

Evaluation of youths' knowledge of voluntary counseling and testing in Anambra State, Nigeria

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Accepted 31 July, 2014

ABSTRACT

This study aimed at determining youths' knowledge of voluntary counseling in Anambra State of Nigeria. Questionnaire was used to collect data from 400 youths (15 to 29 years) that were selected using multi-stage, simple random and proportionate sampling. Data generated were analyzed using SPSS version 17. Findings from the study revealed that youths in Anambra state were aware (85.5%) of voluntary counseling and testing (VCT). The results also show that mass media (Radio/TV, Newspapers) provide highest information to the youths. 71.4% of the youths know the location of a VCT centers. It was concluded that the current method used in creating awareness about VCT services seems to be working. It was recommended that present method should be upheld and improved while health educators should carry the awareness campaign into primary schools to create more awareness about VCT services.

Keywords: Youths, voluntary counseling and testing, knowledge of VCT.

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INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) has killed greater than 25 million people since it was first recognized in 1981, making it one of the most destructive epidemic in recorded history (UNAIDS, 2005). In 2005 alone, the AIDS epidemic claimed 3.1 million lives despite improved access to antiretroviral treatment and care to many regions of the world. According to UNAIDS (2004), Nigeria ranked second in sub Sahara Africa in the number of HIV infected adults and ranked third in the world in terms of total number of people infected with HIV.

According to UNAIDS (2003) on estimated half of the HIV infection worldwide have occurred among young people under 25 years. This is in line with WHO (2000) that reported that up to 60% of all new HIV infection occurred among 15 to 25 years in developing countries. Anambra State has a prevalence rate of 3.85% and youths are the worst affected group (FMOH, 2005). The FMOH report went further to state that HIV prevalence rate was higher in urban area (5.7%) than in rural area (3.7%) and among persons age 15 to 29 years, the

highest prevalence rate of 5.6% occurred in the age group 20 to 24 years.

Voluntary Counseling and Testing (VCT) for HIV is defined as the process whereby an individual or couple, undergo counseling to enable the individual make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and confidentiality assured during the process (UNAIDS, 2003)

Knowledge of VCT services can be very effective in helping to empower people to make own decision and take appropriate action. Reasons why the majority of people who know about VCT desire to know their HIV status is to avoid risky behavior (Gibier de Souza, 2008). So the positive response to VCT is the willingness of the individual to undergo the process of knowing ones HIV status while the negative response is failure to access VCT services that are available despite full awareness of the available services. According to Clerie (2000), mass media particularly Radio/Television are the major sources of information on HIV/AIDS.

The researchers during the course of practice noted that no record ever show a youths voluntarily accessed VCT. Most of the youths that come for VCT were either sent by their religious group leader during premarital counseling or that they have a different health condition that brought them to the hospital during which they were sent for HIV testing as a routine laboratory investigation. Hence, this study that aimed at determining the knowledge of VCT among youths in Anambra state of Nigeria.

METHODOLOGY

A cross-sectional description survey research design was used to study the youths' knowledge of VCT in Anambra State, Nigeria with youth population (15 to 29 years) of 1,307,637 (National Population Commission, NPC, 2006).

Multistage, simple random and proportionate selection techniques were used in selecting the subjects. This involved random selection of two local governments from each of the three senatorial zones of the state making a total of six (6) local government areas. The six local government areas selected were Oyi, Ogbaru, Ihiala, Nnewi North, Awka South and Idemili North. A community was selected using simple random sampling from each of the selected local government. The communities selected were Okpoko, Umunya, Ihiala, Nnewi, Awka and Ogidi. The total population of youths in these communities according to NPC (2006) is 137,074. Proportionate sampling was used to select a total of 400 youths that were used for the study.

The instrument of data collection was questionnaire. Split-half method was used to test the reliability of the instrument. The researchers administer the instrument to the youth in various churches, football fields and in schools. Permission to carry out the study was obtained from community leaders verbally. Informed consent was equally obtained from each participant. The data were analyzed using SPSS version 17.

RESULTS

The results of demographic characteristics of the respondents are shown in Table 1. The results show that, of the 400 respondents sampled, 157 (39.3%) were males, while 243 (60.8%) were females, 135 (33.8%) were aged between 15 and 19 years, 158 (39.5%) were aged between 20 and 24 years while 107 (26.8%) were aged between 25 and 29 years. For their educational level, 9 (2.3%) had primary education, 189 (47.3%) had secondary education while 202 (50.5%) had tertiary education. For marital status, 353 (88.3%) were single, 24 (6.0%) were married, 12 (3%) were separated, 7 (1.8%) were divorced, while 4 (1%) were widowed. Concerning their occupation, 15 (3.8%) were apprentices, 29 (7.3%) were traders, 25 (6.3%) were civil servants while 291 (72.8%) were students.

The result of knowledge of VCT by youths in Anambra is shown in Table 2. The results show that youths awareness of VCT, 343 (83.8%) out of 400 youths used for the study have heard of HIV counseling and testing while 57 (14.3%) have not. On their knowledge of components of VCT, counseling before testing had 225

Table 1. Demographic characteristics of the participants.

Demographic characteristics	n	Percentage
Sex		
Male	157	93.3
Female	243	60.8
Total	400	100
Age		
15-19 years	135	33.8
20-24 years	158	39.5
25-29 years	107	26.8
Total	400	100
Educational level		
Primary	9	2.3
Secondary	189	47.3
Tertiary	202	50.5
No formal education	9	-
Total	400	100
Marital status		
Single	353	88.3
Married	24	6.0
Separated	12	3.0
Divorced	7	1.8
Widowed	4	1.0
Total	400	100
Occupation		
Apprenticeship	15	3.8
Trading	29	7.3
Company worker	25	6.3
Civil servant	25	6.3
Applicant	15	3.8
Student	291	72.8
Total	400	100

(66%) responses, followed by 176 (51.6%) responses for counseling after testing. Follow up/support services received 99 (29%) responses while testing received the least response 37 (10.9%). 34 (10%) of the respondents have no idea of the components of VCT.

On the respondents sources of knowledge, radio/television received the highest response 233 (68.3%), followed by doctors/nurses 167 (49%) responses, partners/spouse had the least response, 46 (13.5%) responses.

Concerning the respondent's knowledge on the location of a VCT centre, 245 (1.4%) respondents correctly mentioned a VCT centre while 98 (28.6%) respondents did not. On their knowledge of issues discussed during HIV counseling and testing session, HIV transmission

Table 2. Youths' knowledge of VCT in Anambra State.

Items/assertions	Responses	n	%
Question			
Awareness of VCT services	Aware	343	85.8
	Not aware	57	14.3
Question 2			
Knowledge of steps involved in VCT	Counseling before testing	225	66.0
	Testing	37	10.9
	Counseling after testing	176	51.6
	Follow up/support services	99	29.0
	Have no idea	34	10
Question 3			
Sources of knowledge of VCT	Radio/TV	233	68.3
	Newspaper/Magazine	134	39.3
	Friends	122	35.8
	Parent/family relation	99	29.0
	Doctors/Nurses in the hospital/clinic	167	49.0
	Partner/Spouse	46	13.5
Question 4			
Knowledge of location of a VCT centre	Yes	245	71.4
	No	98	28.6
Question 5			
Knowledge of issues discussed during HIV Counseling and Testing Session	HIV transmission	256	75.1
	Abstinence	215	68.0
	Condom use	209	61.3
	Sexually transmitted infections	236	69.2
	Limiting number of sexual partners	158	46.7
	Confidentiality of counseling session	145	42.5
	Second test	147	43.1
	Partner notification	184	54.0
	Bringing sexual partner for testing	114	33.4
	How the test is done	206	60.4
	Stages of HIV infection	158	46.5
	Returning for second test	93	27.3
	Implication of being HIV positive	184	54.0
	How to tell someone you are infected	116	34.1
Question 6			
Knowledge of where one could go to have VCT	Any Govt. hospital	181	53
	Any private hospital	7	2
	Any Health centre	32	9
	HIV counseling and testing center (Heart to Heart centre)	122	36
	Private laboratory services	1	0.3
Question 7			
Knowledge of whom HIV counseling and Testing is meant for	Every sexually active person	190	55.4
	People who are promiscuous only	15	4.3
	People with multiple sexual partners only	73	21.3
	Homosexuals only	10	3
	Lesbians only	4	1.2
	Everybody	51	15

received 256 (75.1%) responses, sexually transmitted infections had 236 (69.2%) responses, abstinence had 215 (68%) responses and condom use had 209 (61.3%) responses. Stages of HIV infection had 206 (60.45%) responses, while possibilities of refusing test received the least response 93 (27.3%).

On the respondents knowledge of where one could go for VCT services, 181 (53%) respondents indicated any government hospital, while 122 (36%) indicated HIV counseling and testing centre (Heart to Heart centre). The least response 1 (0.3%) was for private laboratory services.

On youths knowledge of whom HIV counseling and testing is meant for, 190 (55.4%) respondents agreed that it is meant for sexually active persons while 153 (44.6%) disagreed. Among those who disagreed, 73 (21.3%) indicated people with multiple sexual partner, as those whom HIV counseling and testing is meant for, being promiscuous had 15 (4.3%) responses, those that said it is meant for everybody had 51 (15%) responses, homosexuals and lesbians had the least response 10 (3%) and 4 (1.2%) responses, respectively.

DISCUSSION

Demographic characteristics of the respondents

Data collected and analyzed revealed that there were more female respondents (61%) than males (39%). This implies that more females responded to the questions in the instrument than males. Majority of the respondents in the study had tertiary or secondary educational status (98%) and majority were students (73%) at the time of this study. Having more respondents with tertiary education and majority being students may affect the findings of the study especially in the area of awareness of VCT. These cohorts are more likely to have acquired more knowledge of VCT as they go through their educational career.

Youths' knowledge of voluntary counseling and testing (VCT) for HIV in Anambra State

On the 400 respondents used for the study, 85.8% have heard about VCT. This increased general awareness maybe attributed to the current methods used in creating awareness about HIV as well as the greater number of study participants being students with tertiary and secondary educational levels. This finding agrees with the finding of Iliyasa et al. (2006), in a study they conducted in Danbere village in Northern Nigeria in 2006 on attitude towards VCT, which observed that more than half of the study subjects were aware of a test that identifies a person with HIV. Majority of the respondents who have heard about VCT were equally able to identify

the steps involved in VCT which include counseling before testing (66% responses), counseling after testing (51% responses), follow up/support and testing services received 29 and 10.9% responses, respectively. This finding contrasts with that of Iliyasa et al in 2006 where majority of the respondents were not able to describe the steps involved in undergoing VCT.

Concerning the respondents' sources of knowledge, radio/television received the highest response (68.3%). This finding is in line with the postulations of Cherie (2000) that mass media are the major sources of information on HIV/AIDS. The finding further confirms the effectiveness of media, particularly radio/television in their role as sources of health education messages as observed by Obiechina et al. (2001). On the other hand, the finding disagrees with the findings of Mabunda in 2006 in their study on knowledge and practice of VCT in a rural South African village, in which majority of their study participants cited doctors and nurses as their major source of information about VCT services.

A higher percentage of the respondents (71.4%) used for this study showed knowledge of location of a VCT centre. This may be associated with the fact that the communities used for this study were more of urban communities than rural and most of them have VCT center located in them. Also, some higher institutions in the state have youth friendly and medical centres that offer HIV counseling and testing services and majority of the study participants having tertiary education may have passed through the centre during medical examination. This, the researchers believe, may have positively affected youths' knowledge on VCT matters. Regarding issues discussed during HIV counseling and testing session, HIV transmission received the highest response (75%) followed by issues on STIs (69%) and abstinence (68%). These responses may be associated with the key issues on HIV/AIDS discussed over the Radios/TV and among peer groups which youths may have overhead. Other issues that received less response relate to core issues discussed by trained health counselors/workers in a HIV counseling session at designated centre. 53% of the respondents said that HIV counseling and testing could be obtained from any government hospital, while 9 and 2% indicated health centre and private hospitals. 36% indicated heart to heart centre. These responses showed reduced awareness as to where VCT services are offered and may likely affect the services youths receive at these centers. VCT including pretest and post test counseling services with follow up/support services can only be obtained at designated centers and there are forty five (45) approved sites for VCT services in Anambra State. Some government and private hospitals as well as health centers and private laboratories offer HIV testing services without full pretest and post test counseling services let alone follow up/support service for HIV positive individuals. This is why most people who tested positive at these centers are often referred to

designated/approved centers for complete VCT package.

HIV testing is only a single package in VCT; hence people should be encouraged to go for HIV testing at designated centers.

On youths' knowledge of whom HIV counseling and testing is meant for, 55.3% agreed that it is meant for every sexually active youth as against 29.8% who disagreed and indicated promiscuity, having multiple sexual partners etc. Few (15%) respondents said it is meant for everybody. As a matter of fact HIV counseling and testing is meant for everybody but mostly for persons who are sexually active considering the fact that the major pattern of HIV transmission in Nigeria as observed by the Federal Ministry of Health has been heterosexual.

Conclusion

It can be concluded from this study that the majority of youths in Anambra State have heard about VCT but few been through VCT. Youths in Anambra state are not fully aware of where one could go for VCT services.

RECOMMENDATION

Counselors should try to improve on their outreach to youths to promote VCT services utilization and the awareness campaign should be carried into primary and secondary schools to create awareness of VCT services to this groups.

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Citation: Okafor C, Ndie E, Okafor C, Odira CH, 2014. Evaluation of youths' knowledge of voluntary counseling and testing in Anambra State, Nigeria. *Int Res J Med Med Sci*, 2(4): 79-83.
