

Zero Effectiveness on HIV/Aids awareness and the Need for a Separate HIV/AIDS curriculum in Papua New Guinea

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Abstract

When the first six people were diagnosed with HIV/AIDS in Papua New Guinea (PNG) in 1987, it was seen as a health sector problem. This conception has since changed into a development issue pregnant with grave consequences. The Government in collaboration with development partners and with other civil society organisations have called on all sectors of the society to help in the fight against HIV which has become an epidemic.

The Department of Education has developed its own HIV/AIDS policy clearly stating that the issue should be given prominence in its curriculum, but it clearly lacks direction and systematic implementation by the sector. The study discovered that there was limited subject content coverage regarding HIV/AIDS on the formal education curriculum in practice and the regular face to face educational approach benefits only a small portion of the youth population. The formal education curriculum devotes only 0.2 % of the total instructional time in a year to the epidemic. Although Millennium Development Goals and the national Medium Term Development Strategy (MTDS) have charted HIV/AIDS as a critical development issue, it is not reflected in the formal education curriculum when it comes for implementation. The sector wide HIV/AIDS policy was seen to be suffering from a lack of institutional ownership and its policies are not vigorously implemented by its implementing agencies.

This has become a concern for the Open College of the University of Papua New Guinea, which is the flagship provider of Distance Education in PNG reaching out to more than 12,000 distance education students. Realising the urgent need for a curriculum on HIV/AIDS, the University Open college has had initial discussions with its network of open campuses and provincial study centres to develop a curriculum that will reach out to both distance learners as well as those in the formal system but by adopting a ODL methodology to address this curriculum need. By highlighting this need at the PCF5 conference it is intended to draw on experience and discussion among third world countries that are faced with similar challenges for a collaborative effort towards further developing this concept that should result in a separate HIV/AIDS curriculum for the country.

Introduction

Papua New Guinea faces a serious HIV/AIDS epidemic and has the highest incidence of HIV/AIDS in Oceania and ranked 4th within the Asia Pacific region (Aus-AID, 2005). The spread of HIV/AIDS is uncontrolled across the country. This is particularly so in rural areas and in young active adults in the most economically productive years, which if not contained, will have major socio-economic implications for the nation. Although no thorough research as yet was done to prove otherwise but existing medical reports from hospitals across the nation shows that this crisis is spilling over to the primary and secondary schools in PNG.

HIV/AIDS was first diagnosed in 1987 and is rapidly spreading and is a major cause of admissions and deaths at the Port Moresby Hospital and other major urban hospitals in the country. The virus is firmly established in the general population and although found mostly in urban centres, it has now reached every province and is appearing in the remote parts of PNG. The 2004 National Consensus Workshop estimated that 1.7 percent of the population are being infected. The HIV Epidemiological Modelling and Impact Study by the Australian Government estimated that if the current level of HIV/AIDS response remains unchanged in PNG, the total number of people living with HIV and AIDS will increase from 64, 000 in 2005 to 500,000 in 2025 with an adult population prevalence rate of 10.9 % (Aus-AID, 2005).

Another study by the World Bank (WHO & NHASP, 2004) predicted the same trend and concluded that to have 500,000 to have died by 2025 is a big chunk out of a small population of about 5.2 million people. HIV/AIDS has major social and economic implications for this nation. It is mainly affecting the young, sexually active adults of both sexes who belong to the most economically productive age groups. The prevention, control and treatment of HIV/AIDS are inadequate.

The following features characterize the spread of HIV/AIDS in Papua New Guinea: unprotected heterosexual contact; it has spread to every province and region; it is increased by a mobile educated and semi-educated population; physical and sexual abuse against women and children; constant abuse of alcohol and drugs; the cultural tradition of polygamous marriages; promiscuity and multiple sexual partners; many sexually active citizens do not know their HIV status and in fear of stigmatization they go around infecting others.

As indicated above the true HIV cases in PNG is not yet known even though projections indicate that the figure could be more than that.

National Response

The Millennium Development Goal on AIDS is to hold and reverse the spread of this epidemic by 2015. To achieve this goal, promises and commitments have to be made by individuals, communities and nations. The Prime Minister of PNG among other world Leaders promised in 2000 to stop AIDS by 2015. While acknowledging the urgent need to address the issue of HIV/AIDS in PNG, the Government of PNG set up the National Aids Council (NAC) as a central coordinating agency to direct the national response to the HIV/Aids epidemic. The National Aids Council was established in 1997.

Through NAC and its Secretariat (NACS), PNG has taken leadership in the fight against HIV/AIDS as a development priority for the next five years. With the support of the Australian Government, and other development partners, NACS has developed the National Strategic Plan (2006 - 2010) which sets the focus for the national response on HIV/AIDS for the coming years. While this is a major achievement, other milestones are well worth mentioning:

- the establishment of the Special Parliamentary Committee on AIDS in 2005
- the establishment of Provincial AIDS Committee (PAC) in twenty provinces.
- Government leadership in increased funding allocation to NAC in the annual Budget,
- and the integration of HIV/AIDS into District annual strategic plans.

Goals of the National Strategic Plan on HIV/AIDS by the NACS are:

- To reduce the HIV prevalence in the general population to below 1 percent as a commitment to the promise to stop aids by 2015
- To improve care for those infected
- To minimise the social and economic impact of the epidemic on the individuals, families and communities as a bottom line goal.

The National Medium Term Development Strategy (MTDS) (MTDS 2005-2010: 2005) regards the HIV/AIDS epidemic as a key development agenda. The MTDS views it as a wider developmental issue that must be addressed from a multi-sectoral perspective. Given the seriousness of the threat that HIV/AIDS poses, the Government has urged all Government departments to incorporate the issue into all sector programs in order to arrest this epidemic.

In order to stop this epidemic from wiping out this Island nation, a multi – sectoral approach to educating the population and managing the health crisis is currently called for. The Department of Education in response launched its HIV/AIDS Policy in 2005. It is a policy that clearly sets out how the education system will deal with the threat of HIV/AIDS at all levels of the education system in the country.

However, the Education sector policy clearly lacks linkage or connectivity between the HIV/AIDS policy statements with the implemented curriculum. This situation compelled the writer to seek financial assistance from Media for Development Initiative (MDI) to carry out HIV/AIDS awareness and to do a survey to investigate the underlying reasons for this lack of coherence. Based on the findings from the survey the writer advocated for the development of a separate curriculum on the subject of HIV/AIDS.

Department Of Education & Its Policy on HIV/AIDS

The national Education system serves more than one million students, employs over 35,000 teachers in 4,000 elementary schools, 3,300 primary schools, 170 secondary schools, 140 vocational schools, seven technical and business colleges, including the Papua New Guinea Education Institute. Schools and teachers colleges within the national education system are administered by either the government or by a number of church education agencies. Today there are six prominent church agencies apart from the government operating the schools, which are governed by 20 provincial education boards and managed by 20 provincial education divisions. There is also a small yet growing number of privately run autonomous schools throughout the country. The system is decentralized with some governance responsibilities devolved to Provincial Education Boards, Districts and Local Level Governments, school Boards of Management, Boards of Governors, and Governing Councils.

The National Education Plan 2005-2014 acknowledges HIV/AIDS as “one of the greatest challenges to health and future of the nation.” It signals that an HIV/AIDS policy for education is an “essential way of demonstrating the commitment education has to educating its employees and young people about the disease.”

The HIV/AIDS policy for the National Education system was developed in the context of the latest data about the spread of HIV/AIDS in Papua New Guinea and the estimated impact on education and on the country as a whole.

It is perceived that because education workforce in PNG has easy access to money and have a high mobility rate and it is estimated that current rate of infection in the education workforce could be greater than the general adult population. If the current rate of spread of HIV continues it will have a devastating impact on the national education system in the country. The greatest impact would be in two areas:

1. The education workforce would be more susceptible to being infected given their relative access to money and mobility. Consequently, a significant proportion of teachers, lecturers, teacher trainers, support staff, education managers, and administrators will fall ill, die or forced to look after family members.
2. It is estimated that a significant number of students will be infected, die or be required to look after infected parents and family members. Some students will be forced to leave school because they will not be able to pay for school fees. Literacy levels particularly amongst girls is going to decline also.

The HIV/AIDS epidemic has the potential to negatively affect the demand, supply and quality of education in PNG, threatening the goals and targets of the National Education Plan 2005 -2014. As such, the policy provides the direction for the sector to include the subject in its formal curriculum. It does not even specify at what grade level and what content area to cover. Instead of having a 'cut and paste' approach in 'squeezing' in the important subject in the formal curriculum, there is a need to develop a separate curriculum for the HIV/AIDS that should serve well both the distance learners as well as formal school children.

The Problem

According to UNAIDS/World Health Organization (WHO) any nation with an adult HIV prevalence of 1% or higher in the general population is characterized as experiencing a generalized epidemic (UNAIDS, 2002). Latest studies confirm an adult population HIV/AIDS prevalence of 2.0 % (with estimates ranging from 0.8 to 3.2%, indicating pockets of the population have much higher prevalence). In 2004 the National Census Workshop estimated that there were between 25,000 to 69,000 people infected with HIV in the country, with a median estimate of 47,000 or 1.7% adult prevalence (WHO & NHASP, 2004). In 2005 the HIV Epidemiological Modeling and Impact (HEMI) Study estimated that 64,000 or 2.0% of the adult population was living with the HIV/AIDS. If prevalence continues to increase at the present rate, interventions do not expand, the HEMI study estimates that there will be half a million (537,000) citizens living with HIV/AIDS in 2025 (Aus-AID, 2005).

This report was prepared at a time when PNG has two separate high-level delegations in Africa looking at how countries of African continent are fighting the HIV/AIDS pandemic. Many delegations apart from the above have already gone overseas to study issues of leadership, policy and implementation relating to the epidemic at an enormous cost. Papua New Guinea has already developed a comprehensive policy and legislative framework on how to deal with the rising tide of HIV/AIDS. The country has developed enough work place policies and programs on the corridors of Government departments and private organizations on how to deal with HIV/AIDS. There has been enough high-powered HIV/AIDS conferences and seminars conducted in hotels within cities and towns.

People read so much in the media and watch on TV, accelerated efforts are put in towards HIV/Aids awareness by the National AIDS council, churches and NGO groups, yet on the contrary statistics seems to be on the rise especially among the teenage school children in both the primary and secondary schools. Tones of information on HIV/AIDS are circulating through published media and broadcast through TV and radio but they are not even reaching rural schools. Due to the increase in HIV infection rate there seem to be a zero effect on the HIV/AIDS message given out so far especially on the young population in the rural areas. Many people are beginning to wonder what is really wrong here and causing this negative trend? Are written policies congruent with practice? The real issue this study set out to investigate was the level of congruence between Education Department's HIV/AIDS Policy and its implementation in secondary schools and distance study centers.

Key Survey Questions

Does the formal secondary school curriculum in action reflect some level of consistency between HIV/AIDS policy and the curriculum in practice? If so how much of the HIV/AIDS subject content is covered in the secondary school curriculum? How much instruction time is allocated to the subject? If the subject is covered than, is it comprehensive and consistent through-out the grades 9 to 12 levels? If not than what are some of the practical strategic approaches the Department of Education can take in order to effectively implement its HIV/AIDS policy? If Education Policy on HIV/AIDS caters for only young people enrolled in the formal system what role can ODL providers play that can cater for the vast majority of youth and adult learners who are enrolled in open and distance learning institutions in the country?

This study explored these issues, using all secondary schools in Enga Province as a case study. A major curriculum and related document search was done to see the level of content coverage on the subject of HIV/AIDS.

Qualitative Study Methodology

This study adopted a qualitative approach in view of the proposition held by Bogdan and Biklen (1982) who emphasized that knowledge is acquired through encounter between the researcher and the subjects in the social situation. They further reiterated that the researcher needs to strive to 'understand' the social process and that to do so he or she must communicate with the social actors being studied.

Therefore the study involved an evaluation of the secondary school curriculum by the researcher physically visiting the actual learning and teaching conditions in the schools. The researcher had the opportunity to visit selected schools in Enga Province to obtain first-hand information on the actual school conditions and practices focussing mainly on the subject of HIV/AIDS. Enga Secondary schools were used as a case in point for this short survey as logistics could not allow for a wider scope. Narrative observation in the natural educational setting was used as the main principal means of collecting data. Structured questionnaires, semi-structured interviews and field observation were also used data collection methods used in this study.

Findings

The Education Sector Policy on HIV/AIDS was formulated in 2005 after the national ten-year education plan was made. Curriculum in practice was developed some years prior to developing the sector HIV/AIDS policy. The Critical analysis of the policy and curriculum in practice shows great disparity between what is written and what is practiced. The policy does not cover thousands of youth and adults enrolled through the distance mode of learning. The three years (2005-2007) are now regarded as lost years of opportunity as implementing agencies failed to interpret policy to reality.

The lower and upper primary school curriculum provides students with the opportunity to take responsibility for their health using various preventative measures. Formal health education begins at the elementary level where children learn about such things as washing hands, cleaning teeth, healthy foods and safe behaviors. At the primary level the personal development curriculum enables students to consider personal and community health and concerns such as the effects of family size, use of drugs and making informed choices. Personal development is an essential aspect of the secondary school curriculum and students are engaged in a more in-depth study of health matters.

However, it is sad to realize that HIV/AIDS awareness is not introduced at the upper primary level and is completely left out till grade 10 level as per Table 1 below. The researcher carefully studied the national scene in relation to the epidemic and realized that there was less than 1 percent of the instructional time allocated to HIV/AIDS at the secondary school level.

Table 1: HIV/Aids subject content level in the current curriculum by secondary school grade level.

Grade Level	Grade 9	Grade 10	Grade 11	Grade 12
STDs	Girls take a course unit in Home-economics that covers Reproductive System, STIs, breastfeeding and Family planning. HIV/Aids is not covered in the Girl's classes though. Boys are not introduced the above topics in their Manual Arts classes.	A chapter covers Sexually Transmitted Diseases. Prevention of STDs is covered	Nil Coverage	Nil Coverage
HIV/Aids Basic Information	Nil Coverage	After covering Sexually Transmitted Diseases, a two page information devoted to HIV/AIDS causes & prevention	Nil Coverage	Nil Coverage
HIV/AIDS Prevention	Nil Coverage	Briefly covered	Nil Coverage	Nil Coverage
HIV/ Testing and Counseling	Not Covered	Not covered	Nil Coverage	Nil Coverage
Caring & Support for the	Not covered	Not covered	Nil Coverage	Nil Coverage

sick				
Immune System and Treatment	Nil Coverage	Nil Coverage	Nil Coverage	Nil Coverage
Sex & Gender Stereotyping	Nil Coverage	Nil Coverage	Nil Coverage	Nil Coverage
Human Rights Stigma & Discrimination	Nil Coverage	Nil Coverage	Nil Coverage	Nil Coverage
HIV/AIDS Understanding the Global and National Impact of HIV/Aids	Nil Coverage	Nil Coverage	Nil Coverage	Nil Coverage

It is disheartening to notice that although education sector has a current comprehensive HIV/AIDS Policy for the Education system of PNG since 2005, there has not been any efforts made to overhaul our curriculum to include the HIV/AIDS content matter in the grades 11 and 12 curriculum. This important subject is completely left out in the upper secondary curriculum when this cohort of student group is expected to know much about the epidemic before leaving school.

Girls are taught human reproductive system in their Home Economics lessons are taught human reproductive system, STIs, breastfeeding and family planning but nothing on HIV/AIDS. Boys are even more disadvantaged in that they do not cover these topics in their Manual Arts classes. Again the subject of HIV is completely left out in this grade level, although girls are in the upper hand in covering some topics on human sexuality and STIs.

Table 2. Instructional Time Allocation to HIV/AIDS in the Secondary Curriculum

Grade 9	Instructional Time	Grade 10	Instructional Time
Girls take a course unit in Home-economics that covers Reproductive System, STIs, breastfeeding and Family planning. HIV/Aids is not covered in the Girl's classes though. Boys are not introduced the above topics in their Manual Arts classes.	2 x 40 minutes lesson with a total of just 80 minutes of instruction time	A chapter covers Sexually Transmitted Diseases. Prevention of STDs is covered After covering Sexually Transmitted Diseases it includes both HIV/AIDS causes & prevention in just 2 pages	40 minutes devoted to STDs Only 40 minutes devoted to cover 2 page HIV/AIDS for the whole year.
Total time	80 minutes		80 minutes

In the grade 10 science curriculum under the topic Sexual Reproductive System, only 2 pages were devoted to sexually transmitted disease and that includes HIV/AIDS. It touches slightly on causes and effects of HIV/AIIDS without much detail regarding treatment, economic impacts, disease management, voluntary testing and counseling, universal infection control precautions, Care-giving and counseling for people living

with HIV/AIDS, Stigmatization and human rights. These topics cannot be taught loosely and in different segments. The need to cover these topics is highlighted in the policy but does not have the support of the curriculum division. These topics need to be collated and developed into a separate curriculum and can be taught at Grade 9 and 10 respectively in different sets of modules.

The pressure from the formal curriculum, inspection system and the national examination system appears to have a bearing on the possibility of including a separate curriculum for the subject. First because it is seen as a basic life skills issue and a 'non-core' subject that would not result in awarding a 'certificate of merit in undertaking the course. There is a false contention sector wide that the personal development course that is taught in secondary schools is sufficient to educate people about HIV/AIDS. These superficial assumptions have to evade from the minds-set of the people if ever a comprehensive curriculum is to be developed for the secondary schools to educate the young people to maintain a healthy and productive life free from HIV/AIDS.

A simple questionnaire was devised and distributed to students to fill out prior to going to the schools to carry out awareness by Enga University Center. It was intended to find out students prior knowledge on the subject of HIV/AIDS before the researcher and his team talked to them. In other words this instrument was developed to test the prevailing level of knowledge among secondary school students generated by the current curriculum in practice. Answers to each item reflected the competency level of the education system to deliver education on HIV/AIDS.

Figure 1. Basic HIV/AIDS knowledge survey at Secondary School level.

1.	There is a direct link between HIV and AIDS. Yes (63%), No (37%)
2.	A negative means that a person is not infected with the virus. Yes (94%), No (6%)
3.	You can get HIV when touching somebody who is infected by HIV. Yes (2%), No (98%)
4.	A healthy looking infected person can infect somebody by having unprotected sex with him or her. Yes (97%) No (3%)
5.	It is easy to recognise someone who is infected or not. Yes (14%), No (86%)
6.	Sexually transmitted diseases increases the risk of transmission of HIV. Yes (90%), No (10%)
7.	The only way to know someone is infected is to perform an HIV antibody test. Yes (94%), No (6%)
8.	The quantity of virus in the body is a key factor in how long someone will live. Yes (78%), No (22%)
9.	Traditional medicine can cure AIDS. Yes (92%), No (8%)
10.	A healthy lifestyle and not have unprotected sex are good ways to live many years after being infected with HIV. Yes (59%), No (41%)
11.	Most opportunistic infection (OIs) cannot be cured. Yes (57%), No (43%)
12.	The commonest OIs are tuberculosis and PCP pneumonia. Yes (68%), No (32%)
13.	50% of HIV infected will developed AIDS within 10 years unless treated. Yes (18%), No (82%)
14.	HIV is transmitted by infected blood, sexual fluid and breast milk. Yes (85%), No (15%)
15.	There is no need to counsel a patient about having HIV test. Yes (15%), No (85%)
16.	Early detection of HIV can help prevent serious secondary infection. Yes (79%), No (21%)

It was alarming to realise in the first question where you expected 100% to agree, 37% of the students surveyed disagreed that HIV is a prelude to AIDS. A great number of students were completely ignorant by choice or through the systems failure to teach the subject holistically at that level as reflected in the other simple questions. It reflected the backward knowledge students have on HIV and AIDS. You can expect the worse level of ignorance among thousands of school leavers and distance learners who are

not taught this subject. There is a mediocre level of knowledge on this issue and it can prove disastrous for the young people in this country if no accelerated effort is put towards incorporating HIV/AIDS curriculum within the next few years.

Interestingly response to question 9 reflected a traditional attitude prevalent in the society. There are many faith-based traditional healers who claim to have supernatural powers and traditional medicines to heal those infected with HIV. Belief on traditional medicine and faith-based miraculous healing is preventing so many people coming forward for voluntary testing, counselling and from seeking proper medication in hospitals. Students need to be freed from this mindset and they need to educate their parents that there is no cure yet for AIDS and the HIV virus by the scientists and others.

There were some differences in the results obtained between schools that were closer to urban area which had easy access to both print media and television. Schools that were further away from the urban areas tended to get simple questions wrong. The results points towards the need to developing a HIV/AIDs course of its own to be incorporated within the National education system to close that regional gap and for generating uniform knowledge on the deadly disease across all regions.

Recommendations to the Education Department

A careful study by the Enga University Centre in collaboration with the University Open College and the College of Distance Education realised that numerous education interventions on HIV/AIDS covered only a limited number of people in the formal school system. It is also perceived that future interventions as proposed by the sector policy on HIV/AIDS would continue to focus only on those enrolled in the formal system thus disadvantaging the bulk of the people enrolled in distance learning. The University Open College therefore is carrying out a survey to find out if an open and distance learning (ODL) methodology would be accepted by the potential clientele (10-12,000 distance learners). Based on the survey results the University Open College would use its pool of instructional designers and course writers to prepare a course on HIV/AIDS. External support from the Government, NACs, Aus-AID, United Nations Population Fund (UNFPA), and others would be sought to develop a modular ODL approach to designing a course on HIV/AIDS.

It is proposed that a seven modular course be designed to consistently reflect the 6 main strategic areas stated in the education sector policy on HIV/AIDS. The main areas proposed to be covered are in line with the sector wide policy are: background information and awareness; national economic impact on HIV/AIDS; care and support for those infected; HIV/AIDS in the work force; principals and strategies for behavioural change (Life Skills); peer education; stigmatisation and human rights;

These seven modular courses would be designed not only to cater for distance learners but also those enrolled in the formal education system. This course would be taught as a core guidance subject by senior teachers of secondary schools. The Guidance teachers would allow the students to study the module for a week or two and come prepared the following week for discussions where need be the guidance teacher can choose to invite a specialist from outside to discuss points raised by the students.

For distance learners the modules should have various practical activities that the participants can do them prior to tutorial discussions. The exercise in the modules will be discussed together with the tutors and among students themselves as well. The reason why University Open College decided to adopt the ODL mode is basically to extend education on HIV/AIDS to many more people and make it possible for the learners learn at their own pace, at times convenient to them, and in the comfort of their homes.

Conclusion

With the HIV/AIDS Policy for the National Education System set, and the best of intentions spelled out clearly in the policy strategy, there appears to be not much of a difference made in essence. In practice what happens in the classroom indicates the same learning and teaching attitude, one that of giving more emphasis on academic subjects that accompanies 'certificates of merit' as opposed to life skills subjects like HIV/AIDS which has become critical. The curriculum that was developed long before 2005 is still in practice where HIV/AIDS is not adequately covered. Only about 3 pages of the secondary curriculum is devoted to HIV/AIDS and that covers only 0.2% of instructional time. These complacency can be partly blamed for the increasing prevalence rate of HIV among the young people in the country.

If complacency continues to prevail among the sector policy implementers the country would not be very far from reaching a similar HIV status with those of some African nations that have experienced catastrophic situation where young population have been wiped out by the disease. The need for a separate modular course on HIV/AIDS is highlighted in this paper and it is seeking help from other countries of the commonwealth who have had similar experiences in developing curriculum in the distance mode to reach a much wider population.

References

WHO & NHASP, (2004), *The National Consensus Workshop in PNG*, Government Printer, Port Moresby.

Aus-AID, (2005), *HIV Epidemiological Modelling and Impact Study*, Department of Heath, Waigani.

UNAIDS (2002), *Improved Methods and Assumptions of the HIV/AIDS Epidemic and its Impacts*, UNAIDS.

National Department of Education (2005), *Papua New Guinea Education Plan 2005-2014*, Education Print shop, Port Moresby.

National Department of Education (2005), *HIV/AIDS Policy for the National Education System of Papua New Guinea*, Department of Education, Port Moresby.