TEACHERS' PERCEPTION OF HEALTH PROBLEMS OF HIV AND AIDs ORPHANS AND VULNERABLE CHILDREN IN AGBANI EDUCATION ZONE OF ENUGU STATE

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Abstract

The Study was aimed at determining the level of teachers' perception of health problems of HIV/Aids Orphans and vulnerable children (OVC) in Agbani Education Zone of Enugu State. In line with the purpose of the study, four research questions and two null hypotheses were postulated. Related literature were reviewed and summarized. Descriptive survey research design was adopted. The sample for the study consisted of 363 out of 1073 teachers from 8 out of 63 government-owned secondary schools in Agbani Education Zone of Enugu State. Data were gathered by means of structured questionnaire. Reliability of the instrument was established by exposing the structured questionnaire twice using test-retest method. The results were subjected to testing for reliability coefficient using Pearson Product Moment Correlation Coefficient (PPMCC) which yielded high positive correlation of .82. Data obtained were analysed using frequencies and percentages for research questions 1 to 3; and the mean statistic was used to analyse research question 4. Null Hypothesis 1 was tested using the chi-square statistics while null hypothesis 2 was tested using the t-test statistic 4 . The findings showed that teachers in Agbani Education zone have high level perception of the health problems of HIV and AIDs OVC but perceived to a low extent their coping strategies. Tested hypotheses revealed that teachers' perception of health problems of HIV and AIDS OVC, and their coping strategies were not influenced by location. Based on the findings; implications of the study, conclusion and recommendations were made; including that: extended family members, government and NGOs should provide counselling; and psychological support by ensuring

HIV and AIDS OVCs enrolment in schools; access to shelter; good nutrition, health and social services.

Key Words: HIV and AIDS, Orphans, Vulnerable Children, Health Problems, Coping Strategies, and Perception.

Introduction

Acquired Immune Deficiency Syndrome (AIDS) is a condition in which the body's immune system breaks down and is unable to fight off infection. United Nation AIDS programme (UNIAID) (2002), highlighted, that AIDS weakens the Immune System which makes the system to become susceptible to opportunistic infections. Harrison (2004) pointed out that people with AIDs have gained deficiency immunity in the body and therefore cannot resist disease. HIV and AIDS has been reported worldwide but sub-Sahara Africa bears the greatest brunt of the problems where 75% of the world's population living with the virus are found. AIDS brings suffering to an infected person with multiple ailments which are prolonged and gradually waste the affected person until death.

HIV and AIDS epidemic has touched virtually all aspect of the society, yet the death shock does not end with them, because those dying from AIDS are mainly the active members of the society. Consequently AIDS has orphaned so many children and the effect progresses in geometric proportion (Barnett, 1992).

Increased orphan-hood is a single major dimension of the impact exerted by HIV/ AIDS. This is attested to by the fact that men and women dying from HIV/AIDS - related causes in their prime child rearing ages often leave orphans behind them. In this context, an AIDS orphan is someone under 15 who has lost a mother to AIDS. However given the important role heterosexual relations play in the transmission of the virus, a child is most likely to lose both parents to the disease, although the deaths may occur at different time intervals. Such a child is said to be vulnerable because the situation exposes him to the vagaries of harsh life, rendering him weak and easily hurt physically or emotionally.

Consequently, orphans are among society's most vulnerable children. The HIV/AIDS Orphan and vulnerable Children (OVC) suffer the trauma of seeing their parent die of AIDS.

Above all, they often become "orphaned" several times over as new care takers also become infected. The children fall victim to malnutrition and stunting, and risk becoming street children. Among other things, the epidemic reduces the demand for education, as children are withdrawn from school and colleges in response to rising household expenditure, and to provide care for family members.

The effect of the above revelation is better imagined than felt. For instance, Adefolaju (1999) earlier noted that children left orphan by HIV and AIDS are at greater risk of such health problems as malnutrition, illness, abuse, child labour and exploitation. This situation increases the children's vulnerability to HIV infection. Ainsworth and Filmier (2000) also noted that vulnerable children by HIV and AIDS face stigma and discrimination. This assertion is also true in Nigeria. This is attested to by Reishen (2001) who had narrated the sacking of a teacher with her three children from a private school in Ogba Lagos state because of her HIV status. Thus HIV/AIDS OVC are refused to be admitted into school despite the fact that they are not sick.

The health problems of HIV and AIDS OVC are multiple. Health problem can be described as a condition which prevents an individual from mobilizing his physical, social, emotional and mental resources for optimal attainment of success and in some cases, makes the individual dependent on others for survival. Unarguably, the painful experiences of children orphaned by HIV and AIDS are often characterized by physical, emotional, social and mental problems. This is a sad situation which leaves the affected children with no other option than to device coping strategies for their survival (Adefolaju, 1999). Some of the coping strategies adopted by HIV and AIDS vulnerable children have a long history in some countries like Uganda, Zimbabwe, Botswana, Malawi, and Zambia (UNICEF, 1999). For instance UNIADS, (1999) reported that the HIV and AIDS vulnerable children are obliged to leave their home and live in unfamiliar and sometimes unwelcoming places for them to cope. This situation has led many of them to drop out of school and go into prostitution, hard labour and stealing as a means of coping with their problems. These negative coping behaviours would only result to greater risk of malnutrition, illness child abuse, sexual exploitation and increase in children's vulnerability to HIV and AIDS infection. Moreover, lack of education would lead to ever perpetuation of ignorance and unending circle of poverty.

Perception has been described by Kindersley (2002) as the process by which a person receives information through the five senses and assigns meanings to it. Hence perception can be described as the ability to see, hear, became aware of or understand things (Orajekwe 2008). The level of perception of teachers towards health problems of HIV and AIDS vulnerable children may be low or high. Teachers' perception of health problems of the HIV and AIDS OVC can be to a low extent or a high extent.

The role of teachers can never be over emphasised. Consequently one of the outstanding motivating forces for child's achievement of set health and educational goals is the kind of teacher the child passes through. Thus the teacher remains the key person in the life of a child. Perception of teachers, both in primary and secondary schools is significant because they are assumed to be the bedrock of knowledge on all issues including HIV and AIDS.

Teachers are in contact with the real situation of these HIV and AIDS (OVC). They are also supposed to be aware of the nature of both moral, social, physical and mental problems of the OVC be in their school or in their different communities. The importance of this situation is because teacher's perception goes a long way in child modelling (Udofot, 2005). Teachers' perception of a particular thing can make or mar a child especially regarding the sensitive issues of HIV and AIDS.

Variable, like location (urban or rural) also influences the level of perception of teachers towards health problems generally, as well as problem of HIV and AIDS OVC in particular. It is against the background of the need to care for orphans and vulnerable children as an important aspect of social health promotion that the researchers were motivated towards ascertaining perception of teachers towards the health problems of HIV and AIDS (OVC) in Agbani Education Zone of Enugu State.

The following research questions were posited to guide the study:

Research Questions:

1. What is the perception of teachers towards the physical health problems of HIV and AIDS OVC in Agbani Education Zone?
2. What is the perception of teachers towards the social health problems of HIV and AIDS OVC in Agbani Education Zone?

3. What is the perception of teachers towards the emotional health problems of HIV and AIDS OVC in Agbani Education Zone?
4. What is the perception of teachers towards the coping strategies adopted by HIV and AIDS OVC in Agbani Education Zone?

Hypotheses:

Ho_1; There is no significant difference in the mean response scores of rural and urban teachers in Agbani Education Zone on their level of perception of health problems of HIV and AIDS OVC.

Ho_2: There is no significant difference in the mean response score of rural and urban teachers in Agbani Education Zone on their level of perception of coping strategies adopted by HIV and AIDS OVC.

Method:

Descriptive survey research design was used for the study. A design is termed survey if it involves the selection and study of a sample drawn from a chosen population and which are considered to be representative of the entire population (Nworgu, 1991). Earlier, Uzoagulu (1988) explained that in descriptive research, data are usually collected, organised, and analysed and then described as they exist (natural setting) without interfering with them. The design is appropriate for this study because a smaller group of teachers, representing the entire teachers in Agbani Education zone of Enugu State was studied. Furthermore, responses were collected from the teachers in their setting

The accessible population for the study consisted of all the 1073 teachers in the three local government Areas in Agbani Education Zone of Enugu State. The sample for the study consisted of 369 teachers randomly drawn from secondary schools in Agbani Education zone of Enugu state. Multi stage sampling procedure was used. In stage one, all the teachers in the government-owned the Agbani Education Zone: Enugu south, Nkanu East and Nkanu West with the distribution of schools thus: 33, 24 and 36 respectively. In stage two, purposive sampling technique was used to designate Enugu South L.G.A as urban location, while Nkanu West and Nkanu East L.G.A were designated rural location. Thirdly, proportionate sampling technique was used to select 10% of the schools in the three L.G.As. Approximately 3, 2 and 3 schools were sampled from Enugu South, Nkanu East and Nkanu West L.G.As respectively giving a total of 8 schools. Fourthly, based on the number, a random sampling technique was used to draw, 3, 2 and 3 schools from the

respective L.G.As. Fifthly, all the teachers in the 8 schools were used for the study: Enugu South = 165 teachers; Nkanu East: 96 teachers; and Nkanu West, = 168 teachers. Hence, Urban = 165 and Rural = 204, totalling 369 teachers.

The instrument used for data collection was structured questionnaire developed by the researchers following review of related literature. The questionnaire was in two sections (A and B). Section A contained two questions on background information of the respondents while section B was made up of four parts (I-IV) contained information respectively on physical, social and emotional health problems of HIV and AIDS OVC and the coping strategies adopted by them. The instrument was submitted to three experts in health education at the Enugu State University of Science and Technology (ESUT) for validation. Their corrections were adequately effected in restructuring the final instrument used for the study. Reliability of the instrument was established using test-retest method. First the structured questionnaire was given to 20 teachers from Enugu Education Zone, because they did not form part of the study, yet they share similar characteristics, by virtue of the fact that they are all teachers in Enugu state. After fourteen days a retest with the same, but fresh copies of the instrument was carried out. The result was subjected to reliability co-efficient using Pearson Product Moment Correlation Coefficient (PPMCC) which yielded high positive Correlation of .82. 363 out of 369 copies of the questionnaire were returned and used for data analysis.

The responses to the structured questionnaire were collated in terms of frequencies of the response options. Appropriate cross tabulation of the variable was done to test the hypotheses stated. Teachers' perception of the responses to research questions 1-3 was considered low when the percentage is less than 40; moderate, if 40% - 59%; High if 60% - 80%; and very high; if above 80% (Ashur, 1977). The real limit of numbers was applied in reaching decision for research question 4, thus: 3.50 – Above (Very High Extent); 2.50 – 3.49 (High Extent); 1.50 – 2.49 (Low extent) and Below – 149 (Very Low Extent).

Result:

Table 1: Physical problems of HIV and AIDS OVC as perceived by teachers in Agbani Education Zone of Enugu State **N = 363**

S/no	Item	Yes		No		Dec
	The HIV/AIDS OVC	f	%	f	%	
1	show signs of malnutrition	253	69.7	110	30.3	High
2	are stigmatized and discriminated against by others	322	88.7	41	11.3	High
3	lack medical care is because it is believed that their health problems are incurable	277	76.3	86	23.7	High
4	are denied access to education because known cases are denied admission into schools	251	69.1	112	30.9	High
5	are denied education because their parents cannot pay their school fees	266	73.3	97	267	High
6	are denied education because their relation refused to train them	279	76%	84	23.1	High
7	are denied right of inheritance by the members of the extended families	251	69.1	112	30.9	High
8	suffer economic hardship because of drainage on family resources	276	76.0	87	24.0	High
	Overall	2175	74.9	729	25.1	High

Table I shows that the teachers have high perception (74.9%) of all the physical health problems of HIV and AIDS OVC in Agbani Education Zone of Enugu State.

Table2: Social health problems of HIV and AIDS OVC as perceived by teachers in Agbani Education Zone of Enugu State (n =363)

S/no	Item	Yes		No		Dec
	HIV/AIDS OVC	f	%	f	%	
9	face isolation	283	78.0	22.0	80	High
10	are deprived of interpersonal relationship with their follow mates	284	78.2	79	21.8	High
11	are forced into sexual exploitation for cash	121	33.3	232	66.7	Low
12	are rejected by other persons more than those orphaned due to other causes	293	80.7	70	19.3	High
13	obliged to live their homes and live in unfamiliar places	231	63.6	132	36.4	High
14	are left without responsive care	234	64.5	129	35.5	High
15	face reduction of time for production activities	261	71.9	102	28.1	High
16	face the risk of HIV/AIDS infection	293	80.7	19.3	19.3	High
17	take the role of father and mother after the death their parent	264	72.7	99	27.3	High
	Overall	2237	68.5	1030	31.5	High

Table 2 shows that teachers have high perception (Overall 68.5) of social health problem of HIV and AIDS OVC in Agbani Education Zone of Enugu State.

Table: 3 Emotional health problems of HIV and AIDS OVC as perceived by teachers in Agbani Education Zone of Enugu State. (N = 363)

S/no	Item	Yes		No		Dec
	HIV/AIDS OVC	f	%	f	%	
18	lack interpersonal environmental stimulation	272	74.9	91	25.1	High
19	lack attention and care.	230	63.4	133	36.6	High
20	lack opportunities to make friends.	254	70.0	109	30	High
21	show anxiety because of the growing uncertainty about their own future	272	74.9	91	25.1	High
22	feel neglected and rejected	226	62.3	137	37.7	High
23	face humiliation	167	46	196	54.0	High
24	lack acceptance	239	65.8	124	34.2	High
25	experience sorrow	249	68.6	114	31.4	High
26	experience suffering	261	71.9	102	28.1	High
27	face psychological distress to illness and death of their parent	251	30.9	112	30.9	High
	Overall	2,324	64.01	1,306	35.99	High

Table 3 shows that teachers have high perception of all the items on the table as emotional problems of HIV and AIDS OVC. This is because the overall positive response is above 40%.

Table 4: Coping strategies of HIV and AIDS OVC as perceived by teachers in Agbani Education Zone of Enugu State

S/no	Item HIV/AIDS OVC cope by	Mean	S. D	Dec
28	doing menial job (house servant, barrow pushing, bus conducts and hawking)	2.95	.943	HE
29	stealing	1.44	.660	VLE
30	bonding themselves together as friends to give material and emotional support	2.38	.867	LE
31	begging	1.86	.842	LE
32	NGOs and religious organization providing food, cloth and shelter for them	1.71	.769	LE
33	Parents preparing for them when they are still alive	1.29	.577	VLE
34	experience ones, teaching the novice in the group on tactics to survive	1.60	.796	LE
35	engaging in income generating scheme that are sponsored by government and NGOs	1.40	.678	VLE
	Grand mean	1.83	.79	LE

Table 4 shows that teachers perceived to a great extent: menial job, including house servant, borrow pushing bus conductors and hawking, while the others are perceived to a low extent as coping strategies adopted by HIV and AIDS OVC in Agbani Education Zone.

Table: 5 Chi-square presentation of the level of teachers perception of health problems of HIV and AIDS OVC based on location (N=363

S/no	Conception Health problems	X^2- cal	X^2= tab	Df	P	Dec.
1	Physical wealth problems	0.29	3. 84	1	.05	Accept
2	Social health problems	0.007	3.84	1	.05	Accept
3	Emotional Health Problems	3.71	3.84	1	.05	Accept

Table: 6 t-test analysis of the level of perception of coping strategies of HIV and AIDS O.V.C. among teachers based on location N=363.

S/n	Items	Urban		Rural				
	HIV and AIDS O.V.C cope by	X_1	SD_1	X_2	SD_2	Df	t-cal	Dec
1	doing menial job	2.89	.912	3.00	.966	361	-1.088	NS
2	stealing	1.37	.677	1.48	.644	361	-1.577	NS
3	bonding together to give material and emotional support	2.45	1.077	2.32	1.058	361	1.134	NS
4	begging	2.08	.894	1.76	.785	361	2.710	SS
5	NGOs' and religious organizations providing for them	1.69	.687	1.73	.829	361	1.345	NS
6	parents preparing for them when still alive	1.18	513	1.38	.610	361	-3.383	NS
7	experienced ones teaching the novice in the groups on tactics to survive	1.62	.881	1.59	728	361	.282	NS
8	engaging in income generating scheme sponsored by government and NGOs	1.23	.568	1.53	.729	361	-4.143	SS

Key * NS = Not significant; SS = statistically significant.

P = .05; t – table = 1. 65

Discussion

In response to research question one, table 1 revealed that HIV and AIDS OVC show signs of malnutrition, are stigmatized and discriminated against. They also face economic hardship, and among other physical problems, they are denied education because apart from the fact that their parents cannot train them their extended family member also refuse to train them. These findings are in line with the report of UNICEF (2001) that HIV and AIDS OVC children encountered lot of problems like stigma, neglect, humiliation and that they are also

denied access to education. This finding is not surprising because AIDS brings suffering to an infected person and to other people. This is because it leads to multiple ailments especially the opportunistic infections including tuberculosis. Usually, those ailments are prolonged and gradually waste the affected person until death. This situation drains the family resources as other members of the family are compelled to try all possible means to sustain the life of the sick. This is also worsened by the chain effect of lack of time for productive work, among some other members of the affected family. Understandably, this affects the education of the children in attendance to school as well as their performance. Such children suffer financial hardship because of the medical expenses and irregular work of their parents. International Labour Organisation (ILO, 2003) highlighted that the effect of HIV and AIDS reach deeply into the families because caring for someone with the disease evaporated the family income quickly. A research conducted in Urban house holds of Cote d'ivore by UNAIDS (2002) reported that when a family member has AIDS, the average income falls by 52 to 67 percent. The reason is not far fetched because, in a household in which one parent is affected, the other is also affected as well making the children to experience long period of losing their parent including the economic hardship and growing uncertainty about their own future. Sadly some of the relatives that take care of the vulnerable children are already impoverished and some are elderly who depended financially and physically on the support of the very son and daughter who were dying.

Table 2 revealed that teachers have high perception of the social health problems of HIV and AIDS OVC. Accordingly they suffer isolation, take role of father and mother, and face the risk of HIV and AIDS among others. These findings are in line with the finding of the Child Protection Society (2002) which stated that most often, vulnerable children work in other to raise money to assist their parent and their younger siblings, and that especially many of these children engage in commercial sex. According to UNIADS (2002), the children's problems start long before their parent dies of AIDS because with the parent's illness, family income falls and resources are directed to medication and treatment. Thus the children become aware that the sick parent will die, and fearfully, they begin to wonder what will happen to them when their parent dies and especially how they will survive and where they can get money to stay in school. HIV and AIDS OVC

face social and emotional problems. The children are obliged to leave their homes and live in unfamiliar and sometimes in unwelcome places. They are rejected by extended family members than those orphaned due to other causes. They also face humiliation, embarrassment and risk of HIV infection. This leads many of them to stealing, child labour, and sexual exploitation for cash to obtain protection, shelter and food.

In response to research question three, table 3 revealed a high level of emotional health problems of HIV and AIDS OVC including that: they lack love, attention and affection for instance. The loss of their parents(s) often means that young children are without consistent responsive care. They are also deprived of interpersonal environmental stimulation and individual affection and comfort. These finding agree with UNAIDS (1999) that HIV and AIDS vulnerable children face mental problem because of illness and death of their parents and that this leads them to psychological distress and increase fatalism that is worsened by the stigma attached to HIV and AIDS as an orphan. Vulnerable children whose mother and father are affected by HIV and AIDS experience loss, sorrow, and suffering long before the parents die. Because of this, they find themselves in the role of mother or father, doing the household chores, looking after their siblings, farming and caring for their sick dying parents. This brings stress that can exhaust even an adult, to the children, because HIV infection progress from initial infection to mild HIV related illness, to the threatening illness called AIDS. Consequently affected children suffer a long period of uncertainty and intermittent crises as both parents slowly become sick and die.

Table 4: revealed that the teachers perceived to a low extent the identified coping strategies of HIV and AIDS OVC, except doing menial job such as, house servant, barrow pushing, bus conductors and hawking. Thus, vulnerable children take up variety of odd jobs in other to survive (Child Protection Society, 2000). Other coping strategies especially that the children rely on others for facilitation, were perceived to a low extent. This is not encouraging and contrasts with the finding of UNESCO (2002) that in Uganda, the government educate vulnerable children, provide a safe structural environment and emotional support. The importance of the role of government and NGOs in ameliorating the anguish of the OVC can also be best understood from the findings of UNAIDS (2000) that the NGOs and community domestic care visit the vulnerable children even when their parents are still alive to give the

families counselling as well as their children. Accordingly, they also discuss with their parents about their death approach and the need to plan for their children welfare. Furthermore, in Uganda assistance is given to these children by training them in income generating skills, small business co-operatives and micro credit schemes that will foster self-reliance. However, WHO (2002) noted that irrespective of the activities of these organisation, it is important that the relevant communities make effort to identify the problems of vulnerable children by HIV and AIDS and coping strategies adopted by them in dealing with their situation as this will enable them plan realistic strategies for healthy promotion of such children. Thus, community leaders should take interest in the health of people in their environment because what happens to one invariably affects other members directly or indirectly. This is also very important because government and the NGOs cannot take care of all Health care situations.

In the absence of any reasonable arrangements by extended family members, communities, government and NGOs, one would tolerate the fact that these children cope with their problems by supporting themselves through taking up variety of activities or jobs like barrow pushing, hawking, begging and also house servant. This is because these jobs help them in socializing with other people they think do not know their problems, thereby easing off tension and stress of neglect, rejections and stigmatization. However, this is not encouraged because, though it may seem to solve their problem by affording them friendship, material and emotional support, but this is only temporary because in the long run, it increases their vulnerability to the ill effects of such engagements.

Implications of the finding

Teachers' high perception of the physical, social and emotional health problems and low perception of the coping strategies adopted by HIV and AIDS OVC in Agbani Education Zone of Enugu State has far researching implications including that: such children's health would be impaired. This would result to their inability to work effectively or efficiently in solving the problems which arise throughout life. Moreover, the fact that these children are perceived to adopt some of the positive coping strategies to a low level compounds and aggravates the already bad situation. This highlights the need for communities, government and NGOs to rise up to the occasion, as this portends an unhealthy situation for future because those children orphaned by HIV and AIDS may

end up being infected and overly affected because of the increase in their vulnerability and their incapacity to cope effectively.

Conclusion and Recommendations

The study revealed

(1) high level of perception of physical, social and emotional health problems of HIV and AIDS (OVC) among teachers in Agbani Education Zone of Enugu State.

(2) Unfortunately, the HIV and AIDS OVC in Agbani Education Zone of Enugu State are perceived to adopt the different coping strategies to a low extent.

(3) There is no significant difference in the mean scores of teachers' perception of HIV and AIDS OVC, based on location.

Based on the above, the following recommendations were made:

1. Extended family members should not abandon HIV and AIDS OVC in their midst. Rather they should help them to cope effectively with their situation by providing material and moral support to them and especially train them in schools. Afterall, it could be any body's turn tomorrow.
2. Government, NGOs should provide appropriate counselling, and psychological support by ensuring the enrolment of HIV and AIDS OVC in schools, access to shelter; good nutrition; health and social services that are equal to that of other children.
3. Teachers should also assist in championing education on HIV and AIDS as well as counsel the HIV and AIDS OVC in their schools. This is made possible by the fact that schools are the primary institutions that are able to reach the great majority of children and young people, while also having impact at the community level.

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