

**PREVALENCE AND CORRELATES OF HIV VOLUNTARY COUNSELLING
TESTING: AN ANALYSIS OF UNIVERSITY OF LAGOS STUDENTS,
NIGERIA.**

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Introduction

HIV counselling has been defined as “a confidential dialogue between a person and a care provider aimed at enabling the person to cope with stress and make personal decisions related to HIV/AIDS. The counseling process includes an evaluation of personal risk of HIV transmission and facilitation of preventive behaviour.” (World Health Organization [WHO], 1994). The majority of new HIV infections in developing countries occur among young people aged 15 to 24 through unprotected sexual intercourse, girls being particularly vulnerable. Each day, nearly 6,000 young people between the ages of 15 and 24 become infected with HIV. Young people are at the centre of the global HIV/AIDS pandemic. An estimated 11.8 million young people aged 15 to 24 are living with HIV/AIDS, yet only a fraction of them know they are infected. There are increasing efforts to interest young people in utilizing VCT services. However, few programmes are currently providing counselling and testing as well as post-test services that are tailored to the special needs of young people.

Many adolescents in sub-Saharan Africa are sexually experienced and when entering into sexual relations for the first time, do not use any form of contraception. This leaves them vulnerable to HIV infection, STIs, and unplanned parenthood. Access by young people (particularly girls) to sexual and reproductive health services in developing countries remains a major challenge. In many cultures, it is socially unacceptable for young people to be sexually active unless they are married. As a consequence, sexually active young people don't openly talk about their experiences with adults, including health workers. They fear that confidentiality might not be maintained in health facilities. Health workers' attitudes towards teenage sexuality are sometimes negative and young people perceive them as intimidating. Communication with parents about sexual issues is rare and often times information comes from peers and is often incorrect. Lack of skills to negotiate safe sexual behaviour, poor access to contraceptives, and vulnerability to sexual

abuse put young people at highest risk of HIV infection. These factors, among others, contribute to young people's reluctance to use VCT services.

Sub-Saharan Africa remains the hardest hit and is home to two-thirds of all people living with HIV. Nigeria has the third highest population of people living with HIV after South Africa and India (UNAIDS, 2005). Despite this, the knowledge of HIV/AIDS in sub-Saharan Africa is still low (Asamoah-Odei *et al.* 2004). Data from 35 countries in sub-Saharan Africa showed that, on average, young men were 20% more likely to have correct knowledge of HIV than young women (UNAIDS, 2005). Also, the majority of HIV transmission occurs through heterosexual intercourse, mother to- child transmission and unsafe blood transfusion (Walker, 2004). In the absence of an effective vaccine and cure, voluntary counseling and testing (VCT), consisting of a minimum of pre- and post test counseling and testing, remains the entry point for behavior change and access to antiretroviral treatment.

The study seeks to identify VCT knowledge levels among University of Lagos (UNILAG) students, explore the students' attitudes towards VCT; identify perceived barriers and benefits of VCT; identify students' practices regarding VCT and assess the acceptability of introducing VCT services at the institution.

Theoretical Underpinning:

This paper will be anchored on the theory of Fear. The theory of fear postulates that fear is acquired through the absorption of threatening information. Rachman (1992) posits that fear could be generated through information which may or may not be threatening but which the recipient perceives as threatening. For instance information about some terminal illnesses could generate the fear of death. The visual display of HIV/AIDS patients in the media is capable of creating fear in the minds of the members of the public. In many cultures in Nigeria HIV/AIDS is perceived as an evil disease and no one would want to be identified with such an evil disease. It is this perceived fear of contracting such an evil disease that discourages many people from taking advantage of screening to know their status. Even those that know their status shy away from counseling because they do not want to be identified with such an evil disease.

Methods

To achieve the above listed objectives, data for this study will be collected from students of the University of Lagos. A total of 1,200 students comprising of 600 males and 600 females will be covered in the study. Four of the eight faculties in the university will be purposively selected to reflect the divergent nature of the courses taught and to see the differences in opinion on the issues raised. From each faculty a total of 300 students will be randomly selected -150 males and 150 females. The reason is to see to what extent both sexes access the services and whether there are differences in the utilization of the services by gender. Also, secondary data will be collected from the VCT centre of the university and information compared with the results from the fieldwork. Where possible, the University's clinic will be approached for information regarding HIV/AIDS prevalence rate and how the establishment of the HIV/AIDS policy in the university had helped in the utilization of the VCT services.

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