

Factors in the Rate of Acceptance of HIV/AIDS Voluntary Counselling and Testing (VCT) among Youths in Kwara State, Nigeria

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Abstract: HIV/AIDS has become a source of concern all over the world. The concern cannot be isolated from the devastating effects of HIV/AIDS on economic, social, political and technological development of any nation plagued by the virus. Nigeria is one of the countries with a high rate of HIV/AIDS prevalence. The current national rate is over 4%. Despite this challenge, the patronage of Voluntary Counselling and Testing is still very low. This study therefore examined the factors responsible for the rate of acceptance of Voluntary Counselling and Testing as expressed by youths in Kwara State. A total of 600 youths from the three Senatorial districts in the State were involved in the study. A survey instrument designed by the researchers was used to collect relevant information from the respondents. Among others, the study identified ignorance, poverty, inadequate number of VCT centres, stigma and discrimination as major factors responsible for the low patronage of VCT centres in Kwara State. Gender and religion had no significant influence on the respondents views while place of residence had significant influence.

Key words: Factor, rate of acceptance, youths, HIV/AIDS, Voluntary Counselling and Testing (VCT), Nigeria

INTRODUCTION

HIV/AIDS is a major source of concern all over the world as it constitutes a major source of death and a threat to national development. The virus has negative impact on economic, social and political development of any nation that has its high rate. Nigeria is one of the countries with a relatively high prevalence of people living with HIV/AIDS in Africa. Statistics indicated that as at the end of 2007, an estimated 22 million adults and children in the sub-Saharan Africa were living with HIV. Also, an estimated 1.5 million Africans died from AIDS while 11.6 million African children became orphans as a result of HIV/AIDS. Specifically, as at the end of 2007, Nigeria had 2.6 million people living with HIV/AIDS, 170,000 died of AIDS and 1.2 million were orphaned.

Due to the deadly effect of HIV/AIDS and other deadly diseases, Nigeria's life expectancy dropped from 53.8 years for women and 52.6 years for men in 1991 to 46 years for women and 47 years for men in 2007 (UNAIDS, 2008). About 80% of HIV infections in Nigeria are transmitted through heterosexual activities, 10% of the new HIV infections are transmitted through blood transfusions while another 10% HIV infections are

transmitted through mother to child transmission and other HIV risk behaviours, such as circumcisions and incision of tribal marks.

In Nigeria, HIV/AIDS is promoted by inadequate sexual health education, inadequate voluntary HIV testing and counselling, unhealthy cultural practices and poor health care system (Jimoh, 2003; Alao, 2004). HIV/AIDS is a dangerous virus which destroys the body immunity. It leads to a progressive loss of a specific type of immune cell called T-helper or CD₄ cells.

As the Virus grows in the body, it damages or kills the cells and weakens the immune system leaving the infected person vulnerable to various opportunistic infections and other illnesses (Jimoh, 2004; Lawal, 2008). A healthy condition is an essential condition to meaningful contribution to national development. HIV/AIDS is a source of threat to life, thus individuals need to know their HIV status through testing. This is necessary because such a test helps to reduce transmission and involvement in risky sexual behaviours. It also promotes early treatment and adjustment (Jimoh, 2003; Oshi *et al.*, 2007). HIV/AIDS counselling involves educating a client or a group of clients on the control management and prevention of HIV/AIDS. Counselling

assists people to make informed decisions, cope better with life challenges, lead positive lives and prevent further transmission of HIV. Voluntary Counselling and Testing (VCT) can be defined as a confidential face to face interaction between a professional counselor and a client or a group of clients with a view of assisting the clients to make informed decisions and adjust effectively in life. HIV/AIDS counselling consists of three stages which are pre-test counselling, post-test counselling and follow up (Yahaya, 2004).

HIV/AIDS test involves a scientific analysis of a client's blood in order to determine his/her HIV/AIDS status. Both HIV/AIDS counselling and testing aim at assisting clients/patients to understand themselves, adjust effectively to life challenges and contribute meaningfully to the development of the society. Several authors (Alao, 2004; Pignatelli *et al.*, 2006; Jimoh and Abubakar, 2003) noted that VCT is a key element in to identify HIV infected persons who could benefit from therapeutic interventions.

A team of South African researchers carried out a study on factors associated with participation in HIV Voluntary Counselling and Testing among TB patients in a rural South African hospital. A total of 153 consecutive adult TB patients were enrolled in the study. Demographic characteristics, knowledge, attitude and belief regarding HIV/AIDS were measured in order to determine possible associations with the decision to accept or reject VCT. In the study, education was found to be the most important predictor of refusal to participate in VCT. The belief that VCT participation led to better health care and that participants had sufficient privacy to make their decisions about VCT were significantly associated with the acceptance of VCT. The study concluded that reaching educated TB patients in rural South Africa with VCT programmes may require different outreach strategies than less educated patients (O'Donnell *et al.*, 2004).

An investigation on the influence of self perception of HIV infection on youths attitude towards Voluntary Counselling and Testing services in Nigeria indicated that youths with low self perception were not inclined to reduce risky sexual behaviours or to seek HIV/AIDS counselling and testing. Similarly, another Nigerian study Okpoto (2009) on the attitude of the University of Ilorin undergraduates towards Voluntary HIV/AIDS Counselling and Testing. The study revealed that the students had negative attitude towards VCT and gender, age, religion, course of study and marital status had no significant influence on their attitude. The study recommended that VCT centres should be established to

enable people access to the needed services. A similar negative attitude was noted amongst students of higher institutions in Ilorin towards use of antiretroviral agents (Jimoh *et al.*, 2008).

A Ghanaian study showed that 76% of the women reported no prior HIV counselling and 78% had never undergone for HIV testing. The study also indicated that the majority of the respondents were not accessing the available VCT services. It was also found that education, prior HIV testing and history of Sexually Transmitted Diseases (STDs) influenced respondents acceptance of VCT (Holmes *et al.*, 2008).

Pignatelli *et al.* (2006) investigated the factors predicting uptake of VCT in a real life setting in a mother and child centre in Ouagadougou, Burkina Faso. The sample consisted of all pregnant women receiving ante-natal group health education at St Camilla Medical Centre, Ouagadougou, Burkina Faso. It was found that <20% of the sample accepted VCT. The HIV sero-prevalence rate was 10.6% while the uptake rate was independently associated with age, the number of previous pregnancies and the number of previous miscarriages.

The youth age is characterized by strength and vitality which predispose the young ones to a high level involvement in sexual activities and the consequent attendant risk such as unwanted pregnancy, abortion and infection with Sexually Transmitted Diseases. According to Mishra (2005), young people are highly vulnerable to HIV and other STDs.

He asserted that in many countries 60% of all new HIV infections are among the young ones ages 15-24 years and stressed that the highest rates of STDs are usually found among the youths of ages 20-24 years followed by 15-19 years. It was estimated that in Nigeria 3.1% of people living with HIV and AIDS are between the ages of 15 and 19 years (UNAIDS, 2008). It is relevant that the views of youths are sought as regards factors involved in the acceptance of VCT.

A study conducted by Lawal (2008) found the level of awareness of HIV/AIDS in Nigeria is still low and thus the attitude of most Nigerian towards voluntary HIV/AIDS counselling and testing is still negative. For instance, UNAIDS (2008) revealed that in 2006, only 10% of HIV-infected Nigerian women and men were receiving antiretroviral therapy and only 7% of pregnant women were receiving the treatment needed to reduce the risk of mother to child transmission of HIV. A Non Governmental Organization, AVERT also reported that the Nigerian government had set up the National HIV/AIDS Strategic

framework to manage the nation's response from 2005-2009. Thus by 2010 Nigeria aims at providing antiretroviral therapy to 80% of adults and children with advanced HIV infection and to 80% of HIV-positive pregnant women (AVERT, 2009).

The Nigerian government has displayed good intention and commitment to the reduction and management of HIV/AIDS related problems but the objectives of the government as regards prevention, control and management of the epidemic may be unachievable if Nigerians continue to display negative attitude to Voluntary HIV/AIDS Counselling and Testing. This is because report indicated that in 2006 only about 10% of HIV infected women and men were receiving antiretroviral therapy and only 7% of HIV infected pregnant women were receiving treatment to reduce the risk of mother to child transmission of HIV (Erulkar and Bello, 2007). This report is a major source of concern and thus this study was designed to investigate the factors in the rate of acceptance of HIV/AIDS Voluntary Counselling and Testing (VCT).

Research questions: In line with the identified problems, the following research questions were raised:

- What are the factors affecting the acceptance rate of HIV/AIDS VCT as viewed by youths in Kwara state?
- Do gender, religion and place of residence influence the youths views of the factors in the rate of acceptance of HIV/AIDS VCT?

Research hypotheses:

- There is no significant difference in the factors influencing the rate of acceptance of HIV/AIDS Counselling and Testing as viewed by respondents based on gender
- There is no significant difference in the factors influencing the rate of acceptance of HIV/AIDS Counselling and Testing as viewed by respondents based on religion
- There is no significant difference in the factors influencing the rate of acceptance of HIV/AIDS Counselling and Testing as viewed by respondents based on place of residence

MATERIALS AND METHODS

The research was conducted using a descriptive survey. This involved the administration of an instrument designed by the researchers titled factors in the rate of

acceptance of HIV/AIDS voluntary counselling and testing questionnaire. The validity of the instrument was conducted through content validity procedure while its reliability was determined using test re-test procedure. The instrument was found to be valid and reliable.

Prior the administration of the instrument to the selected sample, the researchers obtained the lists of registered youth organizations in Kwara State from the Ministry of Youths and Sports Development and permissions for the administration of the questionnaires were sought from youth leaders. A total of 800 youths participated in the study but only 600 questionnaires were validly completed and consequently analyzed using descriptive and inferential statistics.

RESULTS AND DISCUSSION

Sociodemographic characteristics: The average age range of the respondents was 18-40 years. About 65% of the respondents are males while 35% are females. Also, 77% of the respondents resided in urban areas while 23% resided in rural areas. About 20% of the respondents obtained primary school certificates; 66% had secondary school certificates while 24% had post-secondary school certificates.

Factors in the rate of acceptance of HIV/AIDS VCT: Table 1 shows that the respondents ranked ignorance, fear of being positive, poverty, inadequacy of VCT centres and stigmatization as the main factors in the rate of acceptance of HIV/AIDS VCT. Table 2 shows a critical t-value of 0.77 and a critical t-value of 1.96 at 0.05 alpha level. Since the calculated t-value is higher than the calculated t-value the null hypothesis 1 is accepted.

Table 1: Rank order of respondents views on factors in the rate of acceptance of HIV/AIDS VCT

The rate of acceptance of HIV/AIDS VCT is influenced by	Mean	Rank
Ignorance	3.22	1st
Fear of being positive	3.19	2nd
Poverty	2.85	3rd
Inadequate number of VCT centres	2.55	4th
Stigmatization	2.15	5th
Discrimination	1.90	6th
Religious belief	1.63	7th
Cultural belief	1.35	8th
Parental pressure	1.20	9th
Inadequate motivation	1.18	10th

Table 2: A t-test analysis comparing the views of respondents on factors in the rate of acceptance of VCT based on gender

Gender	No. of respondents	Mean±SD	Df	Cal. t-value	Crit. t-value
Male	390	22.96±2.52	598	0.77	1.96
Female	210	22.81±2.37			

Table 3: A t-test analysis comparing the views of respondents on factors in the rate of acceptance of VCT based on Religion

Religion	No. of respondents	Mean±SD	Df	Cal. t-value	Crit. t-value
Christianity	234	29.68±2.55	598	0.91	1.96
Islam	366	29.85±2.43			

Table 4: A t-test analysis comparing the views of respondents on factors in the rate of acceptance of VCT based on place of residence

Place of residence	No. of respondents	Mean±SD	Df	Cal. t-value	Crit. t-value
Urban	462	29.97±4.57	598	3.04*	1.96
Rural	138	28.54±4.16			

*= Significant at 0.05

Thus, there is no significant difference between the two groups of respondents. Table 3 shows a critical t-value of 0.91 and a critical t-value of 1.96 at 0.05 alpha level. Since the calculated t-value is higher than the calculated t-value the null hypothesis two is accepted. Thus, there is no significant difference between the two groups of respondents. Table 4 shows a critical t-value of 3.04 and a critical t-value of 1.96 at 0.05 alpha level. Since the calculated t-value is less than the critical t-value the null hypothesis three is rejected. Thus, there is a significant difference between the two groups of respondents.

The study indicated the main factors in the rate of acceptance of HIV/AIDS as ignorance fear of being positive, poverty inadequate VCT centre and stigmatization. The finding could be due the information available to students as regards the experience of HIV/AIDS patients. In a similar study (Okpoto, 2009) it was found that undergraduates of the University of Ilorin had negative attitude to ignorance and stigmatization.

The study also found no significant difference in the views of respondents as regards the factors in the rate of acceptance of HIV/AIDS VCT based on gender and religion. This finding may be due to the efforts of governments and non-governmental organizations on creating awareness about HIV/AIDS. People irrespective of gender and religion seem to be aware of HIV/AIDS and the basic issues that are related to the virus. It was found that respondents place of residence has significant influence on the respondents views on the factors in the rate of acceptance of HIV/AIDS VCT.

Respondents residing in rural areas had a significantly lower mean, an indication that they viewed the factors differently from those from the urban areas. This finding could be attributed to the opportunity available to the respondents in the urban areas especially access to information through the print and electronic media. Lawal also found that the knowledge and attitude of his sample was significantly influenced by place of residence.

Implications of the findings: The implication of these findings is that counselors and health personnel need to collaborate in order to remove the obstacle in the acceptance of HIV/AIDS VCT. There is also the need to make VCT services available in urban and rural areas with little or no cost. This is essential in order to reduce the spread of the virus provide treatment to victims of HIV/AIDS.

CONCLUSION

HIV/AIDS require collaborative efforts in view of its devastating effects. People should be encouraged to seek information about their HIV status and seek intervention when necessary. Governments should therefore establish more VCT centres in both rural and urban areas. HIV/AIDS counselling and testing should be integrated into counselling and medical curricula.

Self-testing for HIV is being advocated as it removes the issue of confidentiality. This is similar to what obtains in self-pregnancy testing using the serology based test kit this can be later followed by counselling in positive cases as may be deemed necessary.

RECOMMENDATIONS

Government should make the VCT free in order to enhance the uptake of the screening programme. Also to be incorporated in the VCT programme is counselling on sexually transmitted infections in general and HIV/AIDS in particular.

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