



ACCEPTANCE AND UPTAKE OF HIV COUNSELING AND TESTING BY YOUTH CORP MEMBERS IN OSUN STATE, NIGERIA

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ABSTRACT

This study examined the determinants of HIV counseling and Testing (HCT) uptake among young people who are undergoing the youth service programme in western Nigeria. A cross-sectional study of 300 youth corpsers randomly selected across three local Government areas responded to the self-administered instruments. Findings revealed 68% are single with a sizable number co-habiting with opposite sex. Although, awareness of HIV /AIDS and knowledge of route of transmission, measures of prevention are high (84%), the level of perceived vulnerability to the risk of infection is low, as only 23% considered themselves vulnerable to HIV infection. In addition, awareness of HCT services and willingness to accept HIV test is equally low. The study concluded that a comprehensive training module on HCT needs to be included in the training curricula for the UNICEF/HIV/AIDS educators who are incidentally the youth corpsers. In particular, more emphasis should focus on sexual behaviour that increases youths' vulnerability, benefits of HCT and assist them to internalize the risk of HIV so that they can take preventive measures against spread of new infections.

Keywords: HIV counseling and testing, HIV/AIDS, Sexual behaviour, Youth corpsers.

1. INTRODUCTION

HIV and AIDS has remained the most serious infectious disease challenge to public health (UNAIDS, 2009). Worldwide, over 6000 persons are infected daily in 2007 with over 5000 deaths recorded everyday (UNAIDS, 2008) making HIV/AIDS one of the major killer diseases, particularly in sub-Saharan Africa. It is estimated that globally, 33.2 million people were living with HIV/AIDS in 2007, of which 2.7 million were new infections (UNAIDS, 2008). Africa takes the bulk share of HIV infected persons - estimated at about 22 million people with 1.5 million deaths making the continent the epicenter of the epidemic (Alao, 2004). With an estimated population of over 150 million people, Nigeria currently has the second highest number of infected persons, over 3.4 million, national median HIV prevalence is 4.1% , annual death is 217,148 and

new infection is 388, 86. A large number of children over 2 million have been orphaned by AIDS epidemics (NSPR, 2010).

The negative impact of HIV/AIDS infection is reflected in the reversal of economic, social and political development that was attained some few years ago (Alao, 2004). Life expectancy in Nigeria has dropped to 46 years for female and 47 years for male. Risky sexual activities including: casual sex, multiple sexual partners, sexual violence and transactional sex exchange particularly among young people ages 15-24 years are responsible for 80% of new HIV infections with a prevalence of 4.1%, same as the national rate (NSPR, 2010).

Over the years, efforts have been directed at different preventive strategies including abstinence from sex, being faithful to an uninfected partner, screening of blood and blood products, correct and consistent condom use to stem further spread of HIV/AIDS in Nigeria. HIV Counseling and Testing (HCT) is a key entry point for all forms of HIV and AIDS prevention and control interventions including Prevention of Mother -to-Child Transmission, treatment, care and support programmes (Onipede and Okoukoni, 2011). HIV counseling and testing(HCT) which has been found a cornerstone among preventive strategies is described as the gateway to treatment, care, support, and prevention interventions for persons infected with HIV and to provide referral to special care, such as male circumcision clinics and support groups (Yahaya *et al.*, 2010). It is also a critical opportunity for HIV prevention counseling, particularly for couples where one partner is HIV positive (known as sero-discordancy) and for others with a high risk of acquiring HIV (Jimoh *et al.*, 2008). For people who test negative to HIV, counseling focuses on prevention messages tailored to the reduction of risk behaviors that has the potential to increase their vulnerability to HIV infection.

The introduction of HCT in 2004 in Nigeria raised awareness about the HIV/AIDS epidemic, offered counseling opportunity for modification of risky behaviour and lessen stigma, but there are unresolved issues with acceptability and uptake of HIV testing. Many people will not willingly take up HIV counseling and testing. Virtually all states in Nigeria have HCT centers in both Government and privately owned health institutions, NGOs, and Community based health organizations without much impact. As at 2010, 1,064 health facilities are providing HIV Counseling and Testing to create access to individual for voluntary testing NACA (2010). The National Strategic frame work II developed for HIV/AIDS response in Nigeria has two key HCT objectives; (a) at least 80% of adults accessing HCT services in an equitable and sustainable way by 2015 and (b) at least 80% of most at-risk-populations accessing HIV counseling and testing by 2015 in order to scale up the provision of HCT particularly for young people (NSF II, 2010-2015). The national agency for AIDS control (NACA) advocated through various media that young people should know their HIV status before marriage These efforts have only yielded little results with 2,287,805 people accepting HCT in Nigeria as at end of 2010 (NSF II, 2010-2015). Previous studies on acceptability of HCT among young persons have observed varying degree of acceptance in Africa. For example a Tanzania study revealed that 34.6 % of students in health care profession and 43.3% of medical students have taken HCT (Kitara and Ecik, 2011). Acceptance rate among students in Nigeria's tertiary institutions ranges from 8.3% to less than 30% (FMOH, 2007,2009),

(FMOH, 2010). Another study in Nigeria have linked high knowledge of HIV/AIDS with high acceptability of HIV counseling and testing among medical students (Daniyam *et al.*, 2010).

This study investigated the influence of HIV awareness and level of knowledge on HCT acceptability among the youth corps members who are on the one year national youth service programme in Osun state. The youth corp members are young graduates from the various Universities and polytechnics across the country. The mandatory one year national youth service program is essential in preparing the youths for formal employment in Nigeria. The main objective of the scheme is to foster national integration and identity among Nigerians by deploying young people from one ethnic background to an entirely new culture. These youths are expected to live and work in these communities, while also interacting with the people by learning their language, life styles and making new friends. Sometimes these friendships may end up in a marriage relationship.

This study is particularly interested in this group of youths because they have been exposed to HIV/AIDS education during the orientation programme at the point of entry into the programme year, as young persons, many of them are sexually active, explorative and about to make marriage decisions. Due to the foregoing, there is a probability of engaging in trial marriages and a high tendency to participate in sexual relationships which are sometimes unprotected and risky. Similarly, many of these youths may also engage in multiple sexual practices, casual sex and commercial sex which are risk factors for increased vulnerability to HIV infection.

This study therefore assessed the level of knowledge of route of transmission of HIV/AIDS, perceived vulnerability, mechanism for prevention among Youth Corp Members in Osun state. The study also investigated the association between the level of knowledge and acceptance of HCT among corps members

2. METHODOLOGY

2.1. Study design and setting

The cross-sectional study conducted between May and July 2012 was designed to assess the influence of HIV/AIDS knowledge on the acceptability of HIV Counseling and Testing among youth corps members serving on the one year national youth service programme of the Federal Government of Nigeria. These youths are located in all the 30 Local Government Areas (LGAs) in Osun state.

2.2. Study Participants

The participants include youth corp members ($\Sigma N=300$) currently serving in the 30 Local Government Areas in Osun state in 2012. Participants are new graduates from the Universities and Polytechnics and from various cultural backgrounds across the country. They include (M=176 and F=124). The participants were drawn from various fields of career to participate in the study.

2.3. Sampling procedure

A multi-stage procedure was used to select the study participants. Three LGAs were randomly selected to make up 10% representation of the 30 Local Government LGAs in Osun State. One

hundred (100) youth corp members were therefore randomly selected from each LGA to participate in the study.

2.4. Data collection

Self-administered questionnaires were distributed to youth corp members in the study LGAs who consented to participating after a comprehensive explanation and understanding of the aim of the study. Information sought from the respondents included socio-demographic factors, knowledge about HIV/AIDS, opinion about HCT, perception about vulnerability to HIV/AIDS and acceptability of HCT. The questionnaire used had 10 question items to access knowledge of route of HIV transmission, 4 items to access level of HIV awareness, 7 items to access willingness to accept HCT, and 7 items to access perceived vulnerability to HIV infection.

2.5. Data analysis

Analysis of data was done using the Statistical Package for Social Science (SPSS) version 20.0. Descriptive statistics were utilized to provide basic description of respondents in terms of background characteristics. The chi-square statistics was deployed in testing for association between awareness/knowledge of HIV and acceptance of HIV test.

3. RESULTS

Table-1. Socio-demographic variables of the respondents

SN	Items	Frequency	Percentage
1	Gender of respondents		
	Male	124	41.3
	Female	176	58.7
2	Age group distribution		
	20-24	55	23.0
	25-29	147	61.5
	30-34	33	13.8
	35-39	4	1.7
3.	Tribe of respondents		
	Hausa	7	2.3
	Igbo	88	29.3
	Yoruba	173	57.7
	Others (Edo, Efik, Tiv, Isoko, Igala and Ibibio)	32	10.7
4.	Religion of respondent		
	Christianity	251	84.2
	Islam	49	15.8
5	Marital Status		
	Married	74	24.7
	Living with unmarried partner	20	6.7
	Single	206	68.6

Table 1 above revealed that female respondents (58.7%) are more than the male respondents (41.3%). The mean age of respondent is 27years. The respondents are from various tribes across Nigeria .Majority are Yoruba (57.7%). There are also a large number of Igbo (29.%), a few Hausa (2.3%) and others are from the minority tribes such as Edo, Efik, Tiv, Isoko, Igala, and Ibibio

(10.7%). They are mostly Christians (84.2%) and large percentages are still single (68.6%), a few are married (24.7%) and in between are the unmarried but living with a partner (6.7%).

Table-2. Awareness and knowledge of HIV/AIDS transmission

	Frequency	Percentage
Ever heard of HIV/AIDS?		
Yes		
No	261	84.0
	39	13.0
What is AIDS?		
Disease caused by a virus	249	98.0
A curse	6	2.0
Does AIDS have cure?		
Yes	43	14.6
No	188	63.7
Don't know	64	21.7
How can someone be infected with HIV?		
Contact with blood and body fluid	273	79.0
Sexual intercourse with an infected person	257	86.0
Through a mother to her unborn baby	180	60.0
Sharing of contaminated instrument	216	72.0

From table 2 above, 261(84%) of respondent have heard about HIV/AIDS, 98% know that AIDS is caused by a virus called HIV and not through a curse, 64% indicated that HIV do not currently have a cure. Respondents indicated the following means through which HIV can be transmitted; contact with blood and body fluid of an infected person (79%), sexual intercourse with an infected person (86%), from a pregnant mother to her unborn baby (60%) and sharing of contaminated sharp instrument (72%).

Table- 3. Knowledge of HIV/AIDS Prevention Mechanism

	Frequency	Percentage
Abstaining from sex can prevent HIV		
True	228	78.9
False	46	15.9
Don't know	15	5.0
Condom can reduce one's chance		
True		
False	247	84.3
Don't know	30	10.2
	16	5.5
Limiting sex to one partner		
True	217	74.8
False	61	21.0
Don't know	12	4.1
Avoid sex with a person with multiple partners		
True	231	79.1

False	41	14.0
Don't know	20	6.8
Avoiding sex with sex workers		
True	247	84.9
False	34	11.7
Don't know	10	3.4

Table 3 above show that 228 (78.9%) of respondents indicated that abstinence from sexual relationship is a mechanism for preventing spread of new HIV/AIDS infection, 84% indicated that regular use of condom during sexual relationship can reduce the chances of contracting HIV/AIDS. Other means of reducing the spread of HIV mentioned by the respondents include avoidance of sex with multiple partners (79%) and avoiding sex with sex workers (84.9%)

Table-4. Perceived vulnerability to HIV/AIDS infection

	Frequency	Percentage
Do you consider yourself vulnerable to HIV?		
No	221	77.0
Yes	66	23.0
How do you rate your level of vulnerability		
High	31	12.2
Moderate	28	11.0
Low	43	16.9

Table 5 revealed that 221 (77%) of respondent do not perceive themselves to be vulnerable to HIV infection, while 66 (23%) think that they are vulnerable. Among those who feel vulnerable the level of vulnerability were rated as follows; high (12.2%), moderate (11%) and low (16%).

Table-5. Cross tabulation between knowledge and acceptance of HCT

Visited HCT clinic for test	Level of Knowledge of HIV/AIDS	
	High	Low
Yes	87 (7.1%)	9 (9.4%)
No	159 (92.9%)	291 (90.6%)

$$df= 1, \quad X^2 = 0.416$$

Table 5 above, revealed that 87 (7.1%) of respondents possess high knowledge of HIV/AIDS transmission and prevention and visited HCT center or conducted HIV test before, whereas about double 157(92.0%) also possess high level of HIV/AIDS but have not visited any HCT center or conducted HIV test. The respondents who possess low knowledge and visited HCT center are 9(9.4%) while a majority 291(90.6%) possesses low knowledge and have not also visited HCT center or tested for HIV. The chi-square value of 0.416 is significant at 0.05 level of significance.

4. DISCUSSION

Findings from this study are consistent with the outcome of some of the previous studies (Daniyam *et al.*, 2010; Kitara and Ecik, 2011) that have established a high level of HIV/AIDS awareness and knowledge among young people. It has also been established that this level of

knowledge does not translate to positive actions of HIV prevention and control. The respondents are young people who are of marriageable age and sexually active. Quite a number on them co-habit and practice trial marriage, a relationship in which sexual intercourse is involved and sometimes unprotected. Yet the young people do not consider themselves vulnerable to HIV infection. This explains their negative attitude to acceptance of HIV counseling and testing. If the HIV prevalence rate is 4.1% among young in Nigeria (National Sentinel Survey, 2010) in comparison to the negative attitude towards accepting HCT, particularly among a significant population of young people who are posted to many cities and villages across the country, then there are challenges for spread of new infection of HIV/AIDS in terms of continuous spread among the productive persons, impact on households, livelihoods and socio-economic development.

5. RECOMMENDATION

The result of this study lends its voice to other study finding to scale up intervention for increased acceptance of HIV counseling and testing that directly target young people in order to achieve the Millennium Development Goal 6; halting the spread of HIV/AIDS by 2015. The UNICEF curriculum for training youth corpsers as HIV peer educators should be reviewed to integrate modules on HIV prevention attitudinal changes towards HCT to ensure that the youths develop the courage to get tested and become advocates for HCT in their respective host communities of primary assignment. Utilizing this channel will create popular demand for HCT across the nation and subsequently contribute to zero tolerance for new HIV infection in Nigeria and Africa.

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