestyles that affect the moral behavior of students and teachers V316
11. Other Specify _____ V317

Q.77 Generally, compared to these other factors which have had a negative impact on education that you have mentioned, has the impact of HIV/AIDS on primary education in Nigeria been higher, about the same or less over the past five years? **V318**

1. The negative impact of HIV/AIDS on education has been higher than that of these factors that I have mentioned
2. The negative impact of HIV/AIDS on education has been about the same as that of these factors that I have mentioned
3. The negative impact of HIV/AIDS on education has been less than that of these factors that I have mentioned

Q.78 In your opinion, what factor has had the most negative impact on primary education? **V319**

_____

Note to interviewer: Thank respondent for his/her participation in the study and record your impression and observations from the interview below
V319a

_____
_____
_____
_____
_____
_____

Field Supervisor #: V320 _____ Data Editor #: _____ V321

Data coding clerk #: V322 _____ Data entry clerk #: _____ V323

Date when data are entered: ___/____/___ V324
DD/MM/YY

RID _____ (respondent ID number)

Appendix 3: Teachers' Questionnaire

Study on the impact of HIV/AIDS on primary education in Nigeria
Teachers' Questionnaire

Consent form

Good morning/afternoon. My name is _____ I am working on a research project on the impact of HIV/AIDS on primary education in Nigeria. This is a USAID-funded project implemented by RTI International in collaboration with the Federal MOE, the State MOE and the SPEB. Results from this survey will be used to better plan programs and initiatives in the education sector. You have been selected at random among teachers in your LGA to participate in this study. This will not take too much of your time – about one and a half hours. I would like to ask you some questions about issues related primary education and HIV/AIDS. Participation in this study is voluntary and you may withdraw from participation at any time. I also would like to assure you that everything you say will be kept confidential and your identity will not be revealed to anyone. Your views are very important and your honest participation will greatly assist in meeting the goals of this study.

At this point, do you have any questions about the study? Also, in case you have additional questions about the study after we leave this area, you can contact Dr. Emeka Anyamele at _____. I am also going to leave a copy of this consent form with you.

May I begin the interview now?

Signature of respondent _____

Interviewer #: _____ V001

Interview Date: ___/____/_____ V002
DD/MM/YYYY

Start time for interview: _____ V003

End time for interview: _____ V004

State Name: _____ V005

LGA Name: _____ V006

Type of location: V007
1. Urban
2. Rural
3. Semi-urban

School Name: _____ V008

Respondent unique ID #: _____ V009

Sex V010
1. Male
2. Female

Section A: Social, Economic and Demographic information

Q.1 What is your age? **(Age in Completed years.)** _____ V011
Note to interviewer: Code 97 for Don't know/No response.

Q.2 What is your educational level? **(Record highest level completed)** _____ V012
1. Primary
2. Secondary
3. Teachers' College (TC II) /Grade 2
4. National Certificate of Education (NCE)
5. BA (Ed), BSc (Ed), BA, BSc
6. Other tertiary (specify) _____
7. Other (specify) _____

Q. 3 How long have you been working as a teacher? _____ Record complete years V013

Q.4a What class(es) do you teach? _____ **[List all classes and arms that respondent teaches in]**
V014 - P1, V015 - P2, V016 - P3, V017 - P4, V018 - P5, V019 - P6

Q.4b Total number of classes that respondent teaches _____ **[Count two arms of same class (e.g. P1A and P1B) as two classes]**
V020

Q.5 What subjects do you teach? [Circle all that apply]
1. Mathematics V021
2. English V022
3. Science V023
4. Social Studies V024
5. Religious studies V025

6. Art V026
7. Sports V027
8. Health education V028
9. Other specify _____ V029

Q.5b How long have you taught in this school? _____ [Record number of complete years] V030

Q.6 What is your current salary scale and step? __/__ V031
SC/ST

Q.7 Have you ever attended any teacher training institution? **Probe such as: Teachers' college, college of education, Faculty of education** V032

1. Yes
2. No

Q.8 What form of certification did you obtain? **[Circle all that apply if respondent has more than one certification]**

1. Grade 2 V033
2. NCE V034
3. BA (Ed) / BSc. (Ed), BED, PGDE V035

Q.9 Do you have any other source of income other than teaching? V036

1. Yes
2. No (skip to Q. 11)

Q.10 What other sources of income do you have? **Record up to two sources of income**

Other Occupation 1: V037_____ Other Occupation 2: V038_____

Q.11 What is your marital status? V039

1. Married
2. Single

Q.12 How many people do you currently and regularly live with in your household/home (excluding visitors)? _____ V040

Q.13 What is your relationship to them?

Relationship to respondent	**Number**	
Spouse		V041
Biological children		V042
Siblings		V043
Biological parents		V044
Grand parents		V045
Grand children		V046
Other relatives		V047
Non relatives		V048
Total Number		V049

Section B: HIV/AIDS awareness questions

Now, I would like us to talk about issues related to HIV/AIDS

Q.14 Have you ever heard of HIV/AIDS? ___ V050

1. Yes
2. No

If no, probe. If it is definite that respondent has no knowledge of HIV/AIDS, skip to Q. 58a
Unprompted for questions 15-19 and, record up to four responses for each question

Q. 15 How is HIV transmitted?	Q. 16 How can someone protect him/her self from HIV infection?	Q. 17 What are the signs and symptoms of HIV/AIDS?	Q. 18 How did you learn about HIV/AIDS?	Q.19 How can someone protect him/her self from being infected by an HIV-infected person that they care for?
Unprotected sexual contact V051 Blood contact V052 Kissing V053 Injections V054 Curses/ witchcraft V055 Sharing toilet V056 Piercing Instruments V057 Don't know V058 Others (specify) _____V059	Abstinence V060 Condom useV061 Faithfulness V062 Avoiding blood contactV063 Avoid Piercing instruments V064 Don't know V065 Others (specify) _____ V066	Weight loss V067 Skin rash V068 Loss of hair V069 Chronic fever V070 Headaches V071 Diarrhea V072 Don't knowV073 Others (specify) _____ V074	Public campaigns and community meetings V075 Mass media (Radio, TV, bill boards, newspaper) V076 Health educationV077 Counselling and testing V078 Training program V079 Don't know V080 Others (specify) _____ V081	Use gloves V082 Use disinfectants V083 Not share utensils V084 Nothing V085 Not share piercing Instruments V086 Don't know V087 Other (specify) _____ V088

Q.20 What is the situation of HIV/AIDS in this area compared to other areas that you are conversant with in this LGA or state? V089

1. About the same
2. Worse off
3. Better
7. DK

Q.21 Of people in the following age-groups, which one is most affected by HIV/AIDS in this area? V090

1. 15 – 24
2. 25 – 34
3. 35+

Q.22 Why? **Unprompted** _____
V091

_____
V092

_____
V093

Section C: HIV/AIDS and Basic Education

Perspectives and experiences

Q.23 In your opinion, what is the state of primary education in Nigeria? V094

1. Good
2. Fair

3. Poor

Q.23a In your opinion, what factors or programs have had a positive impact on primary education over the past five years?
V095, V096, V097, V098

_____
_____
_____
_____

Q.23b In your opinion, has primary education in Nigeria been affected by HIV/AIDS? V099

1. Yes
2. No
7. DK (skip to Q. 24)

Q.23c. **If Yes to Q 23 ask:** How? V100, V101, V102

_____
_____
_____

Q.23d. **If No to Q. 23, ask:** Why? V104, V105, V106

_____
_____

Now, for the next few questions, we are going to talk about the risk of HIV infection and the impact of HIV among different occupations

Q.24 In your opinion, do you think the *risk* of primary school teachers being infected with HIV is higher, the same or lower than that of health workers? V107

1. Higher
2. Same
3. Lower

Q.24a Why?
_____V108, V109

Q.24b In your opinion, do you think the *risk* of primary school teachers being infected with HIV is higher, the same or lower than that of uniformed officers? V110

1. Higher
2. Same
3. Lower

Q.24c Why?
_____ V111, V112

Q.25 In your opinion, compared to health workers, has *the impact* of HIV/AIDS on primary school teachers in this area been more, the same or less? V113

1. More
2. Same
3. Less

Q.25a Why? _____
V114, V115

Q. 26 In your opinion, compared to secondary teachers, has *the impact* of HIV/AIDS on primary school teachers in this area been more, the same or less? V116

1. More
2. Same
3. Less

Q.26a Why? _____
V117, V118

Now, I would like you a number of questions about caring for persons infected and/or affected by HIV/AIDS, teaching children affected by HIV/AIDS, HIV testing and counseling, working with people infected with HIV, and conducting HIV/AIDS education in primary schools. If you find any of these questions too personal or if any of these questions make you uncomfortable, you can choose not to answer any or all of them and still participate in the study.

Care for persons affected/infected by HIV/AIDS
Now, I would like to ask you some questions related to caring for persons infected with HIV.

Q.27 Do you know of someone who is infected with HIV (whether alive or not)? V119

1. Yes
2. No

Q. 27a In the last five years, have you cared for someone *infected* with HIV/AIDS? V120

1. Yes
2. No (skip to Q.34)
7. DK/DR (skip to Q.34)

Q. 27b How many people? _____ V121

Now, we are going to talk about the last two persons infected with HIV that you cared for:

	A. Last person	B. Second last person
Q. 28 What was your relationship to this person?	V122	V133
Q. 29 What kind of care did you provide? Probe: Financial (medical), immediate care e.g. lifting, transportation, food (record up to 3 responses)	V123 V124 V125	V134 V135 V136
Q.30 How long ago did you provide that care?	V126	V137
Q.31 Is this care still ongoing?	V127	V138
Q.32 Where was/is this person staying at the time of care?	V128	V139
Q.33 How has this care affected you? Probe for: Your work, Emotionally, Financially, Socially	V129 V130 V131	V140 V141 V142

Q.33a Is there a second person? V132

1. Yes
2. No (skip to Q.34)

Now, I would like to ask you some questions related to caring for persons affected (but not infected) by HIV/AIDS. These include orphans, children whose parents are HIV positive even though they are not deceased, and dependents of persons infected with HIV.

Q.34 In the last five years, have you cared for someone *affected* by HIV/AIDS? V143

1. Yes
2. No (skip to Q.42)

Q.35 How many? _____ V144

Now, we are going to talk about the last two persons affected by HIV/AIDS that you cared for:

	A. Last person	B. Second last person
Q.36 What is your relationship to this person?	V145	V157
Q.37 What kind of care did you provide? Probe: Tuition, accommodation, clothing, food (record up to 3 responses)	V146 V147 V148	V158 V159 V160
Q.38 How long ago did you provide that care?	V149	V161
Q.39 Is this care still ongoing?	V150	V162
Q.40 Where was/is this person staying at the time of care?	V151	V163
Q.41 How has this care affected you a) Your work b) Emotionally c) Financially d) Socially	 V152 V153 V154 V155	 V164 V165 V166 V167

Q.41a Is there a second person? V156
1. Yes
2. No (skip to Q.42a)

Now, I would like to ask you some questions about HIV testing and counseling.

Q.42a. Have you ever been in a situation where you think that you may have been exposed to HIV infection? V168
1. Yes
2. No
7. Don't know

Q.42 Have you ever been tested for HIV? V169
1.2Yes (skip to Q. 44)
2. No

Q.43 If no, would you be willing to be tested for HIV? V170
1. Yes
2. No (Skip to Q.44)

Q.43a Where would you be willing to be tested from? V171
1. Workplace
2. Private clinic
3. Voluntary counseling and testing (VCT) center
4. Public clinic

Q.43b Would you be willing to pay for HIV testing and counseling services? V172
1. Yes
2. No (skip to Q. 44)

Q.43c How much? _____ V173

Q.44 What are the advantages and disadvantages of someone knowing their HIV status?
Advantages:
_____V174

_____
V175
_____
V176
_____

Disadvantages: _____
V177
_____
V178
_____
V179
_____
_____

Q.45 Are people open and/or willing to talk about HIV in your workplace? V180
1. Yes
2. No (skip to Q.46b)
7. DK (skip to Q. 47)

Q.46a Why? _____
V181, V182
_____
(skip to Q.47)

Q.46b Why not? _____
V183, V184
_____

Issues on Stigma and Discrimination

Q.47 Have you ever worked with someone who has HIV/AIDS? V185
1. Yes
2. No (skip to Q.52)
7. DK (skip to Q.52)

Q.47a What was the position of this person(s)? V186
1. Fellow teacher
2. Head teacher
3. Administrative staff
4. Other specify _____

Q.48 How was that person treated by colleagues and workmates? V187, V188, V189
Unprompted first, and then probe for aspects such as (Sharing of materials; being included in conversations/discussions; entitlement to benefits such as housing, medical allowance; being treated in a condescending or judgmental manner; being gossiped at; being forced to retire/stop working)
_____
_____
_____

Q.49 Why was that person treated that way? _____
V190, V191

Q.50 Over time, has there been a change in the way such persons are treated in your workplace? V192
1. Yes (ask Q.51)
2. No (ask Q.51a)

7. DK (skip to Q.52)

Q.51 What has brought on that change? _____
V193, V194

_____

Q.51a Why has there been no change? _____
V195, V196

_____

Q.52 If you were to work with a fellow teacher that you know is HIV positive, would you:

	Yes	No	DK/NR	
Share an eating utensil with this person	1	2	7	V197
Share an office with person	1	2	7	V198
Treat them differently from those not infected?	1	2	7	V199
Feel comfortable and safe around them	1	2	7	V200
Be willing to take care of that teacher?	1	2	7	V201
Feel comfortable sharing work tools e.g. pen/pencil	1	2	7	V202

Q.52a In your opinion, should primary teachers who are HIV positive be allowed to teach students/pupils? V203
1. Yes
2. No
7. DK/NR

Q.52b In your opinion, should primary teachers undergo an HIV test prior to being recruited? V204
1. Yes
2. No
7. DK/NR

Q.52c In your opinion, should primary teachers undergo an HIV test prior to being promoted? V205
1. Yes
2. No
7. DK/NR

Q.52d In your opinion, should primary teachers who are HIV positive receive all benefits that accrue to all other primary teachers that are not HIV positive? V206
1. Yes
2. No
4. DK

Q.52e Why? V207, V208

_____
_____

Q.52f In your opinion, what may happen to a primary teacher if s/he was known to be HIV positive? **[Don't probe – circle all applicable responses]**
1. Nothing and his/her work would go on normally V209
2. The person would be ostracized by colleagues/workmates V210
3. The person may be denied promotion V211
4. The person may be forced to resign V212
5. The person may be given a non-teaching job where s/he has less or no contact with children V213
6. The person's performance would decline V214
7. DK/NR V215
8. Other (specify) _____ V216

CABAs/CAAs

Q.53 Over the last two years, have you taught children infected with HIV/AIDS or those affected by HIV/AIDS in your classes (CAAs)? **(Explain CAAs: AIDS orphans and/or children whose parents or caretakers have HIV/AIDS)** V217

1. Yes
2. No (skip to Q. 55)
7. DK (skip to Q. 55)

Q.53a How many children? V218

1. 1-10
2. 11-20
3. 21-30
4. 30 and above
7. DK

Q.54a Over the last two years, do you know of children infected with HIV/AIDS or those affected by HIV/AIDS (CAAs) that have attended this school even though they were not in the classes that you have taught? V219

1. Yes
2. No (skip to Q. 57a)

Q.54 How did/does the illness/death of these children's parents/caretakers affect their performance in class? V220, V221

_____

_____

_____

Q.55 In your opinion, how do Children affected by AIDS compare to other children not affected by AIDS on the following factors?

	Same	Better	Worse	DK	
a) Enrollment	1	2	3	7	V223
b) Regular attendance	1	2	3	7	V224
c) Affordability of tuition and text books	1	2	3	7	V225
d) Nutrition	1	2	3	7	V226
e) Overall health	1	2	3	7	V227
f) Emotional wellbeing	1	2	3	7	V228
g) Overall class performance	1	2	3	7	V229

Q.56 What are the critical needs of Children affected by AIDS (CAAs)? V230, V231, V232, V233, V234

_____

_____

Q.57a If you were to teach a class that has children affected by HIV/AIDS would you:

	Yes	No	DK/NR
Treat them differently from other children? V235	1	2	7
Feel comfortable giving them challenging class assignments as other pupils? V236	1	2	7
Feel comfortable letting these children play with other children? V237	1	2	7

Q.57b If/When you have a child attending your school who does not come to school regularly on account of sickness (either of the child or that of the parents/guardians), how do you handle the situation? V238, V239

_____

_____

Teacher workload

Q.58a There are many reasons why someone may miss work. Over the past term (during last term), were you absent from work (teaching) for any of the following reasons?

Reason for absence	1. Yes 2. No	How many days in past term
1. Illness (self, relatives and friends)	V240	V241
2. Funerals	V242	V243
3. Training	V244	V245
4. To do other non-teaching work	V246	V247
5. Other factors	V248	V249

Q.58b Over the past two years, has the number of classes that you teach increased? V250
1. Yes
2. No (skip to Q 61)

Q.59 Was this increase permanent or temporary? V251
1. Permanent
2. Temporary
7. DK

Q.60 Why was there an increase in the number of classes that you teach? **[Circle all that apply]**
1. Increased student enrollment V252
2. Illness of other teachers V253
3. Transfer/retirement/Resignation V254
4. Death of other teachers V255
5. Other (specify) _____ V256

Q.61 Besides teaching, do you have additional (non-teaching) responsibilities at school? V257
1. Yes
2. No (skip to Q. 63)

Q.62 Which responsibilities are they? _____ V258

Q.63 Over the last two years, have you had any new teacher(s) added to your staff? V259
1. Yes
2. No (skip to Q.65)

Q.64 How many? _____ V260

Q.65 Over the last two years, has your teaching staff reduced for any reason? V261
1. Yes
2. No (skip to Q. 66a)

Q.65a How many?

Reason	**Number lost**
Transfer	V262
Retirement/Resignation	V263
Illness	V264
Death	V265
Don't know	V266
Total # of teachers lost	V267

Note: If respondent has no knowledge of HIV/AIDS, skip to Q. 83

HIV/AIDS education in schools

Q.66a Is family life education (FLE) taking place in your school? V268

1. Yes
2. No
7. DK

Q.66b In which classes does this family life education take place? **[Circle all that apply]**

	Yes	No	DK	
Primary 1	1	2	7	V269
Primary 2	1	2	7	V270
Primary 3	1	2	7	V271
Primary 4	1	2	7	V272
Primary 5	1	2	7	V273
Primary 6	1	2	7	V274

Q.66c Is HIV/AIDS education taking place in your school? V275

1. Yes
2. No (skip to Q. 68)
7. DK (skip to Q. 68)

Q.66d In what form/method is HIV/AIDS education taking place? **[Circle all that apply]**

	Yes	No	DK	
Classroom teaching by teachers	1	2	7	V276
Public awareness campaigns by other organizations that come into the schools	1	2	7	V277
Brochures/Pampletes/Posters being distributed	1	2	7	V278
Other specify _____	1	2	7	V279

Q.66e Is this HIV/AIDS education part of your school curriculum? V280

1. Yes
2. No

Q.67 In which classes does this HIV/AIDS education take place? **[Circle all that apply]**

	Yes	No	DK	
Primary 1	1	2	7	V281
Primary 2	1	2	7	V282
Primary 3	1	2	7	V283
Primary 4	1	2	7	V284
Primary 5	1	2	7	V285
Primary 6	1	2	7	V286

Q.68 Have you ever taught about HIV/AIDS in your classroom? V287

1. Yes
2. No (skip to Q. 69a)

Q.69 Do you feel well equipped to teach about HIV? V288

1. Yes
2. No

Q.69a If you were to teach about HIV in class, do you feel well equipped to do so? V289
1. Yes
2. No

Q.70 What kind of skills/training would you need to be more prepared or to improve your ability to teach about HIV/AIDS? V290, V291, V292

_____
_____
_____

Q.71 Have you ever received any orientation/training on HIV/AIDS? V293
1. Yes
2. No (skip to Q. 74)

Q.72 Who provided this training? _____ V294

Q.73 Which topics were covered? _____ V295, V296, V297

Q.74 In your opinion, are teachers well suited to provide HIV/AIDS education in primary schools? V298
1. Yes
2. No

Q.74a Why V299, V300/Why not? V310,
V302_____
_____

Q.74b In your opinion, should HIV/AIDS education take place in primary schools? V303
1. Yes
2. No (skip to Q. 75)

Q.74c Why? V304,
V305_____

Q.75 What other interventions can be incorporated into primary school programs to combat the spread of HIV? V306, V307

_____
_____

Q.76 Is there a curriculum on HIV/AIDS education in primary schools? V308
1. Yes
2. No (skip to Q.76b)
7. DK (skip to Q.76b)

Q.76a Is this curriculum national or not? V309
1. It is national
2. It is not national
3. We have both a national and a state curriculum

(Skip Q. 76b)

Q.76b If a national HIV/AIDS curriculum was to be developed, what specific aspects would you like to see in that curriculum? What things should not be in that curriculum? V310, V311

_____
_____

Q.77 We may have covered some of this already but let me ask you again. Generally, as a teacher, how has HIV/AIDS affected your work? V312, V313

_____
_____

Q.78 Overall, how has HIV/AIDS affected primary education in Nigeria? V314, V315

_____
_____
_____

Q.79 Apart from HIV/AIDS, what other factors have had a negative impact on primary education over the past five years?

[Unprompted - Circle all applicable responses]

1. Poor health of teachers and pupils from diseases such as malaria, cholera, measles V316
2. Poverty which leads to lack of finances to take children to school V317
3. Lack of enough teachers V318
4. Lack of qualified teachers with good pedagogical skills V319
5. Lack of school materials (text books, classrooms, furniture) V320
6. Big class sizes/congestion in classrooms V321
7. Lack of incentives/lack of job satisfaction amongst teachers V322
8. Limited parental involvement V323
9. Lack of appropriate policies V324
10. New lifestyles that affect the moral behavior of students and teachers V325
11. Other Specify _____ V326

Q.80 Generally, compared to these other factors which have had a negative impact on education that you have mentioned, has the impact of HIV/AIDS on primary education in Nigeria been higher, about the same or less over the past five years? **V327**

1. The negative impact of HIV/AIDS on education has been higher than that of these factors that I have mentioned
2. The negative impact of HIV/AIDS on education has been about the same as that of these factors that I have mentioned
3. The negative impact of HIV/AIDS on education has been less than that of these factors that I have mentioned

Q.81 In your opinion, what single factor has had the most negative impact on primary education? V328

_____

Q.82 In your opinion, how can HIV/AIDS be controlled in Nigeria? V329, V330

_____
_____
_____

Section D: Access to Health Care Services

Q.83 Over the past 12 months, did you seek healthcare services for yourself and or your dependents? V331

1. Yes
2. No (skip to Q. 88)

Q.84 Where did you obtain the healthcare services? V332

1. Public clinic/health center/hospital
2. Private clinic/health center/hospital/pharmacy
3. Chemist/patent medicine store
4. Traditional healer
5. Other specify _____

Q. 85 About how much did you pay for the most recent healthcare visit in the last 12 months? V333

1. 0
2. Under 500 Naira
3. 501 – 1000 Naira
4. 1001 – 2000 Naira
5. 2000+ Naira
7. DK/DR (skip to Q. 87)

Q.86 In your opinion, was this cost low, high or reasonable? V334

1. Low
2. Reasonable
3. High

Q.87 Who paid for these healthcare costs? V335

1. Self
2. Other family members
3. School/government
4. Other specify _____

Q.88 How far is it to the nearest health facility (clinic/health center/hospital) from your home? V336

1. Less than 5 kilometers
2. Between 5 and 10 kilometers
3. More than 10 kilometers

Q.89 What is the main mode of transportation used to go to the health facility? V337

1. Foot/walking
2. Bicycle
3. Motorcycle
4. Car/vehicle
5. Other

Q.90 How much do/did you normally pay in transport costs to and from the health facility per visit? V338

1. 0
2. Under 100 Naira
3. 101 – 500 Naira
4. 501 – 1000
5. 1000+

Q.91 How would you describe the quality of healthcare services provision in your area? V339

1. Very good
2. Good
3. Fair
4. Bad
5. Very bad
6. No opinion

Q.92 How would you rate the state of your health right now? V340

1. Very good
2. Good
3. Fair
4. Poor/bad
5. Very bad / very poor
6. No opinion

Q.93 If in poor health ask: what do you attribute this poor state to? V341, V342

_____
_____

Note to interviewer: Thank respondent for his/her participation in the study and record your impression and observations from the interview below V343

_____
_____
_____
_____

Field Supervisor #: V344 _____ Data Editor #: V345 _____

Data coding clerk #: V346 _____ Data entry clerk #: V347 _____

Date when data are entered: V348 ___/____/___
DD/MM/YY

RID _____

Appendix 4: PTA Members Focus Groups Discussions Guide

Verbal informed consent form for focus group respondents

Dear participants, my name is _____ and this is my colleague called _____. RTI International, in collaboration with the FMOE, State MOE, SPEB, LGA officials and other stakeholders, is conducting a research study to examine the impact of HIV/AIDS on primary education in Nigeria. We are asking you to participate in a one-hour discussion on a number of issues related to HIV/AIDS and primary education. Issues to be discussed will include your perspectives on the state of primary education in this community, the state of HIV/AIDS; the impact of HIV/AIDS on primary education in this community and government response if any to address the HIV/AIDS situation in primary schools. Participation in this research study is voluntary. If any of the questions makes you feel uncomfortable, you may choose not to respond or withdraw from the discussion.

All the information that we collect will be kept confidential. However, because of the need to collect your opinions precisely, we also request your permission to use a tape recorder so as to get the ideas that may be missed by our note taker during the discussion. If you have any questions that you would like to ask about the purpose and procedure of this discussion, please do.

The moderator will be available to take any additional questions that you may have at the end of the discussion and in case you have questions after we have left this community, you can contact Dr. Emeka Anyamele at _____. I will also leave a copy of this form explaining the purpose of the study with each of you.

If volunteers cannot read the form themselves, a witness must sign here:
I was present while the benefits, risks, and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date _____ Signature of witness _____

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in the research have been explained to the participant.

Date _____ Signature of person who obtained consent _____

Focus Group Guide for PTA members

General group perspective on the state of primary education and HIV/AIDS in the community

1. Interview information
   - Sex/gender of Participants: Male, female
   - Location and classification: Urban, rural, Semi-urban
   - Date of Interview:
   - Number of participants:
   - Composition of participants: teachers, PTA members, school principal (and other administrators) - *please collect information on occupation and age of participants at the end of the focus group discussion*
   - Moderator and Note taker:

2. What is the state of primary education in this community? Probe:
   - What is the quality of schools?
   - How does this school compare with other schools in the community?
   - Are primary schools well staffed with teachers?
   - Are primary schools well equipped (scholastic materials, classrooms etc)?
   - Level of enrollment?
   - What is the general school environment?
   - What is the level of parental involvement in school matters e.g. assisting with homework, attending school meetings?
   - What is the level of discipline in schools?
   - What have been the major changes in primary education in your community over the last 10 years?

Now I would like to ask you about the issue of HIV/AIDS.

3. What is the HIV/AIDS situation in this community?
   - Do people in this community know about HIV/AIDS and how HIV is transmitted?
   - What are the modes of transmission that are known to people? What are some of the signs that are commonly associated with a HIV/AIDS-related illness?
   - Are people in the community comfortable talking about HIV/AIDS?

Impact of HIV/AIDS on primary education

Now, I would like us to talk about issues related to the impact of HIV/AIDS on primary education in this community. We will talk about issues such as teacher and pupil enrollment, attendance and performance; HIV/AIDS-related illnesses & mortality; and stigma and discrimination. I also would like to get your thoughts on interventions that can be designed to mitigate the impact of this disease.

4. How has HIV/AIDS affected primary education in this community and how has this impact changed over the last ten years?

On teachers and administrators, probe for impact on:
   - Health and well being of teachers and administrators (principals, secretaries etc)
   - Teacher performance and availability/attendance
   - Staff recruitment, assignment and transfers
   - Personnel emoluments and benefits e.g. housing, lunch, leave allowance
   - Teachers and staff finances
   - Female teachers versus male teachers

On students, probe for impact on:

- Performance, attendance/absenteeism
- Health, emotional and nutrition state of the students
- The age of students most affected
- Drop out rates
- Male students/pupils versus female students on these factors

On parents and guardians, probe for impact on:

- Ability to pay for tuition, clothing, other scholastic materials
- Level of involvement in their children's/dependents' education

5. How does this impact compares to other sectors such as agriculture, mining, trading?

6. Now lets talk about the issue of HIV-related stigma and discrimination in the education sector.

- In your opinion, how are teachers and students living with HIV/AIDS treated in schools in this community? Is there discrimination of staff/students based on their alleged HIV status on issues e.g. job promotion, housing benefits, additional training, being admitted to school?
- How are/may children whose parents/guardians are living with HIV/AIDS be treated by their peers; by their teachers?
- Do friends and associates become distant and exclusive when they suspect someone of being HIV positive?
- Are PLWAs blamed for their status? Does this vary by sex/gender?
- Is the issue of HIV/AIDS openly discussed in schools? Why/why not?
- Are people willing to be tested? Why/why not? Do teachers and staff fear losing their jobs because of their HIV status?
- Is there mandatory HIV testing?

Policies, guidelines and HIV/AIDS interventions in the education sector

7. Now, I would like us to discuss some issues related to current school policies and guidelines, and their application in the wake of HIV/AIDS.
Are you conversant with the current policies/guidelines on teacher personnel and management e.g. teacher recruitment, retirement, pay raise, suspension, absenteeism?

- Are these policies/guidelines written?
- Who set these policies/guidelines?
- What is the level of parental involvement in setting these guidelines?
- How have these policies been affected by HIV/AIDS?
- Have these policies been revised/updated since the onset of HIV/AIDS? If so, how?
- Do these policies offer guidelines on anti-discrimination?
- Are public schools supposed to provide support for medical and funeral costs of teachers, staff and their relatives? How well is this done? How has HIV/AIDS affected this process?
- How often are teacher transfers done for schools in this community?
- If/when a school loses a staff due to retirement, death or resignation, how long does it take to get a replacement?
- Does the government currently provide any tuition subsidy to orphans and vulnerable children? If so, in what kind?

8. Now, I would like to hear your views about HIV/AIDS interventions in schools for students and teachers. What HIV/AIDS programs and activities have been put in place in schools in your community?

- What is currently being done? How successful has it been?
- What programs can be integrated into the school curricula to prevent the spread of HIV/AIDS and/or to mitigate its impact?
- What role can/should primary school teachers play in delivering HIV/AIDS prevention, intervention, and coping programs to pupils? What programs are most critical (e.g. education, condom distribution, counseling, nutrition)?
- Should pupils in primary schools be taught about HIV and other sexually transmitted diseases? If so, in what classes should that education begin?
- Are teachers well equipped to deliver HIV/AIDS programs in schools?
- How can their skills be improved?
- Have teachers and other staff received any HIV programs e.g. have teachers been sensitized with anti-stigma messages and campaigns?
- What are the critical needs of children affected by AIDS?
- How can the government (education system) respond to the HIV/AIDS situation?
- In your opinion, should HIV-positive teachers and staff receive the same, less or more assistance and benefits from the government?
- Should the government provide ARVs (HIV/AIDS) treatment for teachers?
- How can parents be involved in these interventions? What role can the PTAs play?

9. Now, I would like to hear your views on the state of HIV/AIDS among children of primary school age who are not currently enrolled in schools and how these children. I also would like to hear your views on how these children can be reached with effective intervention programs.

- Compared to children in school, how has the HIV/AIDS affected children out of school in this community?
- What are the critical needs of these children?
- How can teachers and PTA members reach out to these children?

10. Are there any other issues that you would like to comment on? *[If not, ask participants, if they have any questions about the discussion. Also information on age and occupation of participant]*

Appendix 5: Key Informants Instruments

Study on the impact of HIV/AIDS on primary education in Nigeria
State and LGA education officials' Questionnaire

Consent form

Good morning/afternoon. My name is _____ I am working on a research project on the impact of HIV/AIDS on primary education in Nigeria. This is a USAID-funded project implemented by RTI International in collaboration with the Federal MOE, the State MOE and the SPEB. Results from this survey will be used to better plan programs and initiatives in the education sector. Because of your knowledge of this area and your influence in this area as an opinion leader, you are one of the residents in your LGA/State that have been selected to participate in this study. This will not take too much of your time – about one hour or less. I would like to ask you some questions about issues related primary education and HIV/AIDS. Participation in this study is voluntary and you may withdraw from participation at any time. I also would like to assure you that everything you say will be kept confidential and your identity will not be revealed to anyone. Your views are very important and your honest participation will greatly assist in meeting the goals of this study.

At this point, do you have any questions about the study? Also, in case you have additional questions about the study after we leave this area, you can contact Dr. Emeka Anyamele at _____. I am also going to leave a copy of this consent form with you.

May I begin the interview now?

Signature of respondent _____

Interviewer #: _____ Interview Date: ___/____/_____
DD/MM/YYYY

Start time for interview: _____ End time for interview: _____

State Name: _____ LGA Name: _____

Type of location:
1. Urban
2. Rural
3. Semi-urban

Respondent is:
1. Religious leader
2. PTA official
3. LGA-level official (non-educational)
4. State-level official (non-educational)

Sex
1. Male
2. Female

Q.1 What is your current position/title? _____

Q.2. How long have you been working in this capacity? _____

Now, I would like to ask you some information about the situation on primary school education in this LGA/state. We also will talk about the situation of HIV/AIDS in your community and HIV/AIDS has (if at all) affected primary education.

Q.3. What is the state of primary education in this community? Probe on: quality of schools, staffing, qualification of teachers, level of pupil enrollment, pupil performance, general school environment, level of discipline.

Q.4. What is the level of parental involvement in school matters e.g. assisting with homework, attending school meetings, participation in the selection of teachers?

Q.5. What is the HIV/AIDS situation in this community? Probe on: are people aware of HIV/AIDS, are they comfortable talking about HIV/AIDS, what is the situation like on HIV-related illnesses, how about HIV-related mortality?

Q.6. In your opinion, has HIV/AIDS affected primary education in this community? If yes, how? Has this impact changed over the last three years? How?

Q.7. In your opinion, is the primary education system well prepared to handle the challenges that may be fueled by HIV/AIDS e.g. teacher absenteeism due to prolonged illnesses, teacher deaths, etc? If yes, how? If not, why?

Q.8. In your opinion, what can be done in primary schools to combat HIV/AIDS? What is currently being done? How successful has it been?

Q.9. If there were HIV/AIDS prevention programs introduced in primary schools e.g. teaching about HIV/AIDS to primary pupils, would you support such programs? Why/why not?

Q.9. Is there anything else that you would like us to talk about?

Thank you so much for your time

Study on the impact of HIV/AIDS on primary education in Nigeria
State and LGA education officials' Questionnaire

Consent form

Good morning/afternoon. My name is _____ I am working on a research project on the impact of HIV/AIDS on primary education in Nigeria. This is a USAID-funded project implemented by RTI International in collaboration with the Federal MOE, the State MOE and the SPEB. Results from this survey will be used to better plan programs and initiatives in the education sector. You have been selected at random among teachers in your LGA to participate in this study. This will not take too much of your time – about one hour. I would like to ask you some questions about issues related primary education and HIV/AIDS. Participation in this study is voluntary and you may withdraw from participation at any time. I also would like to assure you that everything you say will be kept confidential and your identity will not be revealed to anyone. Your views are very important and your honest participation will greatly assist in meeting the goals of this study.

At this point, do you have any questions about the study? Also, in case you have additional questions about the study after we leave this area, you can contact Dr. Emeka Anyamele at _____. I am also going to leave a copy of this consent form with you.

May I begin the interview now?

Signature of respondent _____

Interviewer #: _____

Interview Date: ___/____/_____
DD/MM/YYYY

Start time for interview: _____

End time for interview: _____

State Name: _____

LGA Name: _____

Type of location:
1. Urban
2. Rural
3. Semi-urban

School Name: _____

Respondent unique ID #: _____

Respondent is:
1. LGA-level official
2. State-level official

Sex
1. Male
2. Female

Section A: Professional information

Q.1 What is your current position/title? _____

Q.2 How long have you been working in this capacity? _____ Record complete years

Q.3 Do you have any training in the following areas?

	Yes	No
Management	1	2
Organization development	1	2
Policy analysis, and formulation	1	2

Section B: School operational policies, guidelines and processes

Now, I would like to ask you some questions regarding operational policies and guidelines for your schools.

Q.4 Do you have operational policies/guidelines on how to handle the following personnel issues in primary schools?

Personnel Issue	**Does policy/guideline exist?** **1. Yes** **2. No**	**Is the policy/guideline written or not? If written, ask for copy** **1. Yes** **2. No** **8. N/A**
Staff recruitment		
Staff re-assignment/transfer		
Staff retirement		
Staff suspension		
Staff absenteeism		
Staff benefits (e.g. housing, leave, funeral expenses)		
Curriculum development		
Measurement of teacher performance		

Q.5a How effectively are these operational policies/guidelines implemented?
1. Regularly implemented effectively
2. Rarely implemented effectively
3. Never implemented effectively
7. DK/NR

Q.5 Are these policies regularly reviewed?
1. Yes
2. No (Skip to Q.8)

Q.6 How often?
1. Annually
2. Every 2 – 4 years
3. Every after 5 years or more

Q.7 Who is involved in the review of these policies? **Check all that apply**
1. School officials
2. LGA officials
3. State-level education officials
4. Federal-level education officials
5. Parents e.g. through PTA
6. Other specify _____

Teacher Planning and Administration

Q.8 How do you determine future teacher staffing needs for the various primary schools under your jurisdiction?
_____
_____

Q.9 Do you have record of teacher attendance in schools?
1. Yes
2. No

Q.10 Programmatically, how is the issue of teacher absences handled in schools? [Probe for: substitute teachers, re-assignment of extra classrooms to existing teachers]

_____
_____
_____

Q.11 For the schools under your jurisdiction, do you have record of teacher turnover (through death, resignation, transfers) and reduction/increase in the time teachers spend in classrooms from illnesses, on an annual basis? **If yes, ask for copy of available records for past five.**

1. Yes
2. No (skip to Q.19)
7. DK (skip to Q.19)
8. N/A (skip to Q.19)

Q.12 How do you measure that turnover?

_____
_____
_____

Q.13 How does teacher turnover in the past year for each of the following reasons compare with the trend in the past five years in your area of jurisdiction?

Reason for teacher turnover	Reduction in staff is: 1. Bigger 2. About the same 3. Smaller 4. Don't know
Recruitment	
Re-assignment/transfer	
Retirement	
Resignation	
Death	
Illness	

Q.14 Does this trend vary by school size (e.g. number of teachers/students) or school location (e.g. urban/rural)?

1. Yes
2. No

Q.15 In your opinion, what factors have contributed to this change/lack of change in the trend?

_____
_____
_____

Q.16 How has the school system responded to this trend in teacher turnover?

_____
_____
_____

Q.17 Are you satisfied with this response?

1. Yes
2. No

Q.18 Why/why not?

_____
_____
_____

Q.19 Do teachers in your area of jurisdiction receive in-service training?

1. Yes
2. No (skip to Q.21)
7. DK (skip to Q.21)

Q.20 What topical areas do these programs cover?

_____
_____
_____

Q.20a Do you have record of pupil enrollment in primary schools under your jurisdiction over the past 4-5 years?

_____
_____
_____

Section C: HIV/AIDS in the education sector

Now, I would like to ask you some questions regarding HIV/AIDS and primary education in Nigeria.

Q.21 Have you ever heard of HIV/AIDS?

1. Yes
2. No (end interview)

Q.22 In your opinion, what is the HIV/AIDS situation in this state?

_____
_____
_____

Q.23 In your opinion, has the primary education sector been affected HIV/AIDS in Nigeria?

1. Yes
2. No (Skip to Q.24)
7. DK (skip to Q.24)

How? _____
_____
_____

Q.24 Generally, how has HIV/AIDS affected your work?

_____
_____
_____

Q.25 Is there a school policy on HIV/AIDS?

1. Yes
2. No (skip to Q.26)
7. DK (skip to Q.26)

Q.25a What issues does this policy cover? _____
_____
_____

Q.25b Have you ever received training/orientation about this policy?
1. Yes
2. No

Q.25c Have teachers and head teachers in your LGA/State received training/orientation about this policy?
1. None
2. Some
7. All

Q.26 Has there been a change in primary school operational policies and guidelines on the following personnel issues because of HIV/AIDS?

Personnel Issue	**Does policy/guideline exist?** **1. Yes** **2. No** **7. DK**
Staff recruitment	
Staff re-assignment/transfers	
Staff retirement	
Staff suspension	
Staff absenteeism	
Staff benefits (e.g. housing, leave, funeral expenses)	
Curriculum development	
Teacher training	
Measuring teacher performance	

Q.27 **If any changes have taken place, ask:** Can you briefly explain the policy/guidelines changes that have been made?
_____
_____
_____

Q.28 For the schools under your jurisdiction, how is the issue of long-term illness from HIV/AIDS-related causes amongst teachers handled?
_____
_____
_____

Q.29 Over time, has there been a change in the way such persons are treated in primary schools?
1. Yes
2. No (skip to Q.31)
7. DK (skip to Q.32)

Q.30 What has brought on that change? _____ (skip to Q. 32)

Q.31 Why has there been no change? _____

Q.32 Is there a curriculum on HIV/AIDS education in primary schools?
1. Yes
2. No (skip to Q.33)
7. DK (skip to Q.33)

Q.32a Is this curriculum national or not?
1. It is national
2. It is not national
3. We have both a national and a state curriculum

Q.33 Is HIV/AIDS education taking place in primary schools under your jurisdiction?
1. Yes
2. No (skip to Q.38)
7. DK (skip to Q.38)

Q.33a Is family life education taking place in primary schools under your jurisdiction?
1. Yes
2. No
7. DK/NR

Q.34 In which classes/grades does this education take place? **[Circle all that apply]**

Grade	Yes	No	DK
Primary 1	1	2	7
Primary 2	1	2	7
Primary 3	1	2	7
Primary 4	1	2	7
Primary 5	1	2	7
Primary 6	1	2	7

Q.35 In your opinion, is this education effective?
1. Yes
2. No

Q.36 Why/why not? _____
_____
_____

Q.37 What can be done to further improve the efficacy of this education?
_____
_____
(Skip to Q.40)

Q.38 Would you support the idea to introduce HIV/AIDS education in primary schools under your jurisdiction?
1. Yes (skip to Q. 39)
2. No

Q.38a Why? _____
_____ (skip to Q.40)

Q.39 What would need to be done for HIV/AIDS education to be introduced in primary schools?
_____
_____
_____

Q.40 Generally, in your opinion, are primary teachers in schools under your jurisdiction well suited to provide HIV/AIDS education in primary schools?
1. Yes
2. No
7. DK

Q.41 Why/Why not? _____

Q.42 Apart from HIV/AIDS education in classrooms, what other interventions can be incorporated into primary school programs to combat the spread of HIV?

_____
_____

Q.43 Have some of these programs been started in primary schools under your jurisdiction?

1. Yes
2. No

Note to interviewer: Thank respondent for his/her participation in the study and record your impression and observations from the interview below

_____
_____
_____
_____
_____
_____
_____
_____

Field Supervisor #: _____ Data Editor #: _____

Data coding clerk #: _____ Data entry clerk #: _____

Date when data are entered: ___/____/___
DD/MM/YY