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Full Length Research Paper

Attitude of counsellors towards undergoing HIV voluntary counselling and testing in Ado-Odo/Ota, Nigeria

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This study was an investigation into the attitude of counsellors who offer HIV pre and post counselling. Sixteen counsellors who offer HIV pre-post-test counselling were identified from the preliminary field work, of these, 9 counsellors who reported they had not presented for HIV/AIDS testing were identified and 7 eventually participated in the study. The participants were active counsellors, 27 through 46 years of age, who provided HIV pre-post-test counselling services. A purposive sampling technique was employed to select the participants. The non-scheduled structured interview was employed for data collection while the cross case method was used to analyze the data. The study found that the participants possessed negative attitude towards undergoing voluntary HIV/AIDS testing though they acknowledged the importance of HIV/AIDS test. The participants identified fear of being HIV/AIDS positive, lack of confidentiality and knowledge of HIV/AIDS as barriers to their undergoing HIV/AIDS test. Being counselled by a professional counsellor/ psychologist or someone living with HIV/AIDS, feeling too sick or being pregnant were highlighted as factors that may facilitate their undergoing HIV/AIDS test. It was also found that HIV/AIDS counsellors are as vulnerable to HIV/AIDS as the general population. Counsellors who by their training or job schedule encourage others to undergo HIV test were themselves unwilling to test for HIV. In conclusion, counsellors are advised to undergo voluntary HIV/AIDS test.

Key words: HIV/AIDS counsellors, attitude, HIV/AIDS VCT, interview, confidentiality.

INTRODUCTION

The Human Immunodeficiency Virus and Acquired Immune-Deficiency Syndrome (HIV/ AIDS) epidemic is one of the greatest humanitarian and development challenges facing the global community in recent times (Abdi et al., 2003; Adekeye, 2010; Lloyd, 2004; MAP Report, 2004; Osagbemi et al., 2007). HIV/AIDS has brought unquantifiable suffering, confusion, dejection, uncertainty and hopelessness to humanity (Adekeye, 2005, 2010). As reported by the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2010), sub-Saharan Africa remains the region most heavily affected by HIV. In 2008, sub-Saharan Africa accounted for 67% of HIV/AIDS infections worldwide, 68% of new HIV/AIDS infections among adults and 91% of new HIV infections among children. The region also accounted for 72% of the world's AIDS-related deaths in 2008 (UNAIDS, 2009).

HIV/AIDS testing and counselling provide essential knowledge and support to individuals at risk for contracting HIV/AIDS, enabling uninfected individuals to remain uninfected and those infected to plan for the future and prevent HIVAIDS transmission to others (Basset, 2002). This is achieved through support by counsellors who offer pre- and post-test counselling.

HIV counsellors are trained people who provide pre- and post-test counselling to clients who are present for HIV testing, and this involves giving accurate information about HIV/AIDS which will enable the clients to make informed decision about testing (Adekeye, 2010; Hubley, 2002; UNAIDS, 2007). As part of their daily routine, HIV counsellors come across the HIV infected and by training, they are expected to promote acceptance, care and provide support systems. Van Dyk (2001) noted that as

part of their routine, HIV counsellors are also expected to counter the negative attitude displayed by the society towards the HIV infected. Thus, HIV counsellors are positioned to help people decide to undergo HIV test by giving HIV pre-and post-test counselling. Hoffman (1996) highlighted some themes common with people working with HIV/AIDS such as feelings of helplessness, fear of contagion, feelings of grief and loss, emotional reactions to repeated exposure to death and dying and emotion associated with stigmatization by others for doing this type of work. All these themes may influence the HIV counsellor to undergo or not to be present for HIV test. Nigeria has the third highest population of people living with human immunodeficiency virus (HIV). Despite this, the knowledge of HIV/AIDS and uptake of voluntary counseling and testing (VCT) is still low, especially in the rural areas (Iliyasu et al., 2006).

Voluntary counselling and testing (VCT) is regarded as an important strategy in the management of the HIV/AIDS pandemic worldwide (van Dyk and van Dyk, 2003). According to van Dyk (2001), testing for HIV is very personal and individual decision because it is usually followed by major life changing consequences. People attach different meaning to the outcome of HIV testing. In a study by Durham and Lashley (2000), it was reported that when a person tests HIV positive, it may mean relief at confirming a diagnosis, validation of symptoms and to others, extreme sadness. The HIV counsellor is not immune from these attitudes and according to Ibrahim (2005), attitudes engender meaning upon the world and it encompasses variables such as motivation, evaluation, emotion, cognition and action. Attitudes also presuppose our convictions, opinions and thoughts about a person or an object.

Counselling staff are perhaps the most important assets of a VCT service. People providing HIV counselling do not necessarily have to be university graduates (counsellors, psychologists, social workers, pharmacists etc.), persons with any other certificate apart from the senior secondary school certificate (SSCE) in Nigeria can be trained to provide the required services. In addition, these categories of persons need to be self-motivated to provide HIV counselling and should have the ability to show clients that they respect and care about them.

HIV counselling, whether for prevention or before and after the HIV test, involves confidential dialogue between a person and a care provider aimed at enabling the person to evaluate personal risk of HIV transmission and make decisions related to HIV/AIDS. As noted by the International Planned Parenthood Federation and the United Nations Population Fund (IPPF and UNFPA, 2004), counselling is a resource intensive strategy, but can be particularly effective in promoting behavioural change. HIV counsellors are saddled with the responsibility of breaking news of the test result to clients and this presents the opportunity for them to witness the accompanying emotional and psychological pain that clients undergo. The study is therefore geared to finding out how these experiences on the job affect HIV counsellors' attitude to undergo HIV test.

METHODS

Participants

The study is qualitative and exploratory in nature. It is designed to provide new insights and understanding of attitude of HIV counsellors towards presenting for HIV testing. Sixteen counsellors who are active in HIV pre-post-test counselling were identified from the preliminary field work, of these, 9 counsellors were identified who reported they had not presented for HIV testing and 7 HIV counsellors from the counselling centre of one tertiary institution and two health care centres participated in the study. Purposive sampling was used to select participants because it is a form of sampling which allows the researcher to select his sample based on the criteria that best fit the study (that is, all the counsellors in Ota involve in HIV counselling and testing services). It took detailed explanation of the rationale of the research for the HIV counsellors to fully cooperate and participate in the study. This may be because issues surrounding HIV are always very sensitive and personal.

Ethical considerations

For ethical considerations, the principle of voluntary participation which requires that people should be not be coerced into participating in research was employed by explaining the purpose of the study to each individual participant. Also, the participants agreed to the request of the researcher to record the sessions. Thereafter, the participants signed a consent form. The participants were assured of confidentiality and all the interviews were conducted in English language. Pseudo names were used to protect the identity of participants.

Procedure

The interview commenced, after obtaining the necessary permissions from relevant authorities in the HIV counsellors rooms or offices, which is the setting with the least distraction. A non-scheduled, structured interview was employed. It is structured because it is based on an established set of questions with fixed wording but it is non-scheduled because the interviewer is at liberty to ask other questions that may add to data collection (Bless et al., 2006). The participants were given the opportunity to discuss their attitude towards HIV testing and factors that may facilitate their willingness to test. The questions were open-ended which allowed each participant to freely discuss their attitude towards HIV testing. The individual sessions were tape recorded (was part of consent form) with participants assured of confidentiality and anonymity.

Limitations of the study

The study has certain limitations as the researcher could not guarantee that the HIV counsellors who reported that they have tested for HIV had actually done so or they said that because they did not want to participate in the study. Those who admitted they had not tested could have tested but took part in the study out of curiosity. The findings cannot therefore be generalized to all HIV counsellors as it is only true of the HIV counsellors that participated in the study. People's willingness to test for HIV is a private and delicate matter, which may be over-reported for the sake of

Table 1. Demographic characteristics of participants.

Characteristic (n = 7)	Frequency	Percent
Age group (years)		
27 - 35	3	43.0
36 - 46	4	57.0
Gender		
Male	4	57.0
Female	3	43.0
Place of work		
Educational	1	14.3
Health Centre	6	85.7
Marital status		
Single	4	57
Married	3	43

perceived social correctness. However, it must be assumed on good faith that the strict anonymity and confidentiality of the study, as well as the thorough introduction of the research topic to the participants could have encouraged accurate and honest self-disclosure.

Method of data analysis

Data were analyzed using grounded theory techniques. Initial categories for analysis were drawn from the interview guides, and themes emerged after reviewing the data within and across respondent groups (Carey, 1994; Charmaz, 1990). Interviews were transcribed and analyzed using the cross-case method which emphasizes headings as anchor points. Cross-case analysis looks for explanatory similarities on central issues across cases or matching patterns or categories as a basis for building theory, it was employed because it involves organizing the responses of several interviews according to the topics raised in the interview (Dye et al., 2000; Patton, 2002).

RESULTS

Table 1 shows that majority of the participants (85%) work in the hospital setting, and there were more of older participants (36 to 46 years). Gender and marital status distribution of the participants were proportionate. The study was conducted in three locations (two health centres and a counselling centre). The interviews were grouped into headings which were used as anchor points for the analysis. The participants were asked the following questions: (1) What do you feel about HIV testing and factors that prevent you from undergoing HIV testing? (2) Do you think you are vulnerable to HIV? and (3) What factors may motivate you to undergo HIV testing?

The questions were converted to the following headings to analyze the interviews:

1. Factors that motivate HIV counsellors not to undergo HIV testing;
2. Vulnerability of the participants to HIV;
3. Factors that may influence the participants to undergo HIV testing.

QUESTION 1: Factors that motivate HIV counsellors not to undergo HIV testing

The participants displayed negative attitude towards HIV testing. The recurring theme was fear of being HIV positive. It was observed that all the HIV counsellors appreciated the importance of HIV test and were enthusiastic about their work (providing pre- and post-test counselling and support):

Counsellor Ade: I don't feel the need to test for HIV, I counsel others but I fear being HIV positive

Counsellor Bala: I will test later, but for now I am affected by fear of HIV positive status.

Counsellor Femi: I don't fear testing but I don't have the confidence to test because I cannot cope with HIV positive status.

Counsellor Deby: HIV test is good for people to know whether they are positive or negative, for now I am not ready to do it but it is good and I know I am free from HIV

Counsellor Earl: I am scared. People come for test every

time and those with positive status always feel depressed. I don't want to be depressed.

Counsellor Funto: I counsel people to do HIV test but for me, no, I am scared of HIV positive result

Counsellor Biola: I have tried to do the test but I am afraid of the outcome, probably, I will do it someday but for now, I fear.

Further discussion showed that the participants were not willing to undergo HIV testing due to the following reasons:

Being blamed for being HIV positive

Counsellor Funto: My family will blame me if I turn out HIV positive. I cannot live with this

Counsellor Femi: My church members will blame me if they know I am HIV positive. The youths will be disappointed in me because I teach them about HIV/AIDS.

Confidentiality and disclosure

Counsellor Deby: If my colleagues know that I am HIV positive, I am finished. They will not keep it confidential

Counsellor Biola: The people I work with, especially the nurses will gossip about me if they know I am HIV positive

Counsellor Ade: How will I disclose if I am HIV positive, people do not keep secrets

Death/Illness

Counsellor Earl: Being HIV positive is the end of the world. The discovery will haunt me that I will become sick and may not live long. Once you are HIV positive, death has come.

Counsellor Bala: I will still be myself but deep inside me, I will pity my wife and children because I know I will die before them.

Discrimination and stigmatization

Counsellor Biola: I see the way people react to those living with HIV and I can not imagine people will react to me in same manner. I fear it.

Counsellor Ade: People who like you will immediately change their attitude towards you once you are HIV positive.

Counsellor Deby: I will be labeled at home, in my village and even at work. I will no longer be free to move around because of gossips.

Counsellor Bala: I do not want to be called the name that is not mine. The society is wicked and not supportive.

Counsellor Funto: the society is not supportive of people living with HIV/AIDS (PLHA), if I test positive; people will stigmatize me by calling me names and avoiding me, even my family members.

Knowledge of HIV/AIDS

Counsellor Femi: If I turn out HIV positive, I will be more affected by the fact that I know the stages of HIV and I will always place myself in a stage and the features of the stage will affect me.

Counsellor Earl: If my status is positive, the knowledge I have of HIV/AIDS will affect me. I know the stages and I will put myself into these stages. I do not like this.

QUESTION 2: Vulnerability of HIV counsellors to HIV/AIDS

It was found that HIV counsellors despite their knowledge of HIV and AIDS indulge in risky sexual behaviours like sex without using condoms. This shows that they are also vulnerable to HIV as much as the general population. Some participants mentioned that some times, they indulge in unprotected sex:

Counsellor Bala: I don't know my HIV status, but I have engaged in sex without condoms and I sometimes mistakenly touch client's blood.

Counsellor Ade: Until recently, I had four regular sex partners but now I have only one and we have sex always at times we forget to use condoms.

Counsellor Deby: I do not fully trust my husband because he travels a lot. We make love without condoms.

Counsellor Biola: I used to have sex without condoms, but now I am more careful. I do not know whether I have HIV or not.

Counsellor Earl: Everybody have had sex one time or the other without condom, I am not an exception.

QUESTION 3: Factors that may influence HIV counsellors to undergo HIV test

The participants were asked to highlight factors that may

facilitate their willingness to undergo HIV test. Some themes that emerged are discussed:

Being counselled by a professional psychologist or by a person living with HIV

Counsellor Funto: I may be tempted to do the test if I see someone living with HIV who is alright. This will help me to live well if I am HIV positive.

Counsellor Biola: A person that is HIV positive will talk from experience. I will trust that person better than other counsellors. It will encourage me.

Counsellor Deby: A professional counsellor like me can give emotional support and their expertise may help me decide to undergo HIV test.

Counsellor Ade: A professional counsellor or psychologist will help me diagnose my past and allay my fears. They can also help me to project into the future. They will offer support if I am HIV positive. I may do the test.

Counsellor Earl: A person living with HIV is better placed to counsel me. He/she will understand what it takes to cope with HIV. If the person looks healthy enough, that may encourage me to do the test.

Feeling too sickly

Counsellor Femi: Because I know the symptoms of HIV, if I feel too sickly for a long time or if I see rashes and cough, I may be forced to do HIV test.

Counsellor Ade: If I feel very healthy, I will not do the test. It is not necessary but if I discover I cough or feel weak for too long, I may do the test.

Pregnancy/marriage

Counsellor Funto: I will have to test for HIV if I become pregnant. Before then, no

Counsellor Bala: If my wife test HIV positive during antenatal, I may be forced to check my status too.

Counsellor Earl: Most churches and families this day demands HIV certification before marriage. If it is demanded, I may have to do it, but if not, I am not sure I will do the test.

DISCUSSION

This study reveals a high general level of awareness of HIV/AIDS among practicing counsellors. The study found that HIV counsellors have a negative attitude towards HIV test, fear was the dominant theme for not undergoing HIV test. Because of the nature of their work, they acknowledge the importance of HIV testing but this did not reflect in their attitude towards knowing their HIV status. The HIV counsellors explained that they were afraid to undergo HIV testing because they will be blamed if they turn out to be HIV positive by their family members, friends and neighbours in the community. As revealed by the counsellors, fear was enough to discourage them from undergoing HIV test.

Another theme that was observed is the lack of confidentiality. The counsellors explained that if they test positive, they would have problems disclosing their HIV status because of lack of confidentiality. They are concerned about others gossiping about their status which may cause distress and depression, which are conditions that may exacerbate their HIV positive status. In a study by Medley et al. (2004), the most common barriers to disclosure mentioned by participants included fear of abandonment, rejection and discrimination, violence, upsetting family members, and accusations of infidelity, loss of economic support, blame, physical and emotional abuse and disruption of family relationships.

Another reason the participants attributed to their not testing was the fear of death. The HIV counsellors see HIV positive status as death sentence. Van Dyk (2001) noted that the anticipation of death or dying bring about the same emotional stress as the reality of death itself. In addition to the fear of dying, the participants believe that HIV positive status will lead to stigma and discrimination against them in the society. Friends, spouse and family members have been found to discriminate against persons with HIV.

Van Dyk (2001) found that friends turn against friends and even spouse reject each other because of HIV positive result. One counsellor noted that “people who like you will immediately change their attitude to you, once you are HIV positive”. Discrimination has been reported in many studies to change life drastically and cause emotional stress (Medley et al., 2004; Obermeyer and Osborn, 2007; van Dyk and van Dyk, 2003). People who are HIV positive may face considerable stigma and discrimination from employers, friends and even family members (Bwambale et al., 2008; MacPhail et al., 2008). The implication of stigmatization and discrimination includes limiting access to treatment, impacting on disclosure, support and protection of people close to the infected person (Skinner and Mfecane, 2004).

Due to the nature of their job, HIV counsellors displayed very good knowledge of HIV/AIDS but unfortunately, their knowledge did not bring about sexual behavioural change. Moore and Rosenthal (1993) noted that while factual knowledge of HIV is important, it is not a sufficient predictor of safe sexual behaviour. This finding is not surprising considering the social implications of a positive HIV test. The knowledge of HIV seems to be a barrier to the HIV counsellors because they fear if they return positive for HIV, the knowledge of

the various stages of HIV would impact on them negatively.

The dominant theme from the research shows that HIV counsellors are as vulnerable to contracting HIV as the general population because they also engage in unprotected sex. One participant revealed that “I do not know my HIV status but I have engaged in sex without condoms…” Majority of the participants revealed that they will be willing to undergo HIV test if they would be counselled by a professional psychologist or a counsellor living with the virus. The participants were of the opinion that if they test positive, a person living with the virus will be most trusted to counsel with them because of their experience. Two of the participants noted that they will undergo HIV test if they became too sickly, one of them revealed that if he feels very healthy, he will not do the test, but if he becomes ill or sickly for a long time, he may do the test. Other reasons provided by the HIV counsellors that may facilitate HIV testing were being pregnant or requirements for conjugal union.

CONCLUSION AND RECOMMENDATIONS

The study was concerned with attitude of HIV counsellors towards HIV testing and findings show that HIV counsellors have negative attitudes towards HIV testing despite providing pre-and post-test counselling to clients who present for HIV test. As captured in the study, all the participants had good knowledge of HIV but some still engage in unprotected sex. The study found that counsellors who by their training or job schedule encourage others to undergo HIV test were themselves unwilling to undergo HIV test. This is an irony because they preach what they do not practice. This study also reveals that counsellors are as vulnerable to HIV as the general population. This study recommends that periodic seminars and workshops be organized for HIV counsellors to update their knowledge on issues pertaining to HIV/AIDS and that a course dedicated to HIV/AIDS and HIV testing be made a part of the curricula for undergraduate studies in counselling education. It is recommended that in other studies, more counsellors should be involved and more settings (schools, organizations, health-care centres, tertiary institution etc.) could be explored.

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