

## Attitude of Youths Toward Voluntary Counselling and Testing HIV/AIDS

Tenibiaje Dele Joseph

University of Ado Ekiti, Ado-Ekiti, Ekiti State, Nigeria

**Abstract:** There have been reports on sexual behaviour of youths which had led to increase in HIV/AIDS epidemic in Nigeria. The youths are aware of transmission and prevention of HIV/AIDS, yet there is no change in the attitudes of youths toward HIV/AIDS. This study was carried out to investigate the attitudes of youths on HIV/AIDS and voluntary counselling and testing of HIV/AIDS. The study therefore attempts to identify ways to change the attitudes of youths in Nigeria. The research adopted a descriptive survey method and employed random sampling method to draw a sample of 357 youths from three states (Ondo, Kogi and Ekiti) of the federation. A research instrument for the collection of data was 18-item questionnaire. Two research questions were raised and one research hypothesis was formulated and tested. Data collected were subjected to counts, percentages and multiple regression analysis. The hypothesis was tested at 0.05 level of significance. The finding showed that the youths were aware of transmission and prevention of HIV/AIDS and knew the centres and importance of VCT HIV/AIDS. The finding also revealed that the best predictor of attitude of youths on voluntary counselling and testing was age, while sex and religion were also predictors. The study discussed how the attitudes of youths could be changed and how their behaviours could be modified.

**Key word:** Acquired immuno deficiency syndrome, attitude, human immuno deficiency virus, self-esteem, sex education, sexual behaviour, sexual health

### INTRODUCTION

Human Immuno Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have continued to be thorns in the flesh of Africans and Nigerians in particular. The menace of HIV/AIDS has reached every community and locality in Nigeria with varying degree of severity. Recently, HIV/AIDS has been recognised as the most notorious and serious global epidemics of our generation. According to National Centre for Health Statistics (NCHS) AIDS became the leading cause of death among Americans between ages 25 to 44 years. Similarly, in Nigeria approximately 170,000 died from AIDS in 2007 alone. UNAIDS (2008) estimated that in Nigeria about 3.1% of adult between ages 15-49 are living with HIV. Although, HIV/AIDS is gradually reducing but still more efforts should be geared towards effective approaches that can result in lowering HIV infection among the youths and adults.

The HIV/AIDS epidemic is not peculiar to Nigeria alone but a global problem and thus it is a great challenge that is facing every community in Africa. However, there are a lot of factors contributing to the spread of HIV in Nigeria such as religion, culture and education. Among these factors are inadequate information on sexual health and attitudes of Nigerians towards HIV/AIDS. Lack of accurate information about sexual health has meant many misconceptions and myths about sex and HIV. Whereas sex education in school is an important aspect of HIV

prevention, but sex education was not included in the curriculum of primary and secondary schools in Nigeria for a long time. Despite the fact that, majority of Nigerians are literates yet they lack information about sex education. However, according to Adeuyi and Kanki (2006) in their study, AIDS in Nigeria, sex education or sexual health education was introduced for 10-18 years old of school age. The researcher observed that the introduction of sex education has not improved young people's knowledge of HIV/AIDS and attitudes to sexual health and has not reduced sexual risk-taking behaviour.

According to UNAIDS (2003) an increasing number of youths within the age of 15-25 years have continued to be infected with HIV. Also National HIV/AIDS Reproductive Health Survey (2003) reported that youths are more vulnerable to sexual infections because of their age, gender and sexual orientation. This assertion was supported by (UNICEF, UNAIDS and WHO 2007) that youths are the most sexually active individuals. Nigerian youths have imbibed negatively the sexual activity and moral behaviour such as sexual promiscuity, rape, prostitution and unprepared marriage due to illegal pregnancies. These attitudes have created a lot of problems to the youths and led to the spread of HIV among youths.

Voluntary Counselling and Testing (VCT) of HIV has been introduced to youths in Nigeria. VCT is the process that enables an individual to undergo a change in

order to make an informed choice about being tested for HIV. Therefore, VCT is increasingly important in Nigeria to reduce rate of HIV/AIDS (PSI, 2009). According to Family Health International (2009), the implementation of VCT will assist individuals to undergo counselling. The attitude and behaviour of youths toward VCT are also factors that need to be addressed. The psychologists and guidance counsellors have some roles to play in changing the attitudes of the people and the youths in particular to voluntarily come for counselling. The youths need to be assured of confidentiality in counselling by the counsellors. Also behaviour modification and attitude change of youths are tasks to be performed by psychologists and counsellors. The attitudinal change and behaviour modification are necessary in preventing the menace of HIV. The attitude of individual is a contributory factor to the spread of HIV in Nigeria.

Though, a lot of efforts were made in the past to control the spread of HIV/AIDS in Nigeria through information. Information has been one of the sources to enlighten Nigerians about effects of AIDS epidemic on social, economic and the political stability of the country. The dissemination of information on HIV/AIDS has made people to be aware of transmission and prevention of HIV/AIDS but information has not changed the attitude and behaviour of youths. The Non-Governmental Organisations (NGO) have improved the lives of people living with HIV/AIDS (PLWHA) in the area of care and support. The NGO has made positive progress and achievement in Nigeria. Evidences and reports have shown that sexual behaviour of youth in Nigeria is increasing despite the fact that enough information and messages have been passed across and received by the youths. Despite information, knowledge and awareness on transmission and prevention of HIV/AIDS, sexual behaviour and attitude towards HIV/AIDS have not changed despite all efforts then attitude change of youth should be looked into, may be it could be a panacea to prevention of HIV/AIDS. Thus, advancing other area such as attitudinal change of youths which may reduce the vulnerability to infection. The attitude change involves persuasion, self-esteem, self-efficacy and decision-making.

Persuasion is very important in attitude change. The attitude change of youth can be advanced in the knowledge of persuasion since attitude change is a response to communication. The youths need persuasion to change their attitude. Embedded in persuasion is emotion. Emotion is a common component in persuasion and social influence. Emotion works hand-in-hand with cognitive process or the way we think; about an issue or situation. The youths need to be persuaded to change their attitude toward various sexual activities and moral behaviours.

Apart from persuasion, another important variable that helps in attitude change is self-esteem. Those high in self-esteem are less easily persuaded and it implies that there is relationship between self esteem and persuasive. Rhodes and Woods (1992), opined that people of moderate self-esteem are more easily persuaded than both those of high and low self-esteem. There is some evidence that the relationship between self-esteem and persuasive is actually curvilinear with people of moderate self-esteem. The self esteem needs to be moderated.

Attitude change of the individuals could be manifested through their self-efficacy. Self efficacy is the ability to deal with situation and emotion. Self-efficacy is a perception of one's own human agency. Bandura (1997) said if a person is not self-efficacious he is not likely to change his attitude or behaviour. Decision- making is another component in attitude change which needs to be considered in youths.

Also the individual's attitudinal change should be stabilized or eradicated. Looking over past efforts against the epidemics, it is evident that provision of information is not enough since change of behaviour requires more than mere information, it requires attitude change which can be advanced through persuasion, self-esteem, self-efficacy and decision making.

The research focuses on better or effective approach to reduce or eliminate the HIV/AIDS epidemic. Unless action against the epidemic is scale up drastically the damage already done will continue to multiply in future.

The purpose of this study was to determine the sexual behaviour and attitude of youth on HIV/AIDS. Also the study attempts to facilitate ways to change the attitude of youths in Nigeria. In order to achieve this, two research questions were formulated and one hypothesis was raised and tested at 0.05 level of significance.

Specifically, the study sought to answer the following questions:

- What are the sexual behaviours of youths?
- What is the attitude of youths towards VCT HIV/AIDS?

This null hypothesis was stated and tested at 0.05 level of significance:

- There is no single best predictor of attitudes of youths on ages, sex and religion towards VCT on HIV/AIDS

## METHODOLOGY

**Design:** 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.

**Sample and sampling technique:** The samples for the study were all youths that are between 15 and 35 years of age from three states in south-west of Nigeria. Purposive stratified random sampling techniques were used in selecting the subjects. The researcher purposively selected two states out of three states for being noted for high sexual risk behaviour and high HIV infection rate. 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. The research was conducted in 2009 in Ado-Ekiti, Ekiti State.

**Instrument:** An instrument on sexual behaviour and attitude of youths toward on HIV and VCT constructed by the researcher and was used to collect data. The instrument was 18 item structured questionnaires on sexual behaviour of youths and attitude of youths to VCT. Also questionnaire on bio-data of respondents were also used to collect information.

**Validity:** 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:** 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 Product 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.

**RESULTS**

**Research question 1:** What is the sexual behaviour of youths?

Table 1 showed the sexual behaviour of youths in Nigeria. A 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%) did not have sexual intercourse with their friends. Sexual behaviour of youths has increased to the stage that 58 (16.2%) had anal sexual activity. 250 (70.0%) of the 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 1: Sexual behaviour of youths

Sexual behaviour of youths	Yes		No	
	N	%	N	%
I had sexual intercourse severally	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 2: Attitude of youths towards voluntary counselling and testing HIV/AIDS

Attitude of youths towards voluntary counselling and testing HIV/AIDS	Yes		No	
	N	%	N	%
1. Knowing my HIV status is necessary	292	81.8	65	18.2
2. Have you been tested of HIV/AIDS?	119	33.3	238	66.7
3. Have heard about voluntary counselling and testing for HIV/AIDS?	252	70.6	105	29.4
4. Do you want to be tested through voluntary counselling and testing programme?	276	77.3	81	22.7
5. Knowing HIV status is beneficial to me, partners and others.	290	81.2	67	18.8
6. Are you afraid to be tested on HIV/AIDS and being HIV positive?	219	61.3	138	38.7
7. HIV/AIDS voluntary counselling and testing is not free?	189	52.9	168	47.1
8. Do you know where to get tested?	210	58.8	147	41.2
9. Do you know that voluntary counselling and testing is confidential?	269	75.4	88	24.6
10. Sensitization of voluntary counselling and testing HIV/AIDS to people is paramount?	272	76.2	86	23.8
11. I do not visit HIV/AIDS testing centers because of stigma	281	78.7	76	21.3

**Research question 2:** What are the attitudes of youth toward Voluntary Counselling and testing of HIV/AIDS?

Table 2, revealed that youths have positive and negative attitude on Voluntary Counselling and Testing HIV/AIDS. In nearly all the items the respondents responded negatively to Voluntary Counselling and Testing. On whether they have been tested of HIV/AIDS, 66.7% (238) of the respondents claimed that they have not been tested of HIV/AIDS as compared with 33.3% (119) respondents. 219 (61.3%) of youths indicated that they were afraid to be tested on HIV/AIDS for being HIV positive. 210 (58.8%) claimed that they knew where to get tested while 147 (41.2%) claimed that they did not know where to get tested. The evidence in their responses showed that they have the knowledge and awareness of Voluntary Counselling and Testing for HIV/AIDS but they have negative attitude towards (VCT) HIV. The youths have the awareness that (VCT) is confidential 75.4% indicated that they knew that VCT is confidential as compared with 24.6% who were not aware that VCT is confidential. Similarly, 189 (52.9%) indicated that they were aware that HIV Voluntary Counselling is free still they failed to visit the centres. Conclusively, 281 (78.7%) of the respondents deliberately failed to visit VCT (HIV) testing centres because of stigma attached to HIV/AIDS. A large number of respondents 272 (76.2%) indicated that stigmatization of Voluntary Counselling and Testing is of paramount importance to the youths. Therefore, sensitization would change the attitude of youths towards VCT.

**Hypotheses testing:** To test the hypothesis, the mean score obtained on the difference in the 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 single best predictor of attitude of youths on Voluntary Counselling and Testing of HIV among age, gender and religion. It is predicted that none of these variables age, gender and religion is a single best predictor of attitude of youths on Voluntary Counselling and Testing of HIV.

The hypothesis was intended to determine the predictive strength of age, gender and religion on attitude of youths on Voluntary Counselling and Testing. This hypothesis was tested using the scores generated from the age, gender and religion and were subjected to multiple regression analysis at 0.05 level of significance.

The result in Table 3a shows the multiple regression analysis yielded a multiple correlation of 0.129 while  $R^2$  is 0.017 appropriately 0.02. It means that multiple regression analysis yielded a multiple correlation 13% while  $R^2$  is 2%. The independent Variables therefore,

Table 3a: Multiple regression analysis on age, gender and religion on attitude of youths on Voluntary Counselling and Testing HIV

R	0.129
R square	0.017
Adjusted R square	0.008
Standard Error	1.687

R is Regression and R square is Regression square

Multiple regression	df	SS	MS	F-ratio	p-value
Regression	3	16.887	5.629	1.979	<0.5
Residual	354	1004.244	2.845		

SS = Sum of squares, MS = Mean squares

Table 3b: Multiple regression analysis on attitude of youths on voluntary counselling and testing HIV/AIDS

Variable	B	SEB	Beta	T Sig.	t-value
Age.	450	0.191	0.125	2.350	0.190
Gender	5.789E02	0.182	0.017	0.317	0.751
Religion.	171	0.249	0.036	0.686	0.493
Constant	16.686	0.616		27.087	0.000

accounted for 2% of the Variance in the dependent Variables while age, gender and religion can not jointly account for 98% of the variance on the attitude of youths on Voluntary Counselling and Testing HIV. This means that other factors accounted for 98% difference.

Age ( $\beta = 0.125$ ;  $t = 2.350$ ,  $p > 0.05$ )  
 Gender ( $\beta = 0.017$ ;  $t = 0.317$ ,  $p > 0.05$ ) and  
 Religion ( $\beta = 0.036$ )

From the Table 3b, the multiple regression equation is:

$$Y = A + a_1x_1 + a_2x_2 + a_3x_3$$

$$= 0.125 + 0.017 + 0.036$$

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Regression weights for each variables are:

0.125 for Age  
 0.017 for Gender  
 0.036 for Religion

Table 3b revealed the comparative analysis of the independent variables of age, gender and religion to attitude of youths on Voluntary Counselling and Testing HIV/AIDS. The results indicated that the independent variables have partial significant correlation coefficient in prediction of attitude of youths on Voluntary Counselling and Testing HIV/AIDS. However, age has a high coefficient, making it the single best predictor of attitude of youths on Voluntary Counselling and Testing HIV/AIDS. The analysis included unstandardized regression weight ( $\beta$ ), standardized regression weight (Beta) and standard error of estimate (SEB). The coefficient shows that the independent variables are

having complimentary significance in predicting attitude of youths on Voluntary Counselling and Testing HIV/AIDS since the standardized regression weight range from 0.125 (being the weight of range) through 0.017 (being the weight of gender) to 0.036 (being the weight of religion). The percentage correlation of each of the independent variables was 12% for age, 1% for gender and 3% for religion. They are not significant at an alpha level of 0.05. The null hypotheses was rejected, therefore there was a single best predictor of attitude of youths on Voluntary Counselling and Testing HIV/AIDS. The best predictor of attitude of youths on Voluntary Counselling and Testing HIV/AIDS is age.

### 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 58 percentages (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 (2004) and Ejue and Effiam (2005) who stated that the youths engaged in risk sexual behaviour.

The results of the findings showed 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 finding agreed with Ugwuegbulam (2001) and UNESCO (2001) that there were various sources of acquiring and spreading of HIV, but they recommended the use of condoms by both male and female who could not control their urge.

The hypothesis centres on the best predictor of attitude of youths on voluntary counselling and testing HIV. The result revealed that age, gender and religion have a significant partial correlation coefficient in the predictions of attitude of youths towards voluntary counselling and testing HIV. This showed that age, gender and religion are significant in predicting attitude of youths toward Voluntary Counselling Testing (VCT) HIV, however age has a high coefficient making it the single best predictor of attitude of youths towards Voluntary Counselling Testing (VCT) HIV. The result revealed that age, gender and religion are contributing to

attitude of youths towards VCT HIV though very low contribution. This result did not support earlier researchers that knowledge of HIV/AIDS was slightly lower in the 15-19 age groups, but this finding affirmed that the youths are adequately informed. The knowledge of transmission and prevention of HIV/AIDS was high in the 20-24 age group, while UNAIDS (2007) cited in UNAIDS (2008) and Ekoja (2005) disagreed with Ugwuegbulam (2001) and UNESCO (2001) and attested that the youths are less informed on knowledge of HIV/AIDS.

### CONCLUSION

The conclusion that may be drawn from these findings are that the youths have acquired adequate information on transmission and prevention of HIV/AIDS. However, despite these information acquired by the youth, their attitude towards HIV/AIDS has not changed. Attitude change should be focused upon, since efforts had been made on information dissemination on transmission and prevention of HIV/AIDS. Advance step should be on components of attitude change. The youths need persuasion and focus on self-esteem, self-efficacy and decision making. The attitude of the youths needs to be changed positively and their behaviour needs to be modified.

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