HIV/AIDS PREVENTION: STUDENTS’ PERCEPTION OF HINDRANCES TO HIV COUNSELLING AND TESTING (HCT) IN ENUGU STATE

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Abstract
This study was a survey research aimed at investigating the perception of secondary school students in Enugu state on factors hindering HIV Counselling and Testing (HCT). Two research questions and two null hypotheses tested at 0.05 level of significance guided the study. Multistage sampling technique was used in selecting 468 senior secondary two students (232 males and 236 females) from twelve (six urban and six rural) schools in Nsukka and Obollor-Afor education zones of Enugu state. Data collected by questionnaire were analyzed by mean and t-test statistics. Results revealed fewness of HCT centers, shame of one being suspected by people as having HIV, Ignorance about HCT and fear of HIV result being positive as being some major hindrances to HCT. Result of t-test analysis revealed a significant gender difference with regards to hindering factors to HCT but no significant difference existed between urban and rural students on hindering factors to HCT. Some recommendations were made based on these findings.

Introduction
Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) infections have become the world’s most challenging health problems in the 21st millennium. Nigeria is ranked as the world’s third country (after South Africa and India) with the highest number of people living with HIV/AIDS (Federal Ministry of Health (FMOH), 2005; FMOH, National HIV/AIDS & Reproductive Health Survey (NARHS), 2003). Since the first report case of HIV in Nigeria in 1986), the number of individuals living with these diseases has steadily increased. According to FMOH (2007) National Scale Up Strategy for HIV Counselling and Testing (HCT) in Nigeria, sero prevalence of HIV among Ante Natal Clinic/Care (ANC) clients are 1.8% in 1991, 4.5% in 1996, 5.8% in 2001, 5.0% in 2003 and 4.4% in 2005. Although, these statistics show a decline in 2003 and 2005 respectively the FMOH (2005) survey estimates that 2.9-3.3 million people are living with HIV/AIDS in the country and the prevalence varies in states and it ranges between 1.6% in Ekiti to 10.0% in Benue with Enugu state having is 6.5%. No state has zero prevalence in the country (Uzoegwu, 2006). HIV is transmitted from infected persons to healthy individuals through three main ways. These are: sexual transmission, transmission through infected blood, blood products, infected instruments and equipment; and through Mother-To-Child Transmission (MTCT), (FMOH, 2003;
HIV is a retrovirus and it belongs to the family of lentivirus typical of having a chronic course of disease, prolongs clinical latency and persistent viral replication. HIV types 1 and 2 are the causative agents of AIDS. One can be HIV positive without actually knowing it. AIDS on the other hand, is the final stage of HIV when it is fully blown. Its symptoms include night sweating, prolong fever lasting for more than a month, loss of appetite, loss in body weight, dry coughing for more than a month, swellings of the lymph nodes, shingles and oral thrush.

The pandemic of HIV/AIDS in Nigeria in general and Enugu state in particular has inflicted high burdens in terms of mortality and morbidity caused on all ages—children, youths and the aged. According to FMOH (2005) National Survey on AIDS/STD over 2.9 million Nigerians are living with HIV/AIDS, 1.2 million children have been rendered orphans while 1.45 have died through AIDS. The survey also reveals that young ones between the ages 15-49 years who are in their prime and reproductive age in life are the most vulnerable to HIV infections. The ravaging impact of HIV/AIDS infections has not only claimed lives but has also resulted in declining life expectancies of Nigerians with (males being 50.7 years and females 52.6 years). Summarily, these diseases have helped in decreasing the nation’s work force, social and economic developments and continuous pervasion of the well-being of Nigerians. There is therefore the need to have these diseases controlled.

Since the first reported case of HIV/AIDS in the country in 1986 Nigerian government in co-operation with Development Partner Organizations, Non-Governmental Organization, and Civil Society Organizations has continued to respond to the prevention of this HIV/AIDS health challenge in several ways.

Some of the actions taken include: formation of National Action on AIDS (NACA) charged with the responsibility of planning and coordinating efforts aimed at providing comprehensive prevention and care services; the development of National Response strategy resulting in the HIV and AIDS Emergency Action Plan (HEAP) 2001-2004; Review of National Policy on HIV and AIDS (2003); the Behaviour Change Communication programme and the 2007 National Scale up Strategy for HIV Counselling and Testing.

It is encouraging that these responses according to FMOH (2007) Scale up Strategy for HIV Counselling and Testing (HCT) over 90% of Nigerians are now aware of the existence of HIV and AIDS in the society but regrettably, only a limited number has accurate knowledge of how to prevent HIV infection. The FMOH (2003; 2005) National HIV/AIDS Reproductive Health Survey however revealed that young people between ages 15-24 years have limited knowledge of prevention of HIV. The survey also revealed that only 10% of boys and 11% of girls in primary schools have the knowledge of HIV prevention while in secondary schools only 27% of males and 20-22% females have the knowledge.

Moreover, the attitude of this category of young ones towards the risk of HIV infection seems also limited. Strategies such as abstinence from sex, faithfulness
of sexual partners and use of condoms during sexual intercourse for prevention of HIV transmission are not strictly adhered to. In addition, according to National Demographic Health Survey (NDHS) (2005) only about 10.8% of Nigerians have ever undergone test to ascertain their HIV sero status despite the high prevalence rate in the country with 2.9-3.3 million people living with the infection.

HIV Counselling and Testing (HCT) is one of the key international and national strategies for early detection and prevention of the infection and spread of HIV (FMOH, 2003 National Policy on HIV/AIDS, 2003). HCT provides a significant entry point to care and support whereby the uninfected are counselled and helped to remain so while those infected are also counselled and helped to plan for the future as well as prevent the further transmission of HIV to others. HCT also helps to expand the administration of Ant-Retroviral (ARV) treatment to People Living with HIV and AIDS (PLWHA) and ensures a balanced prevention strategy that provides broad ranges of care and support for mitigating Mother-To-Child Transmission (MTCT) of HIV. In general, HCT provides people with information necessary for alleviating fears, psychological trauma and misconceptions about HIV testing.

Horizons (2001) cited by Eze, Obidoa and Igbo (2008:27) defined HCT as “the process by which a person undergoes counselling enabling him or her to cope with stress and make informed choices about HIV testing. Confidentiality of Counselling sessions, test results and the voluntary choice to test are emphasized”. From the foregoing definition of HCT principle is not coercive rather; it provides enabling counselling and therapeutic environment suited for handling the psychological and sociological needs and cares of both positive and negative HIV/AIDS individuals (YouthNet, 2002; FMOH, 2005 & 2007)

Currently, only about 700 HCT centers are available in Nigeria with South-eastern states having about 50 centres (FMOH, 2007). This number of centres seems to be grossly inadequate for a country of 140 million people and average HIV/AIDS prevalence rate of 5.0% (FMOH, 2005). This inadequate number of HCT centres constitutes a source of hindrance to HCT services. No doubt, FMOH (2005) survey indicated that only about 10.8% of Nigerians have undergone HIV test to ascertain their sero status. Eze, Obidoa and Igbo (2008) revealed that 17.1% of secondary school students sampled in Nsukka education zone have ever tested for HIV infection, while only 45% indicated being able to locate HCT centres in Enugu state.

Some studies carried outside Enugu state and the country revealed that some other factors seem to pose a hindrance to HCT. Some of these include lack of access to HCT service delivery points, not being sure of their confidentiality, fear of test result being positive, misconceptions about risk perception, ignorance and lack of knowledge of HCT. (Horizons, 2001; YoutNet 2002; NACA, 2004; FMOH, 2005). Other factors according to National Health Sector Response of HIV and AIDS in Nigeria (2005) include inadequate trained personnel and infrastructures (Personnel outside the public sector are unregulated and non-
confirmatory of HCT standard protocol); inadequate mechanism for supervision, monitoring and evaluation of HCT as well as inadequate supply of HIV diagnostic reagents.

According to FMOH(2005) National Scale Up Strategy for HCT in Nigeria revealed that rural people have poor perception of HCT than urban people due to the limited HCT centres. Similarly, Horizons (2001) exploratory study of HCT among Kenyan and Ugandan youths aged 14-21 years revealed youths in urban as being more responsive to HCT than those in rural communities. Conversely, Kipitu’s (2005) study in Mbey district council of Tanzania indicated that more urban men than urban women do not consider location of HCT centres as a hindering factor. In addition, they noted that more rural than urban dwellers responded to HCT. The less responsiveness to HCT by urban dwellers was based on the rationale that their confidentiality may not be ensured if HCT is done under a known health personnel.

Statement of Problem

HIV/AIDS pandemic has become a global health concern. It daily claims lives of both adults and young males and females who are in their active reproductive ages and renders many children orphans. The psychological and sociological trauma and experiences of HIV/AIDS victims and family members are contributory factors to the observed apparent reduction in life expectancies of Nigerian males and females. It is therefore not an overstatement to indicate that HIV and AIDS have constituted significant health problems against the overall growth and development of mankind in general and Enugu State of Nigeria in particular. As such, the infection and spread of these diseases need to be prevented.

HCT as one of Nigeria’s policy strategy and operational plan for prevention of HIV infection and spread needs to be sustained. The fact that HCT centres in south-east of Nigeria is relatively inadequate (approximately 50 centres) calls for concern about the accessibility of HCT services to the populace in general and the most vulnerable group like the youths specifically. The researchers are poised to:

1. find out students’ perception of hindrances to HCT
2. ascertain if gender difference influence students’ perception of hindrances to HCT in Enugu State.
3. ascertain if urban students differ from rural students in their perceptions of hindrances to HCT.

Research Questions

The following research questions were asked to guide the study.
1. What are students’ perceptions of hindrances to HCT in Enugu State?
2. Will gender influence the mean score ratings of students’ perception of hindrances to HCT?
3. Does the mean score perception ratings of hindrances to HCT differ between urban and rural students?

Hypotheses
The following null hypotheses were postulated and tested at 0.05 level of significance to enable further investigation into the study.
1. there is no significant gender difference between the mean score perception ratings of students on hindrances to HCT
2. the mean score perception ratings of hindrances to HCT do not significantly differ between urban and rural students.

Methodology
Design
The survey design was chosen for this study to enable the researchers make generalization about the perception of secondary school students in both urban and rural areas of Enugu State on the hindering factors to responsiveness to HCT from a representative fraction of the population.

Area of Study
The area of study is Enugu State of Nigeria, one of the states with HIV/AIDS prevalence rate (6.5%) that is higher than the national average prevalence of 5.0% (FMOH, 2005).

Population, Sample and Sampling Techniques
The population of the study is secondary school students in Enugu State. A sample of 468 students was selected using the multi-stage random sampling and stratified sampling techniques. At the first stage, two (Obollo-Afor and Nsukka) out of the six education zones in the state were selected. Next, in each selected education zone, schools were stratified into urban and rural schools. Six urban and six rural schools were then randomly selected. Only SS 2 students were used in this study and 40 of them were randomly selected from each urban and rural school. One the whole, a total of 232 males and 236 females were used.

Instrument
The instrument used for the research was developed by the researchers and called “HCT Hindering Factors of HCT Questionnaire” (HFHCTQ). While section A of the instrument elicited personal data of the respondents, section B items derived from literature and personal experiences of the researchers, were directed to their perception of hindrances to HCT.

Validity and Reliability
The instrument HFHCTQ was face validated by test experts in measurement and evaluation, guidance and counselling and Educational
Psychology of the University of Nigeria, Nsukka. Their imputes were reflected in the final version of the instrument containing 11 items. It’s reliability was ascertained by Cronbach Alpha statistics that yielded an Alpha co-efficient value of 0.82.

**Data Collection and Analysis**

The questionnaire was administered directly to the students and collected by the researchers immediately on completion. Their responses were subsequently collated. Analysis was done using Means and Independent t-test. The hypotheses were tested at 0.05 level of significance. Criterion mean of 2.50 and above was set for acceptability of an item being a hindrance to HCT.

**Results**

Table 1 is for answering research questions 1 and 2.

Table 1: Mean and Standard Deviation Analysis on Students’ Perception of Hindrances to HCT

<table>
<thead>
<tr>
<th>S/ N</th>
<th>Items</th>
<th>Male n = 232</th>
<th>Female n = 236</th>
<th>Total n = 468</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fear of HIV test result being positive</td>
<td>2.71</td>
<td>1.09</td>
<td>2.39</td>
<td>1.02</td>
</tr>
<tr>
<td>2</td>
<td>Fear that counselors will not keep test result confidential.</td>
<td>2.47</td>
<td>1.10</td>
<td>2.37</td>
<td>1.09</td>
</tr>
<tr>
<td>3</td>
<td>Lack of money to do the HIV test</td>
<td>2.75</td>
<td>1.00</td>
<td>2.44</td>
<td>.93</td>
</tr>
<tr>
<td>4</td>
<td>Poor counselling to help overcome fear</td>
<td>2.63</td>
<td>1.13</td>
<td>2.61</td>
<td>1.87</td>
</tr>
<tr>
<td>5</td>
<td>Few places for running the HIV test</td>
<td>3.06</td>
<td>1.08</td>
<td>2.72</td>
<td>.99</td>
</tr>
<tr>
<td>6</td>
<td>Stigmatization by friends and family members</td>
<td>2.42</td>
<td>1.09</td>
<td>2.64</td>
<td>1.17</td>
</tr>
<tr>
<td>7</td>
<td>Not having had sex/Assurance of one’s virginity.</td>
<td>2.22</td>
<td>1.15</td>
<td>2.72</td>
<td>.97</td>
</tr>
<tr>
<td>8</td>
<td>Shame of one being identified as having gone for HIV test.</td>
<td>2.77</td>
<td>1.22</td>
<td>2.45</td>
<td>1.19</td>
</tr>
<tr>
<td>9</td>
<td>Ignorance on what HIV test is all about</td>
<td>2.60</td>
<td>1.18</td>
<td>2.48</td>
<td>1.13</td>
</tr>
<tr>
<td>10</td>
<td>Inconveniences locating HIV testing centres</td>
<td>2.19</td>
<td>1.01</td>
<td>1.98</td>
<td>1.16</td>
</tr>
<tr>
<td>11</td>
<td>Does not feel HIV test concerns me.</td>
<td>2.03</td>
<td>.95</td>
<td>2.07</td>
<td>1.26</td>
</tr>
</tbody>
</table>

Criterion mean = 2.50

Data analysis represented in table 1 indicates that both gender perceived items 1, 3, 4, 5, 7, 8 and 9 as hindering factors to HCT. However, while male
students perceive items 1, 3, 4, 5, 8 and 9 as hindering factors the females perceive only item 4, 5, 6 and 7 as hindering factors to HCT.

**Table 2: Mean and Standard Deviation of Urban and Rural Students’ Perception of Hindrances to HCT**

<table>
<thead>
<tr>
<th>Item</th>
<th>Male n = 232</th>
<th>Female n = 236</th>
<th>Total n = 468</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Fear of HIV test result being positive</td>
<td>2.42</td>
<td>1.07</td>
<td>2.68</td>
</tr>
<tr>
<td>Fear that counselors will not keep test result confidential.</td>
<td>2.40</td>
<td>1.19</td>
<td>2.44</td>
</tr>
<tr>
<td>Lack of money to do the HIV test</td>
<td>2.75</td>
<td>0.93</td>
<td>2.42</td>
</tr>
<tr>
<td>Poor counselling to help overcome fear</td>
<td>2.55</td>
<td>1.11</td>
<td>2.74</td>
</tr>
<tr>
<td>Few places for running the HIV test</td>
<td>2.99</td>
<td>1.11</td>
<td>2.78</td>
</tr>
<tr>
<td>Stigmatization by friends and family members</td>
<td>2.45</td>
<td>1.14</td>
<td>2.62</td>
</tr>
<tr>
<td>Not having had sex/Assurance of one’s virginity.</td>
<td>2.44</td>
<td>1.17</td>
<td>2.50</td>
</tr>
<tr>
<td>Shame of one being identified as having gone for HIV test.</td>
<td>2.54</td>
<td>1.20</td>
<td>2.35</td>
</tr>
<tr>
<td>Ignorance on what HIV test is all about.</td>
<td>2.62</td>
<td>1.19</td>
<td>2.44</td>
</tr>
<tr>
<td>Inconveniences locating HIV testing centres</td>
<td>2.26</td>
<td>1.10</td>
<td>2.09</td>
</tr>
<tr>
<td>Does not feel HIV test concerns me.</td>
<td>2.18</td>
<td>1.31</td>
<td>2.05</td>
</tr>
</tbody>
</table>

Criterion mean = 2.05

Table 2 analysis result reveals that urban students perceive items 3, 4, 5, and 9 as hindrances to HCT while to rural students they are items 1, 4, 5, 6 and 7. However, both urban and rural students perceive items 1, 3, to 6 and 9 as hindrances to HCT with item 5 being the most hindering factor.

**Table 3: T-test Analysis of Students’ Perception of Hindrances to HCT by Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>No.</th>
<th>x</th>
<th>SD</th>
<th>df</th>
<th>tcal</th>
<th>tcrit</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>232</td>
<td>2.61</td>
<td>.45</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>236</td>
<td>2.39</td>
<td>.40</td>
<td>466</td>
<td>*5.57</td>
<td>1.96</td>
<td>Rejected</td>
</tr>
</tbody>
</table>

*P>0.05

Result shown in Table 3 reveals a calculated t value that is higher than the critical t value = 1.96. This value is significant. Therefore, the hypothesis
which states that there is no significant gender difference between the mean score perception ratings of students on hindrances to HCT is rejected.

<table>
<thead>
<tr>
<th>Gender</th>
<th>No.</th>
<th>$\bar{x}$</th>
<th>SD</th>
<th>df</th>
<th>t_{cal}</th>
<th>t_{crit}</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>245</td>
<td>2.51</td>
<td>.47</td>
<td>466</td>
<td>0.87</td>
<td>1.96</td>
<td>Accepted</td>
</tr>
<tr>
<td>Rural</td>
<td>223</td>
<td>2.48</td>
<td>.40</td>
<td>466</td>
<td>0.87</td>
<td>1.96</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

P < 0.05

Table 4 shows that the Calculated t value = 0.87 is lower than the Critical t value = 1.96. This value is not significant, hence, the null hypothesis that the mean score perception ratings of hindrances to HCT do not significantly differ between urban and rural student is retained.

Discussion

Result of the analysis of student’s perception on hindrances to HCT in Table 1 reveals few number of HCT centers as the most hindering factor. This finding is reaffirmed by FMOH, (2005) which indicated that HCT centers in the country in general and Enugu State in particular is grossly inadequate. This probably accounts for the few Nigerians (10.8%) and few students in Enugu State who have undergone HIV testing (FMOH, 2005; Eze, Obidoa and Igbo, 2008).

Apart from this finding, other hindering factors to HCT perceived by the students include: shame of being discovered by people that they have gone for HIV testing, poor counselling approach to help students overcome fear about HIV positive test result and ignorance of relevance of HCT. This finding is in line with FMOH, (2005). National HIV/AIDS reproductive health survey which indicated that young people between the ages 15-25 years have limited knowledge of how to prevent HIV infection. The inadequate knowledge of the relevance of HCT could be associated with regards to these hindrances.

However, it is interesting to observe that a significant gender difference exists between the perception of male and female students on hindering factors to HCT (Reference, Table 3). Whereas the females perceived stigmatization by friends and family members and assurance of their virginity as hindering factors to HCT, the males did not. Rather, the males perceived the shame of one being suspected by people as having gone for HIV test and lack of money to do the HIV test and fear of HIV test result being positive as major hindering factors to HCT. The perception of more hindrances to HCT by male students implies that they may be less responsive to HCT services than the females. As such, they should be targeted more for counselling to enable them appreciate the services of HCT which will help them avoid experiencing the psychological trauma often associated with HIV/AIDS infections.

The findings reflected on tables 2 and 4 respectively with regard to perception of urban and rural students on hindrances to HCT reveal the existence of few places for running HIV test, fear of HIV test being positive were the major
hindrances to HCT. This finding is supported by earlier works (YouthNet, 2002; FMOH, 2005; FMOH, 2007). The perception of hindrances to HCT by students in urban and rural secondary school implies that they have limited knowledge about HCT. As such, HIV/AIDS infection and spread may likely continue to be on the increase among these students if they are not sufficiently enlightened on HCT services. The hypothesis testing result reveals however, that no significant difference exists between the perception of urban and rural students with regard to hindrances to HCT. This finding is however contrary to Horizon (2001) Exploratory study of Kenyan and Ugandan youths aged 14-21 years which revealed that urban youths are more responsive to HCT than the rural youths as they perceive less hindrances. The non-significant difference between the urban and rural students perception on hindrances to HCT seems to be a true reflection of the HCT situation in Enugu state. This not withstanding, the study is in consonance with Kiputu (2005) study in Mbeya district council of Tanzania where urban dwellers as against rural dwellers responded more to HCT. According to them, location was not a hindering factor. This finding seems indicative of the fact that the major hindrance to HCT is not just the location of the HCT centers but is due to other factors that bother on proper knowledge and awareness of what HCT is all about.

Conclusion
AIDS is real and HIV infection and spread among secondary school students is not disputable. The continuous existence of these diseases among these young ones in the secondary schools has helped in depleting the nation’s labour force and would likely continue if not prevented. The advocacy for HCT will help to forestall its spread. The study reveals that students’ perception of major hindrances to HCT to include inadequate number of HCT centers, fear of HIV test being positive and stigmatization by friends and relations of HIV/AIDS victims. It is hoped that with proper enlightenment and increase in the number of HCT centers in the state, the infection and spread of HIV/AIDS will be mitigated.

Recommendations
Following the findings of this study, the researchers make these recommendations:

1. Government and Non-government Organizations should scale up the number of HCT centers in the state to enable easy access to HCT services by both urban and rural students.
2. Members of Counselling Association of Nigeria (CASSON) and Nigerian Psychological Associations should be exposed to HCT training so that they can help in creating HCT awareness and education among secondary school students through workshops and seminars.
3. Students, parents, teachers and leaders in the society should be enlightened more on the sources of HIV/AIDS transmission in order to
minimize misconceptions and stigmatization by friends and relations on HIV positive and AIDS victims.

4. Mass media such as radio, television, internet webs, and news papers should be utilized in disseminating information to students about HCT and its relevance in the prevention of the spread of HIV and AIDS.

5. Government should also help in establishing Youth Friendly centers in Local Government Areas where the youths can visit to receive counselling, care and support needed for more sustainable life span.

References


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