

Voluntary Counselling and Testing As a Panacea to HIV/AIDS Epidemic in Nigeria

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Abstract

There has been series of reports on panacea to HIV/AIDS epidemic in Africa and Nigeria in particular but no solution to HIV/ AIDS. The acquisition of knowledge and accessibility to information is essentially relevant to Voluntary Counselling and Testing in any developing country. Voluntary Counselling and Testing is increasingly important in global response to HIV/AIDS. The study focused on Nigeria youths on knowledge and information on HIV Voluntary Counselling and Testing is seen as a panacea to the spread of HIV. The research, adopted a descriptive survey method and the instrument for the collection of data was a 19-item questionnaire. The sample comprised 357 youths that correctly filled and returned the questionnaire. Two research questions were raised and two research hypotheses were formulated and tested. Data collected were subjected to t-test statistical analysis. All the hypotheses were tested at 0.05 level of significance. The finding showed that there was a significant difference in the knowledge of HIV voluntary counselling and testing of HIV/AIDS by gender, age and religion. It was concluded that information and counselling will increase knowledge of Voluntary Counselling and Testing (VCT) in youths. Recommendation were made that counsellors should organize group counselling sessions and workshops on how to make youths to be aware of the importance of voluntary counselling and testing.

Keywords: voluntary counselling and testing HIV/AIDS, sexual behaviour, confidentiality, information, cultural factor, stigma.

INTRODUCTION

According to Human Development Report (2004), VCT is the process that enables an individual to undergo a change in behaviour in order to make an informed choice about being tested for HIV. Also the implementation of Voluntary Counselling and Testing HIV will assist individuals to undergo counselling. UNAIDS & WHO (2002) opined that the decision to undertake VCT must entirely be the choice of individuals and he/she must be assured that the process will be confidential. Confidentiality involves the retention of information received in a personal interaction with the client. Divulgence of confidential information is likely to destroy the clients' confidence in the counsellors (Anwana 2005). According to Anwana (2005) communication between the client and counsellors during the process of counselling is legally privileged.

The contributing factor to the rapid spreading of HIV in Nigeria is the inability of the individual to be tested for Voluntary Counselling Testing HIV. According to UNICEF (2005) Voluntary Counselling and Testing is an important tool for preventing the spread of HIV especially in some notable communities. VCT allows adolescents to know their HIV status and to evaluate their behaviour. WHO (2009) highlighted the importance of VCT have helped millions of people learn their HIV status, yet more than 80% of people are living with HIV in low and middle-income countries. Efforts are urgently needed to increase the provision of HIV testing

through a wider range of effective and safe options. Though voluntary counselling and testing is important in reducing the spread of HIV, in Nigeria yet VCT centres are limited and are obscured. Information has not been widely spread, to inform individuals that the service is free in VCT testing centres and some hospitals.

The menace of HIV/AIDS has reached every community and locality in Nigeria with varying degrees of severity. Recently, HIV/AIDS has been recognized as the most notorious and serious global epidemic of our generation. The HIV/AIDS epidemic is not peculiar to Nigeria alone but a global problem that is facing every community in Africa. However, there are a lot of factors contributing to the spread of HIV in Nigeria. Among these factors is lack of sexual health information. Majority of the infected people have not been informed and those that had been informed acquired distorted information. Successes and attainment of goals on HIV/AIDS can only be got through information. If individuals are not well informed, Information is a key to achieving behavioural changes. There are various cultural factors militating the acquiring and spread of the HIV and AIDS in Nigeria. Traditionally, in some parts of Nigeria people see nothing bad for men having sexual intercourse with wives of friends or having many sexual partners or having frequent sexual activities with multiple anonymous partners. Traditionally, large percentage of Nigerians enter into polygamous marriages and still has sexual partners outside their

matrimonial homes without any protection against any infection. According to report (Adeyi and Kanki, 2006), 80% of HIV infections in Nigeria are transmitted through heterosexual sex.

Early marriage is prevalent in some parts of Nigeria. In a study conducted by UNDP in 2007, revealed that 54 percent of girls from the Northwest of Nigeria married by age 15 and 81 percent were married by age 18. The study showed that the young married girls lack knowledge on reproductive health which included HIV/AIDS. Young women are more vulnerable to HIV infections. Youths constitute the greatest segment of the population and the youths are most affected with cases of HIV. According to UNAIDS (2003) an increasing number of youths within the age of 15-25 years have continued to be infected with HIV. Also NARHS (2003) reported that youths are more vulnerable to sexual infections because of their age, gender and sexual orientation. There is no gainsaying the fact that HIV is a generalized epidemic affecting all segments of the society and especially the young people, this assertion was supported by (UNICEF, UNAIDS & WHO 2007). The youths are the most sexually active individuals. Nigerian youths have imbibed negatively the sexual activity and moral behaviour such as sexual promiscuity, indecent dressing, and raping, prostitution and unprepared marriages due to illegal pregnancies. These are problems facing the Nigerian youths and these problems need urgent solution.

The dissemination of information needs to be repositioned and restructured so as to bring change in individuals' behaviour. Another driving force on this epidemic is fear and stigma. Fear of stigma attached to HIV/AIDS by individuals is not peculiar to Nigeria alone but worldwide. According to FHI (2009) HIV/AIDS has been a highly stigmatized illness, because of its association with sexual behaviour, drug use behaviour, and the fact that in many places it disproportionately affects those considered outside the so-called mainstream of society. UN secretary General Ban ki Moon (Joy Outside 2008) opined that stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see doctor to determine whether they have the disease and to seek treatment. The attitude and reaction of people to people living with HIV/AIDS have sent ripple of fear to everybody. As a result of stigma, everybody is skeptical about being tested on HIV because he may be informed of his serostatus. This has led to fear, silence and withdrawal of people in going for HIV testing.

PURPOSE OF THE STUDY

The purpose of the study was to determine the sexual behaviour youths and attitude of youths on Voluntary Counselling and Testing .Also the study

attempts to increase the awareness of VCT to the youths through various programmes on information and to facilitate the incorporating of professional counsellors into Voluntary Counselling and Testing programmes so as to reduce the fear of stigma and discrimination. In other to achieve this, two research questions and two hypotheses were raised and tested. Specifically, the study sought to answer the following questions:

- (a) What are the sexual behaviours of youths?
- (b) Do the youths have poor knowledge of transmission of HIV and prevention of HIV?

The following null hypotheses were stated and tested at 0.05 level of significance.

- (i) There is no significance difference in the sexual behaviour of male and female youths.
- (ii) There is no significant difference in the knowledge acquired by male and female youths.

METHODOLOGY

The descriptive survey research design was adopted for this study. The population for the study is all the youths throughout Nigeria that the researcher presumes have not been infested with HIV/AIDS. These are all young persons that are between 15 and 35 years of age. The samples for the study were all youths of three States of South-West Nigeria. Purposive stratified random sampling techniques were used in selecting the subjects. The samples comprised of 357 youths drawn from Kogi State, Ekiti State and Ondo State. The youths involved were students of higher institutions and artisans drawn from three states in Nigeria.

An instrument constructed by the researcher was used to collect data. The instrument was 19 item structured questionnaires on knowledge of HIV/AIDS and biodata of the respondents. Face and content validity were established by a panel of experts in Guidance and Counselling and experienced researchers in Test and Measurement. The experts and researchers agreed that the instrument contained the appropriate item and certified to be valid. Reliability of the instrument was established through test-retest procedure and the test was carried out on subjects who were not part of the final sample. Data from the two administrations of the test were correlated using Pearson Moment Correlation Analysis. A reliability coefficient of 0.82 was obtained and considered to be high enough. This was found to be significant at 0.05 level and considered to be reliable.

Procedure

The questionnaire was personally administered to the subjects of the study and collected after the respondents had finished. The data collected from the responses were analyzed using descriptive statistical method (frequency counts, percentages) and t-test.

RESULTS

Table 1: Frequency counts and percentage response of Youths on Sexual behaviour

Sexual Behaviour Of Youths	YES		NO	
	N	%	N	%
I had sexual intercourse severally before	234	65.5	123	34.5
I had sexual intercourse with my friend only	196	54.9	161	45.1
I engaged in anal sex sometimes	58	16.2	299	83.8
I had sexual intercourse without using condoms	250	70.0	107	30.0
I had sexual intercourse regularly but using condoms	103	28.9	254	71.1
I have multiple partners	207	57.9	150	42.1
I love and enjoy unprotected sexual intercourse	275	77.0	82	23.0

Table 1 shows the sexual behaviour of youths in Nigeria. A very high percentage of youths in some states in Nigeria had undergone sexual intercourse severally. Out of 357,234 (65%) claimed that they had sexual intercourse severally before as compared with 123 (34.5%) of the respondents. In all, 196 (54.9%) had sexual intercourse with their friends only while 161 (45.1%) responded negatively. Sexual behaviour of youths has increased to the stage that 58 (16.2%) had anal sexual activity. 250 (70.0%) respondents claimed that they had sexual intercourse without using condoms as compared with 107 (30.0%) that had sexual intercourse with the use of condoms. A large number of respondents 207 (57.9%) have multiple partners while 150 (42.1%) did not have multiple partners.

Table 2 shows the general knowledge of transmission and prevention of HIV/AIDS. On transmission of HIV/AIDS, the sample has sound knowledge of transmission of HIV/AIDS. A high percentage of respondents have above 77% in all the items as compared with 10.6% that have low knowledge of HIV/AIDS. On prevention of HIV/AIDS, the figures in table 2 indicated that 312 (87.4%) the respondents perceived that the use of condoms prevent HIV/AIDS as compared with 45 (12.5%) that have negative perception on use of condoms. Abstaining from sexual contact and monogamous relationship with uninfected partner recorded 288 (80.7%) and 224 (62.7%) respectively. This shows high knowledge of prevention of HIV/AIDS by the respondents. On sharing injection equipments with different people, the respondents indicated 45.9% as compared with 54.1% that perceived negatively on sharing injection equipment with different people. From the result in table 2, the respondents have high knowledge on transmission and prevention of HIV/AIDS. They are aware of VCT. 75.4% of youths know that VCT is

confidential and 78.7% failed to visit VCT centres because of stigmatisation. Dissemination of information on VCT should be restructured and repositioned.

Hypotheses Testing

To test the hypotheses, the mean score obtained on the difference in sexual behaviour and knowledge acquired by male and female youths were analyzed using T-test analysis. It was tested at 0.05 level of significance.

Hypothesis 1. There is no significant difference in the sexual behaviour of male and female youths.

Table 2: General knowledge of transmission and Prevention of HIV/AIDS.

TRANSMISSION OF HIV/AIDS	YES		NO	
	N	%	N	%
HIV is contacted through insect bite	288	80.0	69	19.3
HIV spreads through blood transfusion with infected person	319	89.4	38	10.6
HIV spreads through sexual activity	319	89.4	38	10.6
Heterosexual contact spreads HIV	278	77.9	79	22.1
Shared razor blade with HIV positive spreads HIV to users	328	91.9	29	8.1
Are you aware that there are female condoms?	278	77.9	79	22.1
Unsterile traditional instrument spreads HIV	304	85.2	53	14.2
Sexual intercourse with prostitutes spreads HIV	310	86.8	47	13.2
PREVENTION OF HIV/AIDS				
Use of condom during sexual intercourse	312	87.4	45	12.5
Abstaining from sexual contact	288	80.7	69	19.3
Long term monogamous relationship with uninfected partners	224	62.7	133	37.3
Sharing injection equipment with different people	164	45.9	193	54.1

Table 3 below shows that male youths have higher sexual behaviour than their female youths counterparts. This is so because of the observed males mean value is **9.25** while that of female is **8.65**. the value calculated t-value is **3.23** while the critical t-value is **1.96** which indicated that hypothesis one, that states there is no significance difference in sexual behaviour of male and female youths is rejected and alternative accepted. This means that there is significant difference between sexual behaviour of

male and female youths, since the calculated t-value **3.23** is greater than critical t-value of **1.96** at **0.05** level of significance and df of **355**.

Table 3: Means, Standard Deviations, Degree of freedom and T-value on sexual behaviour of male and female youths.

Gender	N	X	SD	df	Cal t-value	Critical t-value
Male	155	9.25	1.688			
				355	3.236	1.96
Female	202	8.65	1.756			

Hypothesis 1: There is no significant difference in the knowledge acquired by male and female youths.

Table 4: Means, Standard deviations, Degree of freedom and t-value on knowledge acquired by male and female youths.

Gender	N	X	SD	Df	Cal t-value	Critical t-value
Transmission of HIV (Male)	155	14.16	1.351			
				355	-.193	1.96
Transmission of HIV (female)	202	14.19	1.267			
Prevention of HIV (Male)	155	6.71	0.933			
				355	-1.047	1.96
Prevention of HIV (female)	202	6.81	0.900			

Table 4 above shows the knowledge acquired by male and female youths. On the knowledge acquired on transmission of HIV, the obtained t-test value is **-.193** less than critical t-value of **1.96** at **0.05** level of significance, df **355**, hence the result was not significant. The mean value of **14.19** and **14.16** are so close, it shows no difference in mean value, therefore there is significant difference in acquisition on transmission of HIV between Male and Female youths. Similarly, on acquisition of Knowledge on prevention of HIV, there is a slight mean difference (**6.71 and 6.81**) with the male and female youths on prevention of HIV. The table also shows that the calculated t-value (**-1.047**) is less than the critical t-value (**1.96**) at **0.05** level of significance. Therefore the hypothesis is accepted.

DISCUSSION

The findings revealed that most of the youths (males and females) were sexually active, and the males have more sexual urge more curious sexually. Male youths attach a sense of conquest to sexual activities than their female counterparts. The youths engage sexually in high-risk sexual behaviour, about **65%** of the youths had sexual intercourse several times. Also high percentage (**58%**) of youths had multiple partners. On sexual behaviour of youths, most youths engaged in risk taking behaviour.

This finding was consistent with earlier report of Akanle and Odu (**2006**); Ejue and Effiam (**2005**) who stated that the youths engaged in risk sexual behaviour.

The results of the findings show that the youths had acquired sound knowledge on transmission and prevention of HIV. Despite the fact that the youths were aware of transmission and prevention of HIV, about (**70.0%**) of youths engaged severally in sexual activities without using condoms. Also (**77.9%**) of youths indicated that heterosexual contact spreads HIV, still the youths performed this heterosexual contact without considering the effect of HIV/AIDS. High percentage (**87.4%**) of youths confirmed that the use of condoms during sexual intercourse prevents HIV, yet the youths preferred unprotected sexual intercourse. This findings agreed with Ugwuegblam, (**2001**) and UNESCO (**2001**) that there were various sources of acquiring and spreading HIV, but they recommended the use of condoms by both male and female who could not control their urge.

The first hypothesis indicated that a significant difference existed between sexual behaviour of male and female youths. The outcome of this finding is in line with the findings of Gwede, McDermott, Westhof, Mushore and Mushore, (**2001**) that highlighted gender differences in adolescent sexual behaviour. In this study the mean value of male youths is **9.25** while female is **8.65**. This shows that male youths have greater sexual behaviour, this is in line with some studies earlier reported. Rwenge, (**2000**); Obe, (**2003**); Faleye and Oyesoji, (**2004**); supported this assertion that male youths are more sexually active than female youths. However, the finding of Eggleton, et al (**1999**); Otoide, et al, (**2001**) did not seem to support indications that boys are more likely to be sexually active than girls. This might be due to the age of Nigerian adolescents used in the study.

The second hypothesis indicated that there is no significant difference in the acquisition of knowledge on transmission and prevention of HIV of male and female youths. The findings of this study do not corroborate the findings of Hubley, (**1992**); Gordon and Klonda (**1993**); Onuorah and Ezey (**2005**).

Hubley, (1992); Gordon and Klonda (1993) confirmed that gender has a strong influence on tertiary institution students knowledge on the modes on transmission and prevention of HIV/AIDS. The findings is not in line with Berer and Sumanda (1993) affirmed that male and female had acquired skills to prevent HIV/AIDS transmission to a great extent, but the relationship between the gender of tertiary institution students on the skills acquired to prevent HIV/AIDS transmission is not statistically significant.

RECOMMENDATIONS

In view of the findings the following recommendations were made:

1. Adequate information has been acquired by the youth on transmission and prevention of HIV/AIDS but their attitude has not changed. Counselling of the youth to provide effective HIV/AIDS service which is subjected to, since counselling is the key to unlock the attitudinal behaviour in youths.
2. Every client should be motivated through counselling in promoting behaviour change through behaviour modifiers. Behaviour modifier would provide adequate behaviour change in youth towards acquisition and accessibility to information.
3. Humanistic counselling should be instituted into voluntary counselling testing (VCT) to provide effective counselling. Counselling that involves good relationship between the counsellor and the clients that will facilitate self-directed behaviour on the part of the clients will definitely preventing the menace of HIV/AIDS
4. Individuals are not ready to be tested of HIV because the outcome of testing which may be negative or positive. Majority of people does not know their status because of being rejected, shunned or discriminations by the communities. Fear of stigma and discrimination should be removed through individuals who have volunteered to be tested because individuals would have been counselled by professional counsellors who know the ethic of confidentiality.
5. Lack of confidentiality is the contributory factor to fear of stigma and discrimination against HIV/AIDS. The ethic of counselling profession is confidentiality. Voluntary counselling and testing HIV should involve trained counsellors that know the theory and practical of counselling. Trained counsellors should be able to intensify confidentiality in counselling sessions. The roles of health workers or allied fields are different from that of professional counsellors. According to WHO (2008) lack of confidentiality has been repeatedly mentioned as particular problem in health care setting. UN secretary general Banki Moon said stigma

remains the single and most important barrier to public action, it is the main reason why too many people are afraid to see doctor to determine whether they have the disease or to seek treatment (Joy online 2008).

6. Confidential voluntary counselling and testing HIV should be introduced to prevent HIV/AIDS among the youth. According to Abdulreheem (2004) absolute confidentiality is need to encourage people who may be at risk to come for counselling. According to (FHI 2009) failure to deal with the issue of stigma may deter individual from seeking voluntary counselling and testing on proper medical care. Also individual's reluctance and resistance to determine HIV status or discuss HIV issue is increasing daily. It is high time stigma and discrimination is reduced through confidential voluntary counselling and testing HIV.
7. Education is also recommended to change the behaviour of youth. Effective HIV/AIDS education should be implemented for the youths. Education programme that is referred to as "Edu-tainment" by Esta de Fossard (2009) is effective to change youths' behaviour. Edu-tainment is a guide to creating radio, television and internet programmes, that help to support and sustain behaviour changed. Edu-tainment is focused on the use of radio drama, television and films to attract and hold the attention of the audience in encouraging them to emulate the behaviour change.

CONCLUSION

The conclusion that may be draw from these findings are, they youth have acquired adequate information on transmission of HIV/AIDS. However despite these information acquired by the youths, their attitude towards HIV/AIDS has not changed. The attitude of the youths needs to be changed positively and their behaviour needs to be modified.

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