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Need for HIV Voluntary Counselling and Testing Services in Secondary Schools as Expressed by In-School Adolescents in Kwara State, Nigeria

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Abstract

This study was aimed at surveying the need for HIV-VCT services in secondary schools. Descriptive survey method was used in this study. The target population of this study comprised all in-school adolescents in Kwara State. Samples of 300 respondents were selected for the study. The purposive sampling technique was used in selecting in-school adolescents between ages 12 and 20. These adolescents were stratified based on age, religion and gender. Through a simple random sampling technique, one hundred respondents were selected from each of the senatorial districts (Kwara North, Kwara Central, Kwara South) in Kwara State. The instrument used was the Need for HIV Voluntary Counselling and Testing Services in Secondary Schools Questionnaire (NHVCTSS). Results of this study revealed that there was no significant difference in the need for HIV-VCT services in secondary schools on the basis of gender and age. However, a significant difference was found on the basis of religion and school type. As such, it was recommended that counsellors should be trained in the basic concepts of HIV as a compulsory component of their professional curriculum to facilitate capacity in HIV-VCT services.

Keywords: *in-school adolescents, voluntary counselling, secondary school, human immunodeficiency virus*

Introduction

Human immunodeficiency virus is a disorder of the immune system in which the body's normal defence against infection is compromised. This makes the body vulnerable to myriads of infections. According to UNAIDS (2008), HIV epidemic remains one of the greatest challenges of our time. Despite the government intervention programmes, the epidemic has continued to threaten human existence and the number of people with this infection has also increased. In 2008, World Health Organization (WHO) claimed that Nigeria was the third highest country on HIV and AIDS burden chart, followed by South Africa and India.

Several cultural beliefs in Nigeria have made it difficult to keep the spread of HIV and AIDS epidemic under control. Such beliefs include the practice of genital mutilation, inscription of traditional mark on the body, polygamy, etc. There are also lots of at risk behaviors that make an adolescent vulnerable to AIDS and these include having sex with many partners, the belief that HIV/AIDS can be cured when the infected person has sex with a virgin, injection of substance, engaging in smoking and excessive alcohol drinking and prostitution (Danji & Onajola, 2010). Adolescence is the period of life between childhood and adulthood. Adolescence begins with the onset of puberty. It is a time of metamorphosis from childhood to adulthood. During this period, there is change in the physical characteristics and reasoning level (Adegoke, 2003).

HIV counselling is an on-going dialogue between the client and the counsellor. The client in HIV counselling is one who is infected, affected by, disturbed or concerned about HIV status. This could also be referred to as confidential communication between a client and a counsellor, which enables the client to take a personal decision relating to HIV/AIDS. The counsellor must be knowledgeable about HIV/AIDS. This process also helps adolescents to develop coping behaviors. The emotional reaction that is manifested when the result is discovered to be positive can only be managed systematically by a trained counsellor (Grinstead & Gregorich, 2001).

According to Sukari (2007), voluntary counselling and testing play a key role in early diagnosis and prevention of HIV infection. The researcher encouraged the establishment of this program within schools because adolescents are the most vulnerable. In the same vein, Estelle, Patrick and van Hove (2015) stated that in South Africa, the Department of Basic Education and Health had been advocating for the establishment of school-based HIV counselling, caused by the widespread infection. It was also recommended that VCT centers that are located in places like

health institutions, special clinics, religious institutions, and youth centers can also be replicated in schools.

Voluntary Counselling and Testing (VCT) is the process by which adolescents go through counselling to enable them make an informed decision or choice about being tested for HIV. It is important to note that a client should not be forced to have the test without their consent. VCT is provided in a private, quiet, comfortable and confidential way. Voluntary Counselling and Testing (VCT) involves various sequential steps that are followed in providing the services that include pre-test counselling, testing, post-test counselling and follow-up counselling (Teka, Diriba& Fenet, 2016).

Problem Statement

Several traditional practices such as child marriage, female genital mutilation, scarification, tattooing, wife inheritance and polygamy have escalated HIV epidemic among youth. Many adolescents believe that the discourse on HIV/AIDS is a propaganda which has no substance. Despite the high level of awareness, many in-school adolescent still engage in risky behaviours that predispose them to HIV/AIDS infection. This youth is ignorant of the mode of transmission of the infection. It is therefore imperative to establish HIV-VTC services in school.

Omary (2008) carried out a study on barriers and attitudes towards HIV counselling among secondary school pupils in Segerrema in Mwaza. Madiba and Mokgatlé (2015) investigated the reasons why students want HIV testing in schools, while Metiboba and Tinuola (2007) carried out research on attitudes towards HIV tests in Nigeria. To the best of the researcher's knowledge, none of them has carried out research on the above topic. As such, the purpose of this study was to investigate the need for HIV voluntary counselling and testing services in secondary schools as expressed by in-school adolescents. Also, the study investigated whether gender, religion, type of school and senatorial district have an influence on adolescents' perceptions.

Research Questions

1. How can HIV- VCT services help in-school adolescents?
2. Is there any difference in the need for HIV-VCT services in secondary schools as expressed by in-school adolescents on the basis of gender?

3. Is there any difference in the need for VCT services in secondary schools as expressed by in-school adolescents on the basis of religion?
4. Is there any difference in the need for VCT services in secondary schools as expressed by in-school adolescents on the basis of school type?
5. Is there any difference in the need for VCT services in secondary schools as expressed by in-school adolescents on the basis of age?

Research Hypotheses

1. There is no significant difference in the need for HIV-VCT services in secondary schools as expressed by in-school adolescents in Kwara State on the basis of gender.
2. There is no significant difference in the need for HIV-VCT services in secondary schools as expressed by in-school adolescents in Kwara State on the basis of religion.
3. There is no significant difference in the need for HIV-VCT services in secondary schools as expressed by in-school adolescents in Kwara State on the basis of school type.
4. There is no significant difference in the need for HIV-VCT services in secondary schools as expressed by in-school adolescents in Kwara State on the basis of age.

Methodology

Research Design

The research design adopted for this study is a descriptive survey. The researcher considered this method appropriate for this study. The study comprised all adolescents in Kwara State. Samples of 300 respondents were selected for this study, the purposive sampling technique was used in selecting in-school adolescents between ages 12 and 20. They were stratified based on age, religion and gender. Through a random sampling technique, one hundred respondents were selected from each of the senatorial districts (Kwara North, Kwara Central, Kwara South) in Kwara State.

The instrument used was the Need for HIV Voluntary Counselling and Testing Services in Secondary Schools Questionnaire (NHVCTSS). The psychometric property of the instrument was established by the researcher. Items in this

instrument were generated from the review of related literature. Section A of the questionnaire contained the demographic data while section B was designed to elicit information on the need for HIV voluntary counselling and testing services in schools. The four-point Likert type response format was adopted for use in section B as follows: Strongly Agree – 4 points, Agree – 3 points, Disagree – 2 points and Strongly Disagree – 1 point. The researcher used both descriptive and inferential statistics for data analysis. The t-test and ANOVA statistics were employed to test the research hypotheses at the 0.05 alpha level of significance. The analysis was made with the use of the SPSS package. In determining the validity of the instrument, the questionnaire was examined by experts of the related field of study. The experts affirmed that the instrument covered the intended contents and therefore was valid for use. The reliability of the instrument was established and ascertained.

Before the questionnaires were given to the students, the researcher sought permission from the school authority. Class teachers were also informed. They equally helped in conducting of the questionnaire. The inclusion criteria were students between ages 12 and 20.

Table 1. Respondents' demographic data

Variable	Frequency	Percentage %
Gender		
Male	159	53.0
Female	141	47.0
Total	300	100
Religion		
ATR	5	1.7
Christianity	170	56.7
Islam	125	41.7
Total	300	100
School Type		
Public	245	81.7
Private	55	18.3
Total	300	100
Senatorial District		
Kwara South	100	33.3
Kwara Central	100	33.3
Kwara North	100	33.3
Age	300	100
12–14	125	41.6
15–17	156	52.0
18–20	19	6.4
Total	300	100

Table 1 indicates that 53.0% (159) of the respondents were male while 47.0% (141) of the respondents were female. Based on the religion affiliation, 1.7% (5) of the respondents were practicing African Traditional Religion (ATR), 56.7% (170) of the respondents were practicing Christianity while 41.7% (125) of the respondents were of Islamic religion. Also, 81.7% (245) of the respondents were from public schools while 18.3% (55) of the respondents were from private school.

Research Questions

1. How can HIV- VCT services help in-school adolescents?

Table 2. Mean and rank order of the Need for VCT Services
in Secondary School

Item No.	As an adolescent, the establishment of VCT services in schools can help in	Mean	Rank
3	preventing the spread of HIV among students	3.43	1 st
16	early detection of student status	3.34	2 nd
7	effective disclosure of status especially of those that are HIV positive	3.32	3 rd
2	enlightening students about the use of condom	3.21	4 th
1	reducing unprotected sex among students	3.10	5 th
5	managing students who are HIV positive within the school	2.94	6 th
15	referring students to medical specialist when they need quick attention	2.90	7 th
9	correcting the common irrational beliefs among students about HIV infection	2.81	8 th
18	the provision of routine answers to HIV-related enquires	2.73	9 th
8	exposing students to habits that predispose them to HIV infection	2.70	10 th
4	reducing HIV at risk behaviour among students	2.65	11 th
17	sharing their present and past sexual behaviour with the counsellor	2.61	12 th
14	educating students about their rights irrespective of their status	2.58	13 th
6	fast dissemination of HIV information to students	2.55	14 th
12	reducing stigmatization	2.52	15 th
20	monitoring regular use of antiretroviral drugs	2.50	16 th
11	reducing emotional trauma among students who are HIV positive	2.25	17 th
10	becoming a responsible citizen	1.64	18 th
13	promoting the image of the school	1.54	19 th
19	improving academic performance	1.52	20 th

Table 2 indicates that items 3, 16 and 1 ranked 1st, 2nd and 3rd with mean scores of 3.43, 3.34 and 3.32 respectively, while item 19 ranked last. Since sixteen out of the twenty items have mean scores that are above the mid-mean score of 2.50, it can be said that there is a need for VCT services in secondary schools.

Table 3. Mean, standard deviation and t-test of the respondents' views on the need for VCT services in secondary school based on gender

Gender	N	Mean	S.D.	df	Calc t-value	Crit. t-value	P-value
Male	159	60.48	10.252	298	.393	1.96	.695
Female	141	60.05	8.414				

Table 3 shows a calculated t-value of .393 and a critical t-value of 1.96 with a corresponding p-value of .695, which is greater than the 0.05 alpha level of significance. The null hypothesis is accepted since p-value is greater than the alpha level. This indicates that there is no significant difference based on gender.

Table 4. Analysis of variance (ANOVA) of the respondents' views on the need for VCT services in secondary school based on religion

Source	Sum of Squares	df	Mean Squares	Calc. F-ratio	Crit. F-ratio	P-value
Between group	8056.168	2	4028.084	*64.75	3.00	.000
Within group	18473.868	297	62.202			
Total	26530.037	299				

* Significant, $p < 0.05$ alpha level

Table 4 shows that the calculated F-ratio of 64.75 is greater than the critical F-ratio of 3.00 with a corresponding p-value of .000, which is less than the 0.05 alpha level of significance. This shows that there is a significant difference based on religion. In order to determine the mean value(s) that caused the significant differences observed in the ANOVA results of Table 4, the Duncan Multiple Range Test (DMRT) was used as a post-hoc test. The results of the DMRT procedure are presented in Table 5.

Table 5. Duncan Multiple Range Test (DMRT) showing differences in the respondents' views on the need for VCT services in secondary school based on religion

Duncan Groupings	N	Means	Group	Religion
A	125	66.41	1	Islam
B	5	56.20	2	ATR
B	170	55.89	3	Christianity

Table 5 shows the Duncan Multiple Range Test indicating a significant difference noted in the ANOVA in Table 4. Group 1 (Islam), with a mean score of 66.41, significantly differed from Group 2 (ATR), with the mean score of 56.20, but slightly differed from Group 3 (Christianity), with a mean score of 55.89. All the groups differed from one another but the significant difference noted was the result of Group 1.

Table 6. Mean, standard deviation and t-test of the respondents' views on the need for VCT services in secondary school based on school type

School	N	Mean	S.D.	df	Calc t-value	Crit. t-value	p-value
Public	245	57.72	7.721	298	*12.08	1.96	.000
Private	55	60.05	7.778				

* Significant, $p < 0.05$ alpha level

Table 6 shows a calculated t-value of 12.08 and a critical t-value of 1.96 with a corresponding p-value of .000, which is less than the 0.05 alpha level of significance. Since p-value is less than alpha level, therefore, there is a significant difference based on school type.

Table 7. Analysis of variance (ANOVA) of the respondents' views on the need for VCT services in secondary school based on age

Source	df	SS	Mean Square	Cal. F-ratio	Crit. F-ratio	P-value
Between Groups	2	6619.550	488.617	1.45	3.00	.321
Within Groups	297	19910.487	339.561			
Total	299	26530.037				

Table 7 shows that the calculated F-ratio of 1.45 is less than the critical F-ratio of 3.00 with a corresponding p-value of .321, which is greater than the 0.05 alpha level of significance. Since the p-value is greater than the alpha level, the null hypothesis is accepted based on age

Discussion

The in-school adolescents that participated in this study agreed that there is a need to establish HIV-VCT services in schools because it can prevent the spread of HIV among students. In the same vein, Grinstead and Gregorich, (2001) explained

that HIV/AIDS counselling helps in the preventive transmission of HIV and at the same time provides psycho-social support to those already infected.

The respondents' gender and age did not influence their perceptions on the need for the establishment of voluntary HIV and testing counselling services in secondary schools. This confirmed the findings of Estelle, Patrick and van Hove (2015), who carried out a study on HIV counselling and testing in secondary schools and found that both male and female in-school adolescents of different age groups agreed that they preferred to have HCT provided at their school during school hours. They discovered that going to clinics after school hours could be difficult. In the same vein, Boswell and Baggaley (2002) also emphasized the need for voluntary counselling among youth.

Various religious teachings have a significant influence on the views of adherents. This might be due to the fact that each religion has different tenets peculiar to them. Teka, Diriba and Fenet (2016) acknowledged the fact that irrespectively of one's religion, VCT is a worldwide accepted good practice for HIV prevention and management that should be deployed at various points where HIV is endemic.

On the basis of school type, the respondents also differed in their opinions. This corroborates the view of Eposi et al. (2012), who noted that that students from private schools in Tiko health district of Cameroun used VCT services more often than their peers from other schools. The report further reinforces the in-school adolescents' need for the establishment of voluntary HIV services in schools. The researcher also found that in mission schools such services are not recognized because the students are expected to desist from at risk behaviour. Tenibiaje (2010) revealed that despite the high awareness level of VCT services, several students had never gone to check their status, hence the need for HIV-VCT in schools.

Conclusion, Counselling Implications and Recommendations

The results of this study revealed that there was no significant difference in the need for HIV-VCT services in secondary schools on the basis of gender and age. However, a significant difference was found on the basis of religion and school type. HIV infection is common among adolescents; it is important for counsellors to begin to sensitize the school authority on the need to establish HIV voluntary services in secondary schools. This will help in the prevention and spread of HIV infection. Counsellors should maintain an open door policy so that adolescents who have some challenges relating to HIV/AIDS can have access to them. It was recommended that counsellors should be trained in the basic concepts of HIV as a

compulsory component of their professional curriculum to facilitate their capacity in HIV-VCT services. The government, as a matter of urgency, should establish HIV-VCT services in secondary schools.

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