

# HIV Counseling And Testing Services In University Of Uyo Youth Friendly Centre: Impact Of Students' Knowledge And Perception Of HIV And AIDS

**Dr. (Mrs) Dorathy Achalu**

Department Of Health Education  
Faculty Of Education, University Of Uyo, Uyo, Nigeria

**Dr. Helen Udo**

Department Of Health Education  
Faculty Of Education , University Of Uyo, Uyo, Nigeria

## ABSTRACT

A study of the impact of HIV Counseling and Testing (HCT) services on students' knowledge and perception of HIV and AIDS was conducted at the Youth Friendly Centre (YFC), University of Uyo, Uyo, Akwa Ibom State. The purpose was to find out whether the students who received HCT services of the YFC have acquired knowledge on causes, mode of transmission, and prevention of HIV and AIDS, as well as gained improved perception about the infection. A sample of 840 students who had received HCT services at the YFC were randomly selected from four faculties housed in the Town and Annex Campuses of UNIUYO using disproportional random sampling technique. The instrument title "Knowledge and Perception of HIV and AIDS Questionnaire (KPKHIVAIDQ)" was used for data collection. The instrument was validated and pre-tested for reliability using test-retest approach. A reliability coefficient of .82 was obtained after analysis. The instrument was administered on 840 respondents and all were completed, returned and used for analysis. Descriptive statistics (frequencies and percentages) were used for data analysis. The results showed that the students are knowledgeable on causes and modes of transmission of HIV and AIDS. They are not adequately knowledgeable on the preventive measures of HIV and AIDS as they still believed that HIV and AIDS could be prevented through prayers. Still, a little less than one-half of them disagreed on sexual abstinence as means of preventing of HIV and AIDS. The students have different perception of HIV and AIDS as some still believed that they can tell that a person has HIV and AIDS by merely looking at the person's physical appearance. And that there is no need to take HIV and AIDS test if one is not at risk. The YFC of UNIUYO should intensify enlightenment campaigns and education on HIV and AIDS among the students.

## INTRODUCTION

In Nigeria, HIV Counseling and Testing (HCT) services have been the crux of HIV surveillance, prevention and treatment programs. It is described as a process by which one undergoes counseling to enable one make an informed choice for the future (Akpabio, 2015). It has been recognized as a vital entry point to HIV services including prevention, care and support. It provides people with essential knowledge and support that can help uninfected people to remain safe, and enable those infected with HIV to plan for the future and prevent HIV transmission to others. Onyeonaro, Emelumadu, Onwukwe and Ndukwe (2014) noted that through HCT services, the infected individuals can satisfactorily benefit from the available care, treatment and support, either from governmental or non-governmental agencies.

The young uninfected people are vulnerable to, and they are at greater risk of acquiring HIV infection because of their lifestyle. In spite of the obvious vulnerability of this group to HIV infection, the available interventions, including HCT services, targeting them are few in Nigeria. HCT services are predominantly clinic-based. Consequently, youths are disproportionately disadvantaged because they do not often utilize clinical services like their adult counterparts. Wusu and Okonukoni (2011) reported that the current orientation and pattern of provision of health care services in Nigeria is not youth friendly.

To address this problem, the National Agency for the Control of AIDS (NACA) recommended the establishment of Youth Friendly Centers (YFC) in all Nigerian Universities as a means of creating youth friendly access for HIV/AIDS voluntary counseling and testing services. This was done as a strategy to fighting HIV and AIDS pandemic (Ajuwon, Titilaye, Oshiname and Oyemole, 2012).

In University of Uyo (UNIUYO), the YFC was established on April 11, 2007. The centre provides recreational facilities conducive enough for the students while accessing HIV and AIDS counseling and testing services. The attractive facilities available at the centre for students include indoor games, internet services, place for reading and social interactions, and free HIV counseling and testing services. The result of HIV testing comes out within ten minutes. The centre also undertakes other programs such as mass enlightenment campaigns targeting students in the University. The intensity of the program includes visits to students in hostels; weekly health talks held at the YFC, and observation of World AIDS Day every year on the first day of December. The center collaborates with Student Union Government and all the faculties of the university to raise awareness on HCT services (Akpabio, 2015).

Wusu and Okonukoni, (2011) reported that increasing youths access to HCT services does not only enhance their access to HCT services but also increase their knowledge on HIV and AIDS and promote imitation of the recommended risk reduction behaviors. However, the effectiveness of the HCT services in the YFC, University of Uyo, has never been assessed. In essence, there is a need to examine the impact of the HCT services on students' knowledge of causes, mode of transmission, and methods of prevention of HIV and AIDS, as well determining their perception of the infection.

Specifically, the questions raised for this study are: Do the HCT services of the YFC, University of Uyo, Nigeria, help the students to improve their:

1. Knowledge on causes of HIV and AIDS?
2. Knowledge on mode of transmission of HIV and AIDS?
3. Knowledge on prevention of HIV and AIDS?
4. Perception of HIV and AIDS?

### **METHODOLOGY**

The ex post facto survey research design was adopted in this study because of the assumption that the variables of the study had already occurred. The researchers had no control of the variables, but only assess and report as they existed. The population consisted of the entire 13,729 students of the Town and Annex campuses of UNIUYO (Ikpatt, 2016). This population excluded the students of other campuses (Ediene and Permanent Site) of the university because they are located far away from the YFC serving the students of the Town and Annex campuses. A sample of 840 students who had received HCT services at the YFC were selected using disproportional random sampling technique from four faculties housed in the Town and Annex Campuses of UNIUYO. The facilities were Agriculture and Law in Annex Campus and

Arts and Education in Town campus. Two hundred and ten students were selected from each of the four faculties making up 840 respondents for the study.

The instrument for data collection was researcher-developed questionnaire titled "knowledge and perception of HIV and AIDS Questionnaire" (KPKHIVAIDQ). The KPKHIVAIDQ was developed in five sections (A-E). Section A elicited demographic data (gender, age and marital status) from the respondents. Sections B-D sought information on respondents' knowledge of causes, mode of transmission, and methods of prevention of HIV and AIDS respectively. Section E gathered information on respondents' perception of HIV and AIDS after receiving HCT services at the YFC of UNIUYO. The instrument was validated by three eminent researchers in Health Education and Psychology in UNIUYO. The instrument was pretested on 25 students in University of Port Harcourt, River State, Nigeria who had received HCT services at the YFC of their institution, using test-retest approach. They were not part of the main study but had similar characteristics with the respondents in the main study. The scores obtained from the first and second administration of the instrument were correlated using Pearson Product Moment Correlation statistic. The result yielded a reliability coefficient of .82.

The KPKHIVAIDQ was thereafter administered to the 840 selected respondents in the University of Uyo. Each respondent was given instruction on how to complete the questionnaire. After completion, it was returned to the researcher who issued it. The 840 copies of the KPKHIVAIDQ were completed satisfactorily and returned for analysis. The data collected were analyzed using frequencies and percentages.

## RESULTS

The results are presented in tables 1-5.

**Table 1: Demographic Data of Respondents**

Variable	f	%
<b>Gender</b>		
Female	463	55.1
Male	377	44.9
<b>Age in Years</b>		
16-20	253	30.1
21-24	357	42.5
25-29	124	14.8
30 and above	106	12.6
<b>Marital status</b>		
Single	645	76.8
Married	149	17.7
Divorced	46	5.5

Table 1 shows that the respondents were both females (55.1%) and males (44.1%). Their age brackets were 16-20 years (30.1%), 21-24 years (42.5%), 25-29 years (14.8%), and 30 years and above (12.6%). Majority of the respondents were single (76.8%), other were married (17.7%) and divorced (5.5%).

**Table 2: Respondents percentage scores on knowledge of causes of HIV and AIDS (N=840)**

Items	Agree	Disagree
HIV and AIDS are caused by bacteria	323 (38.45%)	517 (61.55%)
HIV and AIDS are punishment for sin from God	266 (31.67%)	517 (68.33%)
HIV and AIDS are caused by witchcraft and other spiritual agents	164 (19.52%)	676 (80.48%)
HIV and AIDS are caused by virus	754 (89.76%)	86 (10.24%)

Data in Table 2 shows that 61.55% of the respondents disagreed to the statement that HIV and AIDS are caused by bacteria. Majority of them (68.33%), disagreed that HIV and AIDS come as a punishment for sin from God. A greater proportion of the respondents (80.48%) disagreed to the statement that HIV and AIDS are caused by witchcraft and other spiritual agents. A higher proportion of the respondents (89.76%) agreed that HIV and AIDS are caused by virus. Generally, these responses indicate that the respondents are knowledgeable about the causes of HIV and AIDS.

**Table 3: Respondents percentage scores on knowledge of HIV and AIDS transmission.**

Item	Agree	Disagree
HIV and AIDS can be transmitted through blood transfusion.	669 (83.21%)	141 (16.79%)
HIV and AIDS can be transmitted through handshake with an infected person	318 (37.86%)	522 (62.14%)
HIV and AIDS can be transmitted through using the same toilet the infected person used	279 (33.21%)	561 (66.79%)
HIV and AIDS can be transmitted through needle and skin piercing instruments that an infected person used	726 (86.43%)	114 (10.36%)
HIV and AIDS can be transmitted through sexual intercourse.	753 (59.64%)	87 (10.36%)
HIV and AIDS can be transmitted from infected mother to unborn child	501 (59.64%)	339 (40.36%)
HIV and AIDS can be transmitted through breast feeding	518 (61.67%)	322 (38.33%)

As shown in Table 3, majority of the respondents (83.21%) agreed that HIV and AIDS could be transmitted through blood transfusion. On whether HIV and AIDS could be transmitted through handshake with an infected person, (62.14%) of the respondents disagreed. High proportion (66.79%) of them also disagreed that HIV and AIDS could be transmitted through using the same toilet used by the infected person. Larger proportion of the respondents (86.64%) agreed that HIV and AIDS could be transmitted through sharing needle and skin piercing instruments with an infected person. Majority of the respondents (89.64%) agreed that HIV and AIDS could be transmitted through sexual intercourse with an infected person. On whether HIV and AIDS could be transmitted from an infected mother to unborn child, 59.64% of the respondents agreed. They (61.67%) also agreed that HIV and AIDS could be transmitted through breast feeding. The overall, responses indicate that the respondents are knowledgeable on the modes of transmission of HIV and AIDS.

**Table 4: Respondents' percentage scores on knowledge of preventive measure of HIV and AIDS**

Item	Agree	Disagree
HIV and AIDS can be prevented through prayers.	363 (43.21%)	477 (56.79%)
HIV and AIDS can be prevented through abstaining from sexual intercourse.	497 (59.17%)	343 (40.83%)
HIV and AIDS can be prevented through use of condoms.	788 (93.81%)	52 (6.19%)
HIV and AIDS can be prevented through sticking to one sexual partner.	555 (66.07%)	285 (33.93%)
HIV and AIDS can be prevented By not sharing needle and other sharp skin piercing instruments.	565 (67.26%)	275 (32.74%)
HIV and AIDS can be prevented By not touching blood soak material	501 (60.12%)	339 (39.88%)

Data in Table 4 showed that 56.79% of the respondents disagreed to the statement that HIV and AIDS could be prevented through prayers. On whether HIV and AIDS could be prevented through abstaining from sexual intercourse, 59.17%) respondents agreed, while 40.83% disagreed.

A higher proportion of the respondent (93.81%) agreed that HIV and AIDS could be prevented through the use of condoms, while only 6.12% of them disagreed. Sticking to one sexual partner could prevent HIV and Aids, 66.07% of the respondents agreed and 33.93% disagreed. More than one-half of the respondents (67.26%) agreed that HIV and AIDS could be prevented by not sharing needles of other sharp skin piercing instruments. Five hundred and five (60.12%) respondents agreed that HIV and AIDS could be prevented by not touching blood soaked material without wearing protective gloves.

**Table 5: Percentage scores on perception of HIV and AIDS (N=840)**

Item	Agree	Disagree
HIV and Aids are death sentence	460 (54.76%)	380 (45.24%)
One can tell that a person has HIV and AIDS by personal appearance	471 (56.07%)	369 (43.93%)
There is no need to HIV and AIDS test if one is not at risk	422 (50.24%)	418 (49.76%)
HIV and AIDS can be cured by herbal medicine and alternative medicine.	393 (46.76%)	447 (53.21%)
HIV and AIDS has no cur	780 (92.86%)	60 (7.14%)
HIV and AIDS can be managed with drugs.	591 (70.36%)	249 (29.64%)

As indicated in Table 5, 54.76% of the respondents agreed that HIV and AIDS are death sentence. More than one half of them (56.07%) agreed that one can tell that a person has HIV and AIDS by merely looking at personal appearance, while 43.93% disagreed. Four hundred and twenty-two representing 50.24% of the respondents agreed that if one is not at risk of HIV and AIDS, there is no need to take HIV and AIDS test, but 49.76% of them disagreed. More than one-half of the respondents (53.21%) disagrees that HIV and AIDS can be cured by herbal medicine and alternative medicine. Majority of the respondents (92.8%) agreed that HIV and Aids have no cure. On the statement that HIV and AIDS could be cured through prayer, 54.3% of the respondents agreed and while 45.7% disagreed. As high as 70.36% of the respondents agreed that HIV and AIDS could be managed with drugs.

## DISCUSSION

The goal of this study was to assess the impact of HIV Counselling and testing (HCT) service on students' knowledge of cause, modes of transmission, preventive measures and perception of HIV and AIDS. Students in the Town and Annex campuses of UNIUYO who had visited YFC for HCT services supplied information for this study. Majority of them were within the age range of 16-24 years. They were more females than males. Majority of them were singles in marital status. Young people with these characteristics are most vulnerable to HIV and AIDS. They are at greater risk of acquiring HIV and AIDS because of their lifestyle. Wusu and Okonukoni (2011) stated that the current orientation and pattern of provision of the health care services in Nigeria is not youth friendly. HIV counseling and testing services in Nigeria are predominantly clinic based, and youths are disproportionately disadvantaged because they do not often utilize clinic service like their adult counterparts.

The result of this study on knowledge of causes of HIV and AIDS indicated that majority of the students (89.76%) agreed that HIV and AIDS are caused by virus. The finding agrees with Unadike, Erikpo and Bassey (2012) who found that very high proportion of their respondents (students) identified virus as being the cause of HIV and AIDS. The respondents in the present study did not agree that HIV and AIDS come as q punishment from God, or being caused by witchcraft and other spiritual agents. The result contradicted that of Asante and Oti-Boadi (2013) who reported that HIV and AIDS are viewed as diseases that afflict immoral people as a punishment from God for their sins. The fact is that HIV and AIDS can affect any person whether "immoral or moral" because one can contact AIDS through other means apart from sexual intercourse. The finding also differ from the views of Nanaan and Obet (2013) who stated that most Africans attributed the causes of HIV and AIDS to witchcraft and other spiritual agents.

On knowledge of HIV and AIDS transmission, findings revealed that majority of respondents agreed that HIV and AIDS are transmitted through blood transfusion, sexual intercourse, and through the use of needles and skin piercing instruments already contaminated by HIV and AIDS infected person. They also agreed to the transmission of HIV and AIDS from an infected mother to the unborn child, as well as through breast feeding.

In study by Hesses, Adu – Aryee, Etnsuamensah and Wu (2006), most of their respondents mention blood as number one mode of transmission. Blood is one of the easiest ways of transmitting any disease infection. The findings supported that of Jang-Wook, Byoung- Gwon, Soo-Hyun and Changsu (2006) who found that HIV could be transmitted through needle stick. The present finding also agreed with Nanaan and Obert (2013) whose respondents (98.4%) agreed that HIV and AIDS could be transmitted through unprotected sexual intercourse with an infected person.

On knowledge of preventive measures of HIV and AIDS, it was surprising to find that up to 43.2% of the respondents agreed that HIV and AIDS could be prevented through prayers. The group may be those who believe in the power of prayers for healing. Findings further revealed that a higher proportion of the respondents (93.81%) agreed that HIV and AIDS could be prevented through the use of condoms. Only 59.17% of the respondents agreed the HIV and AIDS could be prevented through abstaining from sexual intercourse, while 40.83% disagreed. Those who disagreed to sexual abstinence as a means to prevent HIV and Aids may be having negative attitudes towards involvement in indiscriminate sexual activities. The respondent agreed that one can prevent HIV and AIDS by having only one healthy and loyal sexual partner, by not sharing needle and skin piercing instruments with HIV infected person, and by not touching blood soaked materials with bare hands. These results showed that the students are knowledge about HIV and AIDS preventive measures, but they still require sensitization on the A, B, C of HIV and AIDS prevention. That is, Abstinence from sexual intercourse, Be faithful to sexual partner, and Condoms use for coital activities.

On students' perception of HIV and AIDS, findings revealed that respondents viewed HIV and AIDS as a death sentence. They agreed that one can tell that a person has HIV and AIDS by merely looking at the persons' appearance, and that there is no need to take HIV and AIDS test if one is not at risk of HIV and AIDS. These results revealed that the students are still ignorant of facts about HIV and AIDS. There is need for health education intervention to upgrade their knowledge of HIV and AIDS. More than one-half of the respondents (54.3%) agreed that HIV and AIDS can be cured through prayer. And that HIV and AIDS could be managed with drugs. The students tend to be confused as majority of them (92.8%) agreed that HIV and AIDS have no cure. But, they earlier agreed that HIV and AIDS could be cured through prayer. This result showed that more work needs to be done on education and enlightenment of students on the importance of HCT service at the YFC.

### CONCLUSIONS

Based on the findings of this study, it was concluded that the student of UNIUYO who had received HCT services from the YFC are knowledgeable on the causes and modes of transmission of HIV and AIDS. Up to 40.83% of the respondents did not agree that HIV and AIDS could be prevented through sexual abstinence. It was further concluded that the respondents have poor perception of HIV and AIDS as they agreed that they can tell the person with HIV and AIDS by merely looking at the person's physical appearance. And that there would be no need for HIV testing, if one is not at risk. Some of them tend to forget that they are sharing barbing equipment and accepting blood transfusion.

## RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

- The YFC of the university should intensify enlightenment campaign and education on HIV and AIDS to the students
- Students should be sensitized on the importance of accepting voluntary counseling and testing service, even when they are not infected with HIV and AIDS, especially when they are exposed to conditions that can transmit HIV and AIDS such as sharing barbing equipment and accepting blood transfusion.
- The University should include HIV and AIDS as part of the topic in general studies curriculum for students.
- The University should employ a Health Educator among the staff of the YFC to champion the HIV and AIDS education to students at the centre. The education should target mostly the newly admitted students of the University.

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