

Knowledge and Attitude of Tertiary Institution Student towards Hiv/Aids Counselling and Testing In Ekiti State, Nigeria

Dr. (Mrs.) Alebiosu, E.O. Ph.D¹, Mrs. Adeyemi B.A.²

¹Department of Human Kinetics and Health Education

²Faculty of Education Ekiti State University, Ado-Ekiti, Ekiti State.

Abstract: This study assessed knowledge and attitude of tertiary institution students towards HIV/AIDS counselling and testing in Ekiti State, Nigeria. The descriptive survey design was utilised in carrying out the study. A total of (one thousand two hundred) 1200 students were randomly selected for the study. A self-structured and validated questionnaire was the only tool used in the collection of data. Data collected were analysed using frequency counts, percentages, standard deviation and t-test. Findings from the study revealed that students had moderate knowledge on HIV/AIDS, they had positive attitude towards counselling and testing and the highest source of information was on radio. It was recommended that effective health education and health promotion programmes targeted towards the improvement of the level of awareness of tertiary institution students in Ekiti state through regular seminars, campaigns and lectures on HIV/AIDS should be put in place.

Keywords: HIV/AIDS, counselling, testing, attitude and health promotion.

I. Introduction

Acquired Immune Deficiency Syndrome (AIDS) is caused by Human Immuno-Deficiency Virus (HIV) which breaks down the body immune system, leaving the victim vulnerable to a host of life threatening opportunistic infections, neurological disorder and cancer of various types. HIV infection has been recognised as the most notorious and serious global public health epidemic problems of our time. Park (2007) asserted that special feature of infection is that once a victim is infected; it is likely to be for life which supports the fact that it is an incurable disease.

HIV/AIDS continues to spread at an alarming rate. The latest statistic showed an estimate of 34 million people were already infected out of which 67% are living in sub-Saharan Africa. World Health Organisation (2011). South Africa and Nigeria are estimated to have the largest number of HIV/AIDS cases in the world (Nijafee, 2010). In Nigeria, the first case of HIV/AIDS was reported in a 13 year old girl in 1986 National HIV/AIDS Control Committee NACA (1986). The epidemic has risen at an alarming rate with the prevalence rate among pregnant women rising from 1.8% in 1991 to 5.8% in 2001. (National HIV/AIDS Zero Prevalence Sentinel Survey 2001). This showed that more than 3.5 million Nigerian aged 15-49 years are infected with the virus (Adelekan 2006). HIV/AIDS cuts across both sexes and all age group. However, youths between the ages of 15-25 years are more vulnerable because they are very active physically, socially and sexually (Adelekan 2006). Hence they take advantage of their sexual urge to engage in unprotected sexual intercourse thereby exposing themselves to the danger of HIV/AIDS. However, even though HIV/AIDS could be contacted through unprotected sex, there are other means of contacting it like using unsterilized instrument for shaving, barbing and tattooing, also using infected needle for injection, use of unsterilized instrument in the hospitals and also through child birth as in mother-to-child-transmission (MTCT). The virus can be transmitted in uterus to the foetus during pregnancy, intra partum (at childbirth) or via breastfeeding. The transmission rate is up to 20% where there is no treatment for the mother with antiretroviral drugs.

Adolescent is the period between the end of childhood and the beginning of adulthood (Adeyemi 2008). This period begins with the onset of sexual maturity known as puberty. Puberty is the physical change that transforms the child into sexually mature adult. Ojedokun 2004 stated that adolescent are sexually active without the knowledge of dangers inherent in it. However, the importance of HIV/AIDS counselling among adolescents cannot be over emphasised as an estimated 8-11 million people aged 15 – 24 are living with HIV/AIDS as at the end of 2001. (National HIV/AIDS Reproductive Survey 2003). Also an estimated 50% of all new infections occur in adolescents aged 15-24 years. Counselling and Testing (CT) is recognised globally as an effective strategy for both preventive and cure of HIV/AIDS. It is the process by which an individual undergoes counselling to enable him/her make informed decision about being tested for HIV. This decision must be entirely the choice of the individual who must be assured of confidentiality. Evidence from research in both developed and developing countries revealed that counselling and testing leads to early detection and access to HIV therapy which in turn increases the effectiveness. Counselling has been found to reduce risk behaviour towards HIV/AIDS (WHO 1994).

Counselling and Testing is organised as two-step process;

First: Information about HIV transmission and prevention is provided collectively during the group health education. Second: Individual voluntary counselling and testing is offered free to all consenting individuals. Additional information on HIV/AIDS prevention, treatment with nutrition and antiretroviral therapy are advocated (Awodiran 2009).

The reluctance shown by many people for HIV/AIDS counselling and testing are due to the stigma and discrimination attached to it. Also, the idea that the positive test of any individual is equal to death sentence scared people from doing it. However, counselling and testing is an essential entry point for people to know their status, as this will enhance early detection, which can lead to change of behaviour and early entry into the continuum of care. It will also help to develop positive attitude towards living with the virus and assessing antiretroviral therapy (ART) thereby prolonging the individual's life (Ogbona 2007). Therefore the present study sought to know the attitude towards HIV/AIDS counselling and testing among students in tertiary institutions in Ekiti-State, Nigeria.

II. Methodology

The descriptive research design was used for the study. The study investigated the existing characteristics of the population towards the knowledge of HIV/AIDS and attitude towards counselling and testing among students of tertiary institutions in Ekiti State.

The population for the study consisted of all students undergoing full time study in the seven tertiary institutions in Ekiti State Nigeria. The sample for the study consisted of 1,200 students of tertiary institutions in Ekiti State Nigeria. Simple random sampling and stratified random sampling techniques were used to select samples for the study. The instrument used was a questionnaire titled "Knowledge and Attitude of tertiary institution students towards counselling and testing (KATISTCT)".

The face, content and the construct validity were ascertained in Health Education and Test and measurement Test-retest method was adopted to determine the reliability of the instrument. The instrument was administered to one thousand two hundred (1,200) undergraduate students in three selected institutions in Ekiti State through direct delivery approach. The data collected for the study were analyzed using both descriptive and inferential statistics. The descriptive statistics used were percentages, frequency counts, mean and standard deviation while the inferential statistics used included Pearson Product Moment Correlation and Analysis of Variance (ANOVA).

General Questions – Two general questions were raised for the study.

- 1) What is the level of knowledge of HIV/AIDS possessed by tertiary institution students in Ekiti State?
- 2) What is the attitude of tertiary institution students towards counselling and testing for HIV/AIDS?

Question 1:

What is the level of knowledge of HIV/AIDS possessed by tertiary institution students in Ekiti State?

In answering this question, scores relating to student's knowledge of HIV/AIDS were computed. The mean score (54.36) and standard deviation (4.11) were used to categorize the respondents into "low", "moderate" and "high" levels of knowledge of HIV/AIDS. The low level of knowledge of HIV/AIDS was determined by subtracting the standard deviation score from the mean score ($54.36 - 4.11 = 50.25$). the moderate level of knowledge of HIV/AIDS was determined by the mean score of the responses on knowledge of HIV/AIDS in tertiary institutions in Ekiti-State (54.36) while high level of knowledge of HIV/AIDS was determined by adding the mean score and the standard deviation score of the responses on knowledge of HIV/AIDS in tertiary institutions in Ekiti State ($54.36 + 4.11 = 58.47$). therefore the low level of knowledge of HIV/AIDS starts from 0 to 50.25; the moderate level of knowledge of HIV/AIDS starts from 50.26 to 58.46 and the high level of knowledge of HIV/AIDS is from 58.47-60.00. the level of knowledge of HIV/AIDS of students in tertiary institutions in Ekiti State is as presented in Table 1.

Table 1: Level of Knowledge of HIV/AIDS possessed by the respondents.

Level of Knowledge of HIV/AIDS	Frequency	Percentage
Low(0.00- 50.25)	166	13.8
Moderate (50.26 - 58.46)	920	76.7
High (58.47 – 60.00)	115	9.5
Total	1200	100.0

Table 1 revealed the level of knowledge of tertiary institution students in Ekiti State. The result showed that out of 1200 respondents sampled, 166 representing 13.8 percent had low level. Those who had moderate level are 920 representing 76.7 percent while those with high level are 114 representing 9.5 percent. This showed that the level of knowledge of HIV/AIDS of tertiary institution students in Ekiti State was moderate.

Question 2

What is the attitude of tertiary institution students towards counselling and testing for HIV/AIDS

In answering the question, scores relating to student’s attitude towards counselling and testing were computed. The mean score(53.31) was used as the cutoff point to distribute the respondents into “positive” and “negative” attitude towards counselling and testing. Respondents with scores above the mean were categorized into positive attitude while those who had scores below the mean were categorized into negative attitude towards counselling and testing for HIV/AIDS. The result is presented in Table 2.

Table 2: Students’ Attitude towards counselling and testing for HIV/AIDS

Students’ attitude towards counselling and testing	Frequency	Percentage
Negative (0.00-53.30)	432	36.0
Positive (53.31-58.00)	768	64.0
Total	1200	100.0

Table 2 revealed that 432 respondents representing 36 percent of the total sample had negative attitude towards counselling and testing while 768 respondents representing 64% had positive attitudes towards counselling and testing. This implies that the attitude of students towards counselling and testing for HIV/AIDS is positive.

Hypothesis Testing

Two hypotheses were generated for the study. There is no significant difference between knowledge and attitude of students towards counselling and testing of HIV/AIDS. Mean scores on knowledge and attitude of students towards counselling and testing for HIV/AIDS were computed and subjected to statistical analysis involving Pearson Product Moment Correlation at 0.05 level of significance. The result is presented in Table 3

Table 3: Pearson Correlation of Students’ Knowledge and Attitude towards Counselling and Testing for HIV/AIDS.

Variable	N	Mean	SD	r _{cal}	R _{table}
Knowledge of HIV/AIDS	1200	54.36	4.11	0.257	0.195
Attitude TOWARDS HIV/AIDS counselling and testing	1200	32.35	3.70		

P<0.05

The result in table 3 showed that there is significant relationship between knowledge and attitude of students towards counselling and testing for HIV/AIDS (r = 0.257, p<0.05). The null hypothesis is rejected. This implies that there is significant relationship between knowledge and attitude of students towards counselling and testing for HIV/AIDS.

Hypothesis 2

There is no significant difference between knowledge and attitude of students in tertiary institutions towards counselling and testing services.

Mean score on student’s knowledge and attitude towards counselling and testing were computed and compared for statistical analysis to show the difference among tertiary institutions using Analysis of Variance (ANOVA) at 0.05 level.

The result is as presented in table 4.

Table 4: Summary of ANOVA of students’ knowledge and attitude towards HIV/AIDS counselling and testing.

Variable	Source	SS	ff	Ms	F _{cal}	F _{table}
Knowledge of HIV/AIDS	Between Groups	5672.007	2	2836	232.679	3.00
	within Group	14589.580	1197	12.188		
	Total	20261.587	1199			
Attitude towards counselling and testing	Between Groups	317.780	2	157.890	11.768	3.00
	Within Groups	16059.390	1197	13.416		
	Total	16375.170	1199			

P<0.05

Table 4 revealed that there is significant difference between knowledge (F_{2,1197} = 232.679, P<0.05) and attitude (F_{2,1197}=11.768, p<0.05) of students in tertiary institutions towards counselling and testing services. The null hypothesis is rejected. Therefore, there is significant difference between knowledge and attitude of students in tertiary institutions towards counselling and testing services.

III. Discussion

The result of the analysis from the findings showed that the level of knowledge of HIV/AIDS of students of tertiary institutions in Ekiti State was moderate. Only 13.8 percent had low level knowledge, 76.7 had moderate level of knowledge and 9.5 percent had high level of knowledge on HIV/AIDS. 1) The moderate level according to Ignatus and Lois (2006) might have been influenced by various campaigns in tertiary

institutions by Non-Governmental organizations, radio and television drama on HIV/ AIDS and a high level of awareness created by different bodies in those institutions. This is in line with the findings of Ugwengbulam (2001) who discovered that majority of his respondents that had good knowledge of HIV/AIDS were willing to undergo voluntary counselling on testing. It was discovered that those who had good knowledge of HIV/AIDS also showed positive towards counselling and testing. Findings also revealed that 36 percent of the students had negative attitude towards counselling and testing while 64 percent had positive attitude towards counselling and testing for HIV/AIDS. It was discovered that there was significant relationship between knowledge and attitude towards counselling and testing for HIV/AIDS. This findings was in line with Adele (2005) who discovered that the importance of HIV/AIDS counselling and testing cannot be overemphasised as this will enable the individual to make informed decision about being tested for HIV/AIDS so as to determine their health status. Counselling and testing serve as a universal preventive measure as people who already know their HIV/AIDS status or who are living with HIV are not likely to transmit the virus to others as they already know they are infected and have received counselling about safer behaviour. Izugbara (2008) supporting this finding asserted that despite the fact that HIV testing is free there is no evidence that people go for voluntary HIV testing in Nigeria. Odibo (2005) supporting these findings suggested that if students were given good and adequate information on HIV/AIDS counselling and testing (VCT) they would be able to make an informal choice about how they as individuals could take responsibility for their own health and well-being.

IV. Conclusion

The purpose of this study was to investigate the knowledge of HIV/AIDS and attitude towards counselling and testing among students of tertiary institutions in Ekiti State. The results revealed that tertiary institution students in Ekiti State had moderate level of knowledge on HIV/AIDS and had positive attitude towards counselling and testing. The study also revealed that there was significant relationship between knowledge and attitude of students towards counselling and testing for HIV/AIDS. It also showed that there was significant difference between knowledge and attitude of tertiary institution students towards counselling and testing. The study also revealed the need to organise more health education programmes to motivate student of higher institutions to value knowing their HIV/AIDS status and the need to do it voluntarily without coercion.

V. Recommendations

Based on the above, the following recommendations were made;

1. There should be increase in the level of awareness possessed by tertiary institution students on HIV/AIDS through regular seminars, health campaigns and health promotion lectures.
2. Health education and health promotion unit of each tertiary institution must be functional where regular counselling on HIV/AIDS could be carried out periodically for old students and especially routinely for newly admitted students.
3. There is need for government, NGOs and stakeholders to make funds available for higher institutions to provide wider opportunities to educate and motivate health educators to provide current information and advocacy to students of tertiary institution.
4. Donor agencies like UNICEF, WHO, policy makers, planners & implementers need to support better awareness and rid our society of the scourge of this deadly disease

References

- [1] Adelokun, A.A. (2008). The Level of Awareness of Risks of HIV/AIDS among Adolescents in two selected Secondary Schools in Abeokuta South LGA of Ogun state. Federal Training Centre for Teachers of Health Sciences. University Teaching Hospital. Ibadan.
- [2] Adele, A.O. (2003). Maternal and child health nursing. New York: USA. Williams and Wilkins limited.
- [3] Adeyemi, B.A. (2008). Adolescence and Sexuality Education. Akure: Network Publishers.
- [4] Ignatus, O. N., & Lois, N. O. (2005). Knowledge and sources of information of HIV/AIDS among secondary students in Imo state, Nigeria. *Journal of Research*
- [5] Izugbara, C.O (2008). Deterrents to voluntary HIV testing among University students in Uto, Southeast Nigeria.
- [6] Odio, O. O. (2003). AIDS: Threat to Human Existence; Hong Kong: Freeman publishing company.
- [7] Ogbona, A.N (2007). A research study on perception and attitude of pregnant women towards HIV screening in Federal Medical Centre Owerri, Imo State. (Unpublished thesis).
- [8] Ojedokun, I.M. (2004). HIV/AIDS Scourge and the Adolescence. *West Africa Journal of Nursing*, 5(2), 121-128
- [9] Park, K. (2007). Preventive and Social Medicine. Indian: Harcourt Brace and Company Limited.
- [10] Tailor, E. (2008). The prevention and Control of HIV/AIDS in Sierra Leone. *West Africa Journal of Nursing*, 16(2),
- [11] Ugwengbulam, C. N. (2001). HIV/AIDS Guidance services: Owerri Ngeria Joe Mankopa Limited.
- [12] WHO (2011). Counselling for HIV/AIDS: A Key to Caring for Policy Makers, Planners and Implementers of Counselling activities, Geneva.