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## **Systematic enquiries into HIV and AIDS capacity building needs of primary school teachers in north central Nigeria: An empirical approach**

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### **Abstract**

The study aimed at identifying an HIV & AIDS capacity building needs for primary school teachers in North Central Nigeria. The study was guided by one research purpose and one question. The study adopted survey research design. The population for the study was made up of 103, 506 public primary school teachers in the Zone. A sample of 1600 public primary school teachers, drawn for the study using multi-stage sampling procedure. The instruments used for data collection were the Focus Group Discussion, HIV & AIDS Capacity building Need Assessment Questionnaire (HACBNAQ) for Teachers. Data collected were analyzed using mean and standard deviations to answer the research question. The findings of the study showed that HIV & AIDS capacity building needs of primary school teachers among others include: Ability to provide solution to stigmatization suffer by people living with HIV/AIDS in our society ability to assist learners in having a clear and factual view of oneself regarding HIV/ AIDS; Ability to provide learners with information and skills necessary for rational decision making about sexual health to avoid being infected with HIV/ AIDS; Ability to help learners to recognize symptoms of HIV/ AIDS infection; Ability to understand fully the concept of HIV & AIDS; and Ability to cultivate and build positive self- esteem for people living with HIV& AIDS. Based on the findings and implications of the study, it was recommended among others that primary school teachers should be exposed to HIV & AIDS capacity building programme from time to time in order to update their knowledge and effectiveness in educating pupils about the virus and how to prevent it.

**Keywords:** HIV and AIDS, HACBNAQ, primary school teachers

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### **Introduction**

Human Immunodeficiency Virus, and Acquired Immune Deficiency Syndrome (HIV & AIDS) is one of the deadliest diseases which has challenged mankind all over the globe. Till date there is no accredited cure for HIV and AIDS infection, this has left the entire human race helpless with no choice than to manage the victims with anti- retroviral drugs. The Statistics of people living with HIV in different parts of the world have been given by Thomas (2010) <sup>[16]</sup>. Thomas estimated that about 23 million are in Africa, one million in North America, one million in Latin America, seven million in Asia, and one million in Europe. Buttressing this fact, UNAIDS (2017) <sup>[17]</sup> observed that there are over 36.9 million people living with HIV and AIDS in the world. It is estimated that of this number, 20 million are men while 15.9 million are women. Of the 36.9 million, about 80% got Human Immunodeficiency Virus during sex between men and women, 10% got Human Immunodeficiency Virus during injection of drug, and about 5% are children infected by mothers who have Human Immunodeficiency Virus, while 5% got it through blood infusion.

Worrisome, UNAIDS in 2017 reported outbreak of new HIV infection predominance among young girls of 12-59 years of age, leading to increase in the national HIV & AIDS prevalent rate from 3.1% to 3.2%. Related to the above, the National Agency for the Control and AIDS (NACA) (2016) <sup>[10]</sup> reported, National Human Immunodeficiency Virus prevalence rate at 3.4% while 3.4 million people are estimated to be living with Human Immunodeficiency Virus and Acquired Immune Deficiency

Syndrome in Nigeria. The Agency further revealed that many States are still battling with high HIV & AIDS prevalence rate. Among these states are Nasarawa, FCT and Benue all within the North Central States with high prevalence rates of 8.1%, 7.5% and 5.6% respectively which are far above the National average, thus, North Central Nigeria rages highest in the HIV & AIDS prevalent rate (NACA, 2016) <sup>[10]</sup>. This may be as a result of high HIV and AIDS risk behaviors.

HIV and AIDS risk behavior are referred to those activities and life styles that increases the chances of one to be infected with HIV which may later develop into AIDS. This implies that HIV and AIDS risky behaviors are behavior that put an individual at risk of HIV infection and endanger his or her health and the health of others (Lyons, 2008) <sup>[7]</sup>. Bandura (2002) <sup>[11]</sup> opined that these processes of HIV risk reduction behavior may require the acquisition of interpersonal skills necessary for one to make decisions, communicate effectively, develop coping, and self-management skills that will ensure individuals to put on positive and safe attitudes to HIV and AIDS. Among the various ways of militating against the HIV and AIDS risk behavior, education has proven to be the most effective means hence it has the ability not only to hurt the spread of HIV virus but can ensure total eradication of the virus with time if properly utilized.

Proper utilization of education as social vaccine to hurt the spread of HIV and AIDS involves increasing the competency, capacity and knowledge of teachers for effective teaching of HIV and AIDS concept in all levels of education. Given the fact that till

date across the globe, no cure and preventive vaccine have been found for the treatment of HIV and AIDS virus since its outbreak in 1981, all the efforts of the scientist to provide cure for this ugly virus have proved abortive from onset till date. The entire human race has taken solace to anti-retroviral drugs hence providing a total cure seems impossible. In 2018 United States of America reported that huge amount of dollars are being spent on the manufacturing of anti- retroviral drugs. Though USAID and World Health Organization intervene in subsidizing the cost of production of anti- retroviral drugs, however, its accessibility to people in the remote area remains difficult. In view of this, the researchers is of the opinion that even in a situation where the anti- retroviral drugs are readily available, an inherent danger associated with taken solace in anti- retroviral drugs is that there is a likely hood that more people may be infected with HIV and AIDS virus unnoticed to the public, since the carriers living on anti- retroviral drugs are healthy carriers and may infect people purposely, hence they show no symptoms of the virus. This poses strong limitations to the use of anti- retroviral drugs. This situation calls for more proactive action of the stake holders in education to build the capacity of teachers of various levels education for effective teaching of HIV and AIDS in Nigeria schools understanding the potency of education as a universal social vaccine.

In agreement with the above statement, Bandura (2002)<sup>[11]</sup> affirms that education will go a long way in mitigating effects of HIV& AIDS on the society mostly when it is given to the children of primary school age. This therefore suggests that the eradication of HIV and AIDS could only be achieved through laying a good foundation at the primary school by educating teachers through intervention programmes that will help them impact the in-depth knowledge of HIV &AIDS and positive attitude towards people living with HIV and AIDS into the primary school pupils.

Primary school is the education given to children aged 6 to 12 years. According to National Policy on Education (2013)<sup>[3]</sup>, Primary school “is that education given to children aged 6 to 12 years”. Its objectives include: inculcation of permanent literacy and numeracy and the ability to communication effectively; lay a sound basis for scientific, critical and reflective thinking; promote patriotism, fairness, understanding and national unity; instill social, moral norms and values in the child; develop in the child the ability to adapt to the changing environment and provide opportunities for the child to develop life manipulative skills that will enable the child function effectively in the society within the limits of the child’s capacity. This stage of education is therefore perceived by the researchers as the first level of formal education given to children within the age bracket of 6 to 12 years. It is the basic foundational level of formal education where other levels of education are built on, which aimed at inculcating the requisite knowledge, skills, abilities to function effectively in the society and a system where the required change in ideologies, behaviors, attitudes and health cultures and survival skills are loaded.

Ben (2005)<sup>[12]</sup> identified primary school as key setting for educating children about HIV & AIDS and for halting the further spread of the HIV & AIDS infections. Hence researchers indicated that primary education may be the single most effective weapon against the spread of HIV & AIDS. For instance, data from high zero prevalence countries show that the better educated countries have lower rates of HIV and AIDS infections (Kelly 2002; Vandamoortele & Delamonica 2000; Gregson, Waddell, &

Chandiwana 2001)<sup>[19, 4]</sup>. Also Paul, Karin and Nicola (2002)<sup>[14]</sup> reported that school-based HIV/AIDS and sexual reproductive health education has major impact on HIV/AIDS epidemics

These observations were in agreement with the report of UNICEF in 2009 that countries with high primary school dropout rate are observed to have high HIV& AIDS prevalence rate. This attests that primary school is imperative to the war against HIV & AIDS in Nigeria and should act as a key setting for educating children about HIV & AIDS so as to halt the further spread and total eradication of the infections. This could be the reason for Marget, Valene and Janetta (2014)<sup>[9]</sup> assertion that primary school education is the best tool for prevention of some health hazards such as Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV & AIDS), infants and maternal mortality. The author further advised that the concern of primary school education with other purposes should not over-ride hazard preventive purpose of primary level of education.

However, the success in carrying out this function depends on Primary school teachers as the agents of its perpetuation and renewal as well as the architect of change for the better. Onu (2013)<sup>[13]</sup> submitted that reformers may build new schools, make changes in structures and the curricular, recommend instructional materials or teaching aids but at the end, everything will depend on the teacher who will be responsible for applying them. Hence the success expected in the fight against HIV and AIDS is dependent on the extent primary school teachers needs towards this function is met.

Thus, review of literature has it that primary school teachers lack the require training and capacity needed for effective and impactful teaching of HIV and AIDS at primary school to hurt the spread of the infection. Affirming the standee of related literature reviewed Katsande (2009)<sup>[5]</sup> categorically reported that primary school teachers are not provided with adequate training, resources and teaching materials that enables effective dissemination of HIV/AIDS education at primary school level. Thus, observation has evidenced that teachers in North Central Geo- political Zone of Nigeria lack the skills, capacity and competences needed to impact HIV & AIDS knowledge in primary school pupils. For instance in 2009, Federal Capital Territory Education Resource Centre (ERC) reported that some teachers employed lack the training, skills, knowledge and methodology required for effective implementation of primary school HIV & AIDS curriculum. The above statement was confirmed by the focus group discussion conducted by the researcher for primary school teachers in the North Central Geopolitical Zone of Nigeria on HIV & AIDS, which informed that the major challenge is the capacity gap for effective implementation and coordination at the primary school level. Thus, the review of literature has revealed that there is dearth of empirical studies on the HIV & AIDS capacity building need of primary school teachers in North Central Nigeria. It is therefore the desire of the researchers to carry out Systematic enquiries into HIV and AIDS capacity building needs of primary school teachers in North Central Nigeria that motivated this study.

### **Purpose of the STUDY**

The study sought to:

1. Determine the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV & AIDS)

capacity building needs of primary school teachers in the North Central Nigeria.

### Research Questions

Below is the research question that guided the study:

1. What are the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV & AIDS) capacity building needs of primary school teachers in the North Central Nigeria?

### Conceptual Framework of the Study

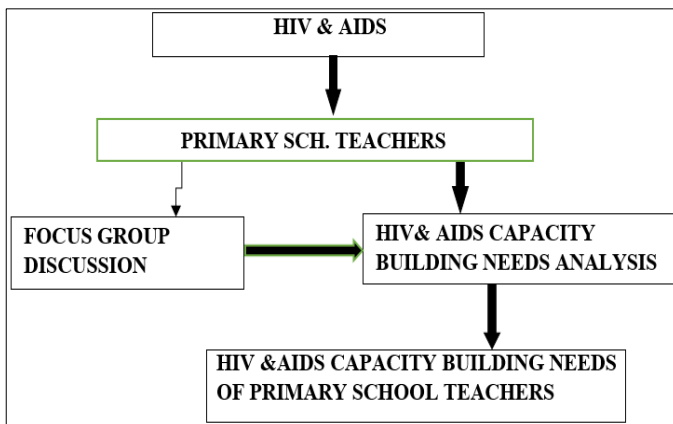


Fig 1

In line with the diagram above, the researchers conceptualize relationship among HIV & AIDS, primary school teachers and HIV & AIDS capacity building needs analysis for systematic identification of HIV & AIDS capacity building needs of primary school teachers in North Central Nigeria.

### Theoretical Framework of the Study

#### Roger Kaufman Needs Assessments Theory (1972)

The study is anchored on Needs Assessments Theory propounded by Roger Kaufman in 1972 [15]. Roger regards a needs assessment as a systematic process for determining and addressing needs, or "gaps" between current conditions and desired conditions or "wants". The theory emphasizes that the discrepancy between the current condition and wanted condition must be measured to appropriately identify the need. The need can be a desire to improve current performance or to correct a deficiency. Defining 'need' is an essential starting place for needs assessments. Though the word need is used casually in many context, however this theory defined need as a gap in results, where its satisfaction or partial satisfaction, is necessary for the achievement of another specific socially-permissible result.

Needs assessment theory regards needs assessments as a part of planning processes, often used for improvement in individuals, education or training, organizations, or communities capable of refining and improving a product. It involves identifying needs or "gap" between current or prevailing conditions and the desired or expected condition or results. It is an effective tool to clarify problems and identify appropriate interventions or solutions. Its applicable procedures include: clearly identifying the problems, directing finite resources towards developing and implementing a feasible and applicable solution, gathering appropriate and sufficient data to inform the process of developing an effective

product that will address the group's needs and wants towards achieving the desired results of a programme or organization. From the forgoing, Roger Kaufman's needs assessments theory becomes relevant to the present work as it advocates HIV & AIDS capacity building programme need assessment for primary school teachers.

### Methods

The study adopted descriptive survey design. Descriptive survey according to Nworgu (2015) [11], referred to those studies that aim at collecting data and describing them in a systematic way, the features of a given population. The design is considered appropriate for this study because the study seeks to identify HIV & AIDS Curriculum Implementation Need of primary school teachers in North Central Nigeria.

Population for the study comprised 103,506 public primary school teachers from 12,775 public primary schools in North Central Geopolitical Zone. A breakdown of the figure shows that Benue State has a population of 23,864 teachers, FCT-Abuja has 5,514 teachers, Kogi State has 17,525 teachers, Kwara has 10,742 teachers, Nassarawa has 9,640 teachers, Niger has 19,803 teachers, and Plateau has 16,418 teachers (Universal Basic Education Commission (UBEC) 2014). The sample size of the study was 1,600 public primary school teachers drawn using multi-stage sampling technique. The researcher at the first stage employed purposive sampling technique to draw 50% of the seven (7) states in the North Central Nigeria which amounted to four states, namely FCT, Benue, Plateau and Nassarawa. These states were purposively sampled because recent HIV & AIDS statistics reported by NACA (2016) [10] has it that HIV & AIDS Prevalent rate is higher in the above named states than other states in the zone. In the second stage, five (5) Local Government Areas were drawn from each of the four (4) sampled states using stratified non-proportionate random sampling technique, giving a total of 20 Local Government Areas for the study. In the third stage, using the same stratified non-proportionate random sampling technique, 20 public primary schools were drawn from each of the 20 sampled Local Government Areas summing to 400 public primary schools. Finally, a simple random sample technique (simple balloting with replacement) was used to draw four (4) teachers from each of the sampled public primary schools in North Central Nigeria Zone. This amounted to 400 from FCT, 400 from Benue State, 400 from Plateau State and 400 from Nassarawa State; giving rise to a sample size of 1,600 primary teachers.

### Instrument for Data Collection

Two instruments were used to collect the relevant data for the study. The instruments include: Focus Group Discussion Guide (FGDG) for primary school teachers and HIV & AIDS Curriculum Building Need Assessment Questionnaire (HACBNAQ) for teachers, developed by the researcher. Focus Group Discussion Guide (FGDG) was a 20-item question guide compiled by the researcher, used to elicit information from teachers on the competency needed and the competencies possessed by the teachers in order to have a need assessment of capacity building for curriculum implementing of HIV & AIDS for Basic Education. Information elicited using the FGDG served as a guide and directory to the development of HIV & AIDS Capacity Building Need Assessment Questionnaire.

(HACBNAQ). HIV & AIDS Capacity Building Need Assessment Questionnaire (HACBNAQ) for teachers, is a 41-Item questionnaire made up of two sections: A and B. section A seeks information on demographic data of the respondents while section B is on HIV & AIDS curriculum implementation need of primary school teachers. The instrument was rated on four point scale of Highly Needed (HN) = (4 points), Needed (N) = (3 point), Not so much Needed (NSN) = (2 points) and Not Needed (NN) = (1 point)

The instruments were face-validated by three experts in the content areas and area of measurement and evaluation. The experts were requested to go through the instruments and ascertain their appropriateness for the study bearing in mind the purposes of the study and the research questions. The reliability of the instrument was established by trial-testing the instruments on 20 primary school teachers, who were randomly drawn from Lokoja in Kogi State Nigeria. Cronbach's Alpha Reliability method was used to determine the internal consistency of the items of the questionnaire to be 0.95

### Method of Data Analysis

All computations were carried out using Statistical Package for Social Science (SPSS) 2016 version to ensure accuracy of the

results. Data collected were analyzed using both descriptive and inferential statistics. Specifically, the research question was answered using mean and standard deviation. To answer the research questions, the result was interpreted using the limit of real numbers where a mean score of 1.00 -1.49 was regarded as Not Needed (Not Appropriate); 1.50 – 2.49 as Not so much Needed; 2.50 – 3.49 as Needed; while 3.50 – 4.00 as Highly Needed. A benchmark of 2.50 mean rating and above was used to consider HIV & AIDS capacity building needs of primary school teachers; and appropriate items for inclusion in the HIV & AIDS Capacity Building Programme package for primary school teachers in the North Central Geo- political Zone of Nigeria in line with Nworgu (2015) <sup>[11]</sup>, that 2.50 is the minimum acceptable average in the cases where 4 point scale are used and interpreted using limit of real numbers.

### Results

#### Research question

What are the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV & AIDS) capacity building needs of primary school teachers in the North Central Nigeria?

**Table 1:** Mean and Standard Deviation of Respondents on HIV & AIDS Capacity building needs of Primary School Teachers in the North Central Nigeria. N = 1600

S/N	Item Statement	$\bar{X}$	SD	Dec
1	Ability to assist learners in having a clear and factual view of oneself regarding HIV/ AIDS	3.25	0.93	N
2	Ability to provide learners with information and skills necessary for rational decision making about sexual health to avoid being infected with HIV/ AIDS	3.21	0.93	N
3	Ability to help learners to recognize symptoms of HIV/ AIDS infection	3.19	0.93	N
4	Ability to understand fully the concept of HIV & AIDS	3.27	0.98	N
5	Ability to cultivate and build positive self- esteem for people living with HIV& AIDS	3.24	0.97	N
6	Ability to recognize vulnerable learners	2.16	1.00	NSN
7	Ability to help vulnerable learners	2.26	0.91	NSN
8	Ability to deal with children living in difficult circumstances	2.21	0.93	NSN
9	Ability to help learners prevent the occurrence of HIV/AIDS	3.27	0.88	N
10	Ability to help learners prevent the spread of HIV/AIDS	3.22	0.97	N
11	Ability to list the common needs of learners with HIV/AIDS	3.23	0.95	N
12	Ability to identify the problems of learners with HIV/AIDS	2.23	1.00	NSN
13	Ability to discuss the effects of HIV/AIDS problems on the development of learners	3.24	0.94	N
14	Ability to enumerate the steps in helping children with HIV/AIDS	3.20	0.95	N
15	Ability to identify life style that may increase chances of being infected with HIV/AIDS child's	3.17	0.95	N
16	Ability to identify ways of supporting and caring for persons living with HIV/AIDS	3.24	0.96	N
17	Ability to identify the right time for medical attentions to people living with HIV/AIDS	3.26	0.91	N
18	Ability to identify precautionary measure observable in caring for HIV/AIDS patience	3.23	0.94	N
19	Ability to describe qualities that enhance friendship with people living with HIV/AIDS	3.21	0.99	N
20	Ability to identify learner who has a strong feeling of neglect for people living with HIV/AIDS	3.17	1.00	N
21	Ability to identify learner who has a wrong notion of HIV/AIDS	3.20	0.96	N
22	Ability to identify learner with poor knowledge of HIV/AIDS	3.24	0.92	N
23	Ability to identify learner with adjustment problems towards right attitude to people living with HIV/AIDS	3.18	0.91	N
24	Ability to identify one who exhibits signs of distress	2.26	0.95	NSN
25	Ability to identify the safe steps for safe use of condom	3.28	0.98	N
26	Ability to identify a learner who is always afraid of going for HIV/AIDS test	2.19	0.98	NSN
27	Ability to explain the concept of HIV/AIDS counselling.	3.19	0.99	N
28	Ability to inculcate in a child to appreciate HIV/AIDS test periodically.	3.23	0.92	N
29	Ability to identify diets, needed to improve the health of people living with HIV/AIDS	3.24	0.91	N
30	Ability to identify various means of stigmatizing HIV/AIDS victims	3.19	0.89	N
31	Ability to inculcate in pupils the right to education and health care for people living with HIV/AIDS in the society	3.21	0.97	N
32	Ability to identify the importance of voluntary HIV/AIDS counselling and test	3.23	0.99	N
33	Ability to list the fundamental rights of children living with HIV/AIDS	3.22	1.00	N
34	Ability to equip learners with the knowledge that their fundamental rights is not subject to their HIV/AIDS status	3.23	0.91	N



35	Ability to identify appropriate strategies for teaching and learning of children with HIV/AIDS	3.16	0.97	N
36	Ability to identify self-measures adoptable by the vulnerable learners to reduce their risk of being infected by HIV/AIDS.	3.25	0.92	N
37	Ability to enumerate common sexual attitudes that can lead to casual sex	3.25	0.95	N
38	Ability to state behaviors the increases ones chances of being infected by HIV/AIDS	3.24	0.92	N
39	Ability to provide solution to stigmatization suffer by people living with HIV/AIDS in our society.	3.29	1.00	N
40	Ability to discuss condom in detail	3.23	0.96	N
41	Ability to relate to vulnerable learners on safe sex	3.17	0.99	N
	Cluster Mean	3.08	0.21	N

Key: N = Needed, NSM = Not So much Needed

The result of the study as presented in the above Table show the mean ratings and standard deviation of respondents on HIV & AIDS capacity building needs of primary school teachers in the North central Nigeria. Result of the study showed that the most needed ability on HIV& AIDS capacity building for primary school teachers among others is ability to provide solution to stigmatization suffer by people living with HIV/AIDS in our society, with mean rating of 3.29. Others include; ability to identify the safe steps for safe use of condom, ability to assist learners in having a clear and factual view of oneself regarding HIV/ AIDS, ability to provide learners with information and abilities necessary for rational decision making about sexual health to avoid being infected with HIV/ AIDS, ability to help learners to recognize symptoms of HIV/ AIDS infection, ability to understand fully the concept of HIV & AIDS, ability to cultivate and build positive self- esteem for people living with HIV& AIDS. These items had mean ratings above 2.50 which imply that the following abilities among others are needed as HIV & AIDS capacity building needs of primary school teachers. The result of the study also showed that items 6, 7, 8, 12, 24 and 26 which include; ability to recognize vulnerable learners, ability to help vulnerable learners, ability to deal with children living in difficult circumstances, ability to identify the problems of learners with HIV/AIDS, ability to identify one who exhibits signs of distress and ability to identify a learner who is always afraid of going for HIV/AIDS test, had mean ratings below 2.50 set as criterion for accepting the abilities that are needed. These imply that the following abilities are not seriously needed. The cluster mean of 3.08 with a standard deviation of 0.21 imply that majority of the HIV & AIDS capacity building needs of primary school teachers in the North Central Nigeria as presented in Table are needed.

### Discussions of the Findings

The findings of the study showed that majority of the HIV & AIDS capacity building needs of primary school teachers in the North Central Nigeria identified using focus group discussion in the study are needed. They include ability to provide solution to stigmatization suffer by people living with HIV/AIDS in our society, ability to assist learners in having a clear and factual view of oneself regarding HIV/ AIDS, ability to provide learners with information and abilities necessary for rational decision making about sexual health to avoid being infected with HIV/ AIDS, ability to help learners to recognize symptoms of HIV/ AIDS infection, ability to understand fully the concept of HIV & AIDS, ability to cultivate and building positive self- esteem for people living with HIV& AIDS among others. This finding is somewhat in line with the observation made by Maduekwe (2007) <sup>[8]</sup> that the capacity gap is more noticeable among teachers, especially primary school teachers in North Central states of Nigeria that

seem to lack skills in handling sensitive issues relating to HIV and AIDS.

The findings of the study is also in agreement with the findings of Paul, Karin and Nicola (2002) <sup>[14]</sup>, which revealed that there was little evidence to show that school-based HIV/AIDS and sexual reproductive health education had a major impact on HIV/AIDS epidemics. This could be an indication that HIV & AIDS capacity building needs have not been given adequate attention by the relevant stakeholders. Hence, primary school teachers in the North Central Nigeria are required to acquire or possess the HIV & AIDS capacity building needs revealed in this study in order to become active in initiating and implementing HIV & AIDS prevention education programmes for pupils in schools where they teach. This will help to reduce the prevalence and spread of the virus in the North Central Nigeria. In essence, for teachers to be effective in HIV and AIDS education at the primary school level, they need to acquire the requisite abilities, skills and competencies to enhance the implementation of the HIV& AIDS curriculum.

### Conclusion

Based on the findings of the study, the researchers concluded that there is an urgent need for HIV & AIDS capacity building for primary school teachers in North Central Nigeria.

### Implications of the Results

The implications of the findings of the study include among others that the study will help the stakeholder in education, non – governmental organizations NGOs and those in the fight against the spread of HIV & AIDS to identify the exact capacity building need of primary school teachers to effectively implement HIV & AIDS curriculum at primary education level. It further implies that when primary school teachers are exposed to HIV & AIDS capacity building programme, it will addressing the identified HIV & AIDS capacity building needs of primary school teachers' in North Central Nigeria. Hence, teachers' ability for effective teaching and learning of HIV & AIDS in primary schools will be enhanced. This will also bring about greater improvement in pupils' HIV & AIDS knowledge and positive attitude towards preventing the spread of HIV & AIDS.

### Recommendation

- Primary school teachers should be exposed to HIV & AIDS capacity building programme from time to time in order to update their knowledge and effectiveness in educating pupils about the virus and how to prevent it.

## References

1. Bandura A. Perceived self-efficacy in the exercise of control over AIDS infection in V. Mays, G. W. Aibee & S. F. Schieridier (Eds), *Primary prevention of AIDS: psychological approaches*. Newbury Park: Sage Publications, 2002.
2. FCT Education Research Center, ERC. *A survey into topics teachers find difficult in the FCT public and private primary schools find difficult*, 2009.
3. Federal Republic of Nigeria. *National policy on education (Revised Edition)*. Lagos: NERDC Press, 2013.
4. Gregson S, Waddell, Chandiwana. *School Education and HIV Control in sub-saharan Africa: From discord to harmony*, 2001. Retrieved from: <https://onlinelibrary.wiley.com/doi/10.1002/jid> on March, 2020.
5. Katsande TJ. *The impact of HIV/AIDS on primary school teachers: an investigation into HIV/AIDS linked support system and resource material that promote positive attitudes*, 2009. <http://hdl.handle.net/10019.1/336>. Retrieved on 11/03/2014
6. Kelly. *Achieving universal primary education by 2015: a chance for every child: Advanced Edition*. Washington D.C: the World Bank, 2000.
7. Lyons M. *The impact of HIV and AIDS on children, families and communities: risks and realities of childhood during the HIV epidemic*. 2008, 30.
8. Maduekwe CC. *An investigation of the sources of information on HIV/AIDS*. *Journal of Public Health Practice*. 2007; 6(4):65-72.
9. Marget M, Valene JE, Janetta R. *Secondary school learners and teachers' qualification*. *Global Journal of education research*. 2014; 5(2):41-46.
10. National Agency for the Control of AIDS (NACA). *Report on HIV/AIDS prevailing rate in Nigeria*. Ministry of Health, Nigeria, 2016. Retrieved from: <https://naca.gov.ng/nigeria-prevalence-rate/> on 10/05/ 2020.
11. Nworgu BG. *Educational research: basic issues and methodology*. (2<sup>nd</sup> Ed). Nsukka Enugu: University Trust, 2015.
12. Ben EW. *HIV/ AIDS Knowledge, attitudes and opinion among adolescent in River State of Nigeria*, 2005. Retrieved from <https://www.researchgate.net> on 12/6/2020
13. Onu EA. *Professional skills development needs of head teachers in the management of primary school in Enugu State*. An unpublished Ph.D thesis of Educational foundation, University of Nigeria, Nsukka, 2013.
14. Paul B, Karin H, Nicola S. *The impact of the HIV/ AIDS epidemic on the education sector in sub-Saharan Africa: a synthesis of the findings and recommendations of three country studies*. Centre of International Education, University of Sussex, Institute of Education, 2002. Retrieve from <https://transformationjournal.org>. on 5/5/2020
15. Roger K. *Need Assessment theory*, 1972. Retrieved on 20<sup>th</sup> June, 2017. Retrieved from <https://files.eric.ed.gov/fulltext/ED107619.pdf> on 20/6/2020
16. Thomas OA. *The Impact of HIV/AIDS on Basic Schools: Case Study of Suleja Local Government*. Unpublished thesis. University of Abuja, Nigeria, 2010.
17. UNAIDS. *Global Statistics of people living with HIV Infection: Fact sheet - Latest statistics on the status of the AIDS epidemic*. Geneva: UNAIDS, 2017. Retrieved from <https://www.unaid.org/en/resources/fact-sheet> on 12/6/2020
18. UNICEF. *Progress Report on Children Affected by HIV/AIDS*. New York: UNICEF house, 2009.
19. Vandamoortele, Delamonica. Cited by Bruns, B. Mingat, A & Rakotomala, R (2003). *Achieving universal primary education by 2015: a chance for every child (Advanced Ed.)*. Washington D.C: World Bank, 2000.