

Full Length Research Paper

Awareness and attitudes to voluntary counseling and testing (VCT) for human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) among law undergraduates in tertiary institutions in Anambra State, Southeast, Nigeria

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Nigeria, like other sub Saharan African countries, is heavily affected by human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), and the young people have the highest prevalence. It is estimated that less than one in ten people in sub Sahara Africa know their HIV status despite the fact that the present HIV intervention packages depend on the knowledge of HIV status. Voluntary counseling and testing (VCT) for HIV/AIDS is a concept that is designed to address this gap. This study was conducted to determine the knowledge and attitudes of VCT for HIV/AIDS among undergraduates of law faculty in tertiary institutions in Anambra state southeast Nigeria. This is a cross sectional questionnaire based survey conducted among law undergraduates in Anambra state using a multistage random sampling method. The respondents were all full time law students and were aged between 15 to 42 years, with a mean of 21.06 ± 3.0 years and a modal age of 20 to 24 years. Two hundred and ten (71.4%) of the students were aware of VCT for HIV/AIDS while eighty four (28.6%) of the respondents had no knowledge of it. The commonest sources of information about VCT for HIV/AIDS were electronic media 114 (38.8%), followed by churches 67 (22.8%) and print media 44 (15.0%). Although majority of respondents had positive attitude towards VCT for HIV/AIDS, 20% of them disapproved of VCT and this is quite high considering their educational status. Public health education, awareness programmes and VCT centers dedicated to young people should be established.

Key words: Voluntary counseling and testing (VCT), awareness, law undergraduates, attitude, southeast, Nigeria.

INTRODUCTION

Voluntary counseling and testing (VCT) has been recognized as an integral element of effective HIV public health primary prevention and care programme (Solomon et al., 2008). In the context of HIV/AIDS, VCT has been described as a confidential dialogue between the counselor and the patient, with the aim of assessing the

risk level and encouraging the making of personal decisions to prevent infection or to enable them cope with stress and other problems related to HIV infection (SOGON, 2005). It has been estimated that each day, 7,000 people between the ages of 15 to 24 years are infected with HIV worldwide resulting, in 2.6 million new in

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Table 1. The biosocial characteristics of the respondents.

Sex distribution	Frequency N = 294	Percentage (%)
Male	138	46.9
Female	156	53.1
Age distribution		
15-19	48	16.3
20-24	168	57.1
25-29	54	18.4
30-34	0	0
35-39	6	2.0
≥40	18	6.1
Marital status		
Single	276	93.9
Married	18	6.1

Table 2. The sources of information about VCT for HIV/AIDS.

Source	Frequency	Percentage (%)
Electronic media	114	38.8
Churches	67	22.8
Print media	44	15.0
Friends/peers	25	8.5
Health care providers	20	6.8
Schools	18	6.1
Relatives	6	2.0
Total	294	100.0

fections per year; 1.7 million of which occurs in Africa (McClure et al., 2004).

In Nigeria, it is currently estimated that the highest seroprevalence rates of 4.2 to 9.7% is among the youths (15 to 24 years) (NACA, 2001). Similar to the Joint United Nations Programme on HIV/AIDS (UNAIDS) report (Bateganya et al., 2007) in most parts of sub Saharan Africa, fewer than one in ten people are aware of their HIV status (Matovu and Makumbi, 2007). However, many of the current interventions to prevent HIV/AIDS require people to know their status and hence require HIV testing. VCT therefore is a vital point of entry to the HIV/AIDS services including prevention of and clinical management of HIV and HIV related illness including, tuberculosis (TB) control, psychological and legal support and prevention of maternal to child transmission of HIV. VCT also enables people living with HIV to access the appropriate cure and is an effective HIV preventive strategy.

VCT is of immense benefit to those who test positive and those who test negative. It alleviates anxiety, increases client's perception of vulnerability to HIV, promotes behavioural change, facilitates early referral to care and support, including access to anti retroviral (ARV) drug therapy and it also assists in reducing stigma. VCT for young people should be recognized as a major priority with the Nigerian HIV prevention program. The utilization of

VCT services among the young people however depends on their knowledge about its' existence and their attitude towards it. This study therefore assesses the awareness, practice and attitude of VCT for HIV/AIDS among law students in tertiary institutions in Anambra State, Southeast Nigeria.

MATERIALS AND METHODS

This cross sectional, questionnaire based, descriptive study was conducted among law undergraduates studying in tertiary institutions in Anambra State, Southeast Nigeria between October and December 2009. The 10 tertiary institutions (5 universities and 5 polytechnics) in the state together with the courses they offer were initially identified. Nnamdi Azikiwe University, Awka and Anambra state University Uli which are the only institutions running undergraduate courses in Law in the state were selected as the area of study. Nnamdi Azikiwe University is a Federal tertiary institution located in Awka, the capital city of Anambra State, with campuses at Nnewi and Agulu while Anambra state University is a state owned university which also has a multi-campus structure, with campuses located at Uli and Igbariam. Both institutions offer a varied range of courses ranging from Agriculture to Zoology.

Prior to the onset of the study, consent was obtained from both the University administration and the Faculties of law of both institutions. By systematic random sampling, a total of 300 students were selected from both institutions in such a way that 150 students were chosen from the law faculty of each institution. The survey instrument was semi-structured, pre-test, self-administered, questionnaire which were distributed only to the respondents who gave their consent to partake in the study by the researchers. The questionnaire which was divided into 3 segments obtained information on the respondents' sociodemographic data, knowledge of and attitude about VCT for HIV/AIDS. The students were requested not to write their names on the questionnaire to maintain anonymity. They were also requested not to communicate with each other while filling or compare answers after filling the questionnaire. A total of 300 questionnaires were distributed to the students by the researchers but only 294 questionnaires were properly filled or returned. These correctly filled questionnaires formed the bases of the analysis done using SPSS for windows version 15.0. Chi square test was used to assess the significance of associations between categorical variables. A p-value of 0.05 or less was considered statistically significant.

RESULTS

A total of 300 questionnaires were distributed but 294 of them were correctly filled and these formed the basis for this analysis. The respondents were all full time law students and were aged between 15 to 42 years, with a mean of 21.06 ± 3.0 years and a modal age of 20 to 24 years. One hundred and fifty six (53.1%) were females and one hundred and thirty eight (46.9%) were males. While 93.9% of the students were single, 6.1% were married (Table 1). All the students were aware of HIV/AIDS. Two hundred and ten (71.4%) of the students were aware of VCT for HIV/AIDS while eighty four (28.6%) of the respondents had no knowledge of it. The sources of information about VCT for HIV/AIDS were as shown in Table 2. The commonest source of information about VCT for HIV/AIDS 114.0 (38.8%) was from

Table 3. The understanding of respondents about VCT for HIV/AIDS.

Understanding of VCT	Frequency	Percentage (%)
Service that help make informed consent about HIV	138	47.9
Treatment to reduce spread of HIV/AIDS	114	30.3
A form of medication for PLWHA	48	12.7
Only for high risk people	12	3.2
Should be done after counselling	12	3.2
Should be done when prescribed by a doctor	10	2.7
Total	376	100.0%

Table 4. The reasons given for disapproving of VCT for HIV/AIDS.

Reasons	Frequency (F)	Percentage (%)
Cannot cope with the result	17	28.3
VCT is not confidential	14	23.3
No need for VCT since HIV has no cure	12	20.0
stigmatization	11	18.3
Sure of myself cannot get HIV	6	10.0
Total	60	100.0

electronic media followed by churches 67 (22.8%) and print media 44 (15.0%).

From Table 3, 138 (47.9%) of the respondents understood VCT as a process that enables individuals make informed decision about being tested for HIV, 114 (30.2%) a form of treatment to reduce the spread of HIV/AIDS, 48 (12.7%) understood VCT of HIV/AIDS as a form of medication for people with HIV/AIDS, and twelve (3.3%) of them think that VCT is advisable only for people with an increased risk of contracting HIV. One hundred and fourteen (31%) believe that VCT is a means of reducing the spread of HIV/AIDS while 12 (3.3%) of them believe that VCT should be done only when it is needed and not just to know someone's HIV status. Two hundred and twenty two (75.5%) of the respondents approved of VCT; 60 (20.4%) of them disapproved of VCT while 12 (4.1%) of the respondents were undecided. The various reasons why the students disapproved of VCT of HIV/AIDS are shown in Table 4. The common reasons why the students disapproved of VCT was because they felt that they would not be able to cope with the result [17 (28.3)], also, 14 (23.3%) of them felt that VCT is not confidential and 12 (20.0%) of them felt VCT was not necessary since HIV/AIDS has no cure.

Only 112 (38%) of the respondents had undergone HIV screening test. Ninety four (83.93%) of those who had undergone HIV test were tested voluntarily while 18 (16.07%) of them were not tested voluntarily. They undertook test due to medical indications and or as a requirement before church wedding. Of the 184 respondents who did not know their HIV status, 102 (55.43%) of them indicated their willingness to undergo HIV screening test while 78 (42.39%) of them were not. Sixty (32.6%) of the

students who were not aware of their HIV status indicated they require counseling before visiting VCT for HIV/AIDS center. One hundred and twenty six (42.85%) of the students were aware of at least a centre where VCT for HIV/AIDS is carried out while 156 (57.1%) were unaware of any VCT centre. Majority of the students claimed not to discriminate against people living with HIV while 6 (2%) admitted to discriminating against them. There was a significant in-verse association between the knowledge of one's HIV status and discrimination against people living with HIV ($X^2 = 9.19$; $p = 0.002$), as the greater the number of the respondents' who were aware of their HIV status, the lesser the discrimination against people living with HIV. There was also a significant association between the awareness of VCT of HIV/AIDS and the knowledge of HIV status ($X^2 = 11.92$, $p = 0.00056$). The greater the number of women who are aware of VCT for HIV/AIDS, the greater the knowledge of the respondents HIV status.

DISCUSSION

This study which was conducted among law undergraduates in Anambra state had over 70% of the respondents being of age range of 20 to 24 years. This age group has been found to be at the greatest risk of HIV/AIDS because of their documented risky sexual behavior (Pettiform et al., 2005; Eaton et al., 2003) and vulnerability due to their lack of knowledge and skills required to protect themselves. The majority at risk are those who engage in unsafe sex, unsafe injection drug use, exposure to contaminated blood and blood products, skin piercing, tattooing and scarification.

In Nigeria, young people constitute about 40 million of her estimated 140 million people (National population commission, 2006) and they contribute significantly to new infections in Nigeria and other sub Saharan African countries (Federal Ministry of health, 2007). In Africa, an estimated 1.7 million young people are infected annually (WHO/UNAIDS, 2000). Globally, over 40% of all new infections in 2007 were in young people aged 15 to 24 years old, with 65% occurring among youths living in Africa (United Nations, 2008). Preventing HIV infection among the young people is particularly urgent in sub Saharan Africa where in many of her countries, young people more than 30% of the population and general HIV prevalence comprise exceeds 10% (United Nations, 1999). It is also an important commitment each country can make to its future economic and social well-being. The utilization of intervention programs however depends on their knowledge about the program and its acceptability by the young people.

This study demonstrates a high level of knowledge about HIV/AIDS and an average knowledge about VCT for HIV/AIDS. This correlates with some reports from Nigeria (Ikechebelu et al., 2006; Iliyasu et al., 2005), but contrasts with the findings from Danbar village in Northern Nigeria (Alemu et al., 2004) and findings among Tanzania healthcare professional students (Mgosha et al., 2009), and Uganda (Nuwaha et al., 2002). The differences may be due to the differences in the biosocial characteristics, behavioural and environmental factors of the study group.

Like in some studies (Mgosha et al., 2009; Ikechebelu et al., 2006), the mass media was discovered to be the major source of information about VCT of HIV. This strongly indicates that some successes are being recorded by the massive media campaign being mounted by the Government, Non-Governmental organizations (NGOs) and international agencies against the spread of HIV/AIDS and on the positive step in preventing its spread. Media campaigns have also been documented to be a veritable tool in the campaign against the spread of HIV/AIDS. It is very disappointing however that none of the respondents had VCT center as their primary source of information about HIV/AIDS and VCT for HIV/AIDS. This could be as a result of wrong location site which are far from the young people or places where the young people cannot easily assess or does not find comfortable to attend. It is necessary to establish VCT centers specifically targeting the young people because their reason of seeking VCT for HIV/AIDS services, outcome and needs following VCT for HIV/AIDS can be different from others. More so, they bear the highest burden of the disease (UNICEF, 2007).

Unlike the findings in other studies in Nigeria (Ikechebelu et al., 2006; Iliyasu et al., 2006), most of the students were aware of at least a center where VCT services are rendered. This is very much expected because of the differences in the educational status of

the respondents and for the fact that most of the VCT centers are located in the urban areas where most of the university undergraduates reside. In addition, some of them would have heard VCT centers mentioned in the mass media.

The misconception about VCT among this population is a source of concern considering their level of education. The understanding of the participants about VCT for HIV/AIDS include a process that enables individuals make informed decision about being tested for HIV, a form of treatment for people with HIV/AIDS, and a form of service advisable only for people with an increased risk of contracting HIV. Although similar misconceptions have also been reported elsewhere (Iliyasu et al., 2006), this calls to question the content of health information passed to our people through various sources of information. This gap of information regarding VCT for HIV/AIDS can lead to low utilization of VCT services, increased stigmatization with resultant adverse effects on the efforts to check the spread of the disease. This study group comprises of the elites, future parents and the nation's work force consequently therefore, adequate and appropriate knowledge of VCT for HIV/AIDS will be of tremendous impact on the general populace.

Churches being a significant source of information to our respondents calls for the need for our health care programmers and policy formulators, NGOs, governments at all levels to establish, foster or strengthen partnership with faith based organizations and churches to facilitate access to information about VCT for HIV/AIDS.

The uptake rate of 83.93% among the respondents who are aware of VCT for HIV/AIDS is very encouraging and similar to report from Lagos, Nigeria (Ekanem and Gbadegesin, 2004) but contrasts with the report from Kano, Nigeria (Iliyasu, 2006) and South Africa (Kalichman and Saimbayi, 2003). Nevertheless, the fact that about half of the respondents who were not aware of their HIV status still express their unwillingness to undertake VCT for HIV/AIDS should be of concern to all. The reasons adduced by the respondents for their unwillingness to undertake VCT is based on false assumptions, misconceptions and the lack of adequate, proper and appropriate knowledge about HIV/AIDS. There is need therefore to intensify reproductive health education efforts among the young people. This will impact tremendously on primary prevention of HIV/AIDS and clinical management of the cases.

The finding that about a good number of the students who were not aware of their HIV status said they require counseling before they can visit VCT center(s) shows that they have not fully appreciated the extent, content and the holistic nature of services rendered at these centers. It also reveals that the students are actually one of the populations in need of the VCT for HIV/AIDS. The other reasons given by the students for not approving of or utilizing VCT for HIV/AIDS correlate with the reports from

other studies (Day et al., 2003; Iliyasu, 2006).

The significant relationship between the knowledge of the students HIV status and discrimination is worthy of note. The fact that the greater the number of students who knew their HIV status the lesser the rate of stigmatization shows that VCT for HIV/AIDS could be a veritable instrument in the fight against stigmatization and discrimination against people living with HI/AIDS. The knowledge of the students HIV/AIDS status also significantly increased with their knowledge about VCT for HIV/AIDS as people can only utilize the services they are aware of. It is therefore imperative that dissemination of information about VCT for HIV/AIDS should be intensified among the young people.

CONCLUSION

This study reveals an average knowledge about VCT for HIV/AIDS among the law undergraduates. The uptake among the aware group is high and encouraging. There is a great concern about the high proportion of students who neither approved of VCT for HIV/AIDS nor are willing to avail themselves of the services. Efforts to improve the knowledge of the young people about VCT for HIV/AIDS and its benefits should be intensified. Sexual and reproductive health education should be included in their curriculum. VCT for HIV/AIDS centers should be established in their respective campuses where the young people will readily access it and feel free to attend. The VCT staff should be trained on the peculiarities of providing repro-ductive health services to young people.

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