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Correlates of HIV counselling and testing (HCT) among secondary school teachers in Ibadan metropolis, Oyo state of Nigeria

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Abstract: *HIV counselling and testing (HCT) is recognized as a critical component of HIV prevention initiative and has therefore been promoted nationally. However, the more worrisome concern is that people do not want to go for HIV counselling and testing (HCT) probably as a result of different factors. This problem is still on going despite numerous researches on HCT. Hence, it is pertinent to investigate the factors affecting HIV counselling and testing (HCT). The aim of this study is therefore to investigate the correllates of HIV counselling and testing among secondary school teachers in Ibadan, Oyo State. Two hundred and fifty teachers were chosen from the selected secondary schools through stratified random sampling. Their ages ranged between 22 and 55 years with mean of 45.68 (SD= 7.72). Four instruments were used in the collection of data: HIV counselling and testing (α =0.82); stigma & discrimination (α =0.76); religious belief (α =0.73); level of knowledge (α =0.75); perception or barriers (α =0.85). Four hypotheses and two research questions were tested using multiple regression analysis and Pearson Product Moment Correlation. Also the study involved a qualitative design which allowed for the content analysis. The findings revealed that there was significant positive relationships between stigma & discrimination (r = 0.297, P>.05), belief (r = 0.234, P>.05), level of knowledge belief (r = 0.393, P>.05), perception or barrier (r = 0.455, P>.05) and HIV counselling and testing among secondary school teachers in Ibadan. The three variables jointly accounted for 31.8% variance in predicting HIV counselling and testing among secondary school teachers in Ibadan. The independent variables accounted for the observed positive relative contributions to HIV counselling and testing in the following order: perception or barrier (β = 0.428, t = 5.564, P>0.05) and stigma & discrimination (β = 0.269, t = 4.929, P>0.05) and level of knowledge (β = 0.255, t = 4.375, P>0.05) while belief (β = 0.197, t = 2.692, P>0.05) contributed the least to HIV counselling and testing. Based on this findings, there is need to put more emphasis on Community–based programs in order to reach out to as many teachers, non-teachers, learners and young people in general, especially those in the rural areas. Establishment of care and support component in the available HCTs programme should be provided thereby making the available HCT services more friendly.*

Keywords: Stigma & discrimination, perception, barrier, belief, knowledge, HIV counselling and testing

Introduction

HIV and AIDS is a major source of concern all over the world as it constitutes a major source of death and a threat to national developments. The effect of the virus has huge negative impacts on the economic, social and political developments of any nation with a high prevalence and high incidence rates (Alao, 2004). Nigeria is one of the countries with a relatively high prevalence of people living with HIV and AIDS in West Africa. Statistics indicated that at the end of 2007, an estimated 22 million adults and children in the sub-Saharan Africa were living with HIV. Also, an estimated 1.5 million Africans died from AIDS while 11.6 million African children became orphans as a result of HIV and AIDS. Specifically, as at the end of 2007, Nigeria had 2.6 million people living with HIV and AIDS, 170,000 died of AIDS and 1.2 million were orphaned (AVERT, 2009).

In Nigeria, HIV and AIDS is aggravated by inadequate health education, inadequate HIV testing and counselling, unhealthy cultural practices and poor health care system (Jimoh, 2003; Alao, 2004). HIV and AIDS is a dangerous virus which destroys the body's immune system. It leads to a progressive loss of a specific type of immune cell called T-helper, or CD4, cells. As the Virus multiplies in the body, it damages or kills the cells and weakens the immune system leaving the infected person vulnerable to various opportunistic infections and other illnesses (Jimoh, 2004; Lawal, 2008). By definition, AIDS is a syndrome of opportunistic diseases, infections and certain cancers that occur in clusters resulting from a compromised immune system, and it is caused by HIV (van Dyk, 2001). HIV is a retrovirus that attacks the T-cells of the immune system and interferes with the body's ability to fight off new infections resulting in a diagnosis of AIDS (UNAIDS, 2009).

HIV counselling involves educating a client or a group of clients on the control, management and prevention of HIV and AIDS. Counselling assists people to make informed decisions, cope better with life challenges, lead positive lives and prevent further transmission of HIV. HIV counselling and testing can be defined as a confidential face–to–face interaction between a professional counsellor and a client or a group of clients with a view to assisting the clients to make informed decisions and adjust effectively in life. HIV counselling consists of three stages, which are pre-test counselling, post-test counselling and follow up (Yahaya, 2004).

The prevalence of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome has been on for about three decades now. The disease has touched virtually every part of the world but Sub-Saharan Africa has been the worst hit (UNAIDS,

2008, 2010). Perhaps there is no disease that has left many destitute as much as HIV/AIDS. It is one disease in particular that has had devastating effects on families, communities, countries and economies (UNAIDS, 2006, 2008). Several efforts have been made to control and conquer the disease but there is no cure yet, neither is there an effective vaccine to prevent HIV infection because of the persistently changing nature of the virus (Odutolu, 2006; WHO, 2010). The two main strategies currently adopted for combating this epidemic are preventing new HIV infections and providing antiretroviral drugs for those already infected. Both can only be achieved when people are aware of their HIV status through the HIV Counselling and Testing (HCT) process (UNAIDS & WHO, 2004).

HIV counselling and testing (HCT) plays a pivotal role in the public health response to the HIV epidemic and is a vital point of entry to HIV and AIDS services including primary prevention, prevention of mother to- child transmission, antiretroviral therapy, management of HIV-related illnesses, tuberculosis control and psychosocial support (Akinkugbe, 2001). In developed countries with epidemics in core groups, high-quality HCT has been shown to substantially reduce the incidence of STD transmission and increase condom use (Coleman, 2002). Human immunodeficiency virus counselling and testing is a confidential process during which an individual or a couple is counselled and encouraged to assess their risk of acquiring or transmitting the virus. It can lead to testing, but the individuals can decide to weigh the options before requesting to be tested (UNAIDS, 2000). HIV Counselling and Testing has several benefits which have been documented (Boswell & Baggaley, 2002).

There are number of determinant that can influence the HIV and AIDS counselling and testing pattern among the secondary school teachers, one of the factor is social stigma factor: Stigma is defined as an attribute that is deeply discrediting which links a person to undesirable characteristics, thus reducing that individual's status in the eyes of society. It has been indicated that stigmatized individuals are believed to possess some features that convey a social identity that is devalued in a particular social context. In stigma, one group sees the other as abnormal and should be abhorred. Its components include people distinguishing and labelling human differences; dominant groups linking labeled persons to undesirable characteristics; labeled persons are placed in distinct categories so as to accomplish some degree of separation of 'us' from 'them', and labeled persons experience status loss and discrimination that leads to unequal outcomes (Alao, 2010).

It manifests in avoidance, social distancing, coercion and non-supportiveness, self-stigma leads to reduced or diminished self-esteem. Stigmatization can lead to prejudicial thoughts, behaviors and actions on the part of individuals and groups (Adegbite, 2007). The stigma and discrimination associated with HIV/ AIDS has been conceptualized at two levels: societal and individual. At the societal or cultural level, it manifest in discriminatory laws, policies, popular discourse and social conditions of people living with HIV/AIDS.

Another factor of interest is the low level knowledge. Knowledge of various aspects of HIV/AIDS allows appropriate action to be taken in relation to prevention of HIV and reduction in the spread of HIV (Shishana, 2009). The assumption of this approach was that knowledge of HIV risk behaviours would result in HIV preventative behaviours (Di Clemente, 1994). HIV/AIDS knowledge in the educational context or from families, they are exposed to this knowledge through media campaigns. However, the fast increasing incidence of HIV infection among university students suggests that HIV knowledge is necessary but not sufficient for HIV risk reduction (Winfield & Whaley, 2002). This is because for knowledge concerning the reduction of HIV risk behaviours to be effective, the knowledge should be appropriate and accurate, and those receiving it must gain an understanding of the knowledge (Shishana, 2009). Research has shown that university students know all they need to know about HIV transmission and protecting themselves against HIV infection, but as a result of denial and other factors, they do not believe the information applies to them (Brown, 2008; Cok, 2001; Cornelissen, 2005; Johnston-Polacek, 2007; Sauls, 2004).

Lastly, another factor of interest is cultural belief. Cultural practices such as cultural festival, fatalism belief such that individual has the belief that one thing will result to their death and this make them to venture into behaviour that is detrimental in nature. Some exhibited behaviour includes having unprotected sexual intercourse with multiple partners, forced sex, alcohol ingestion also the practice of widow inheritance in the community did not influence the utilization of HIV counselling and testing services. The rural primary school educated teachers were more likely to have taken a test than those with no formal education. Secondary education increased testing by two and a half fold while tertiary education increased likelihood of testing by more than four folds in the rural areas. In urban areas, tertiary educated teachers were more likely to have a HIV test and secondary educated teachers more likely than adults with no formal education. Hence this study will further contribute to the body of literature in this area with the hope that the independent variables used (stigma, negative perception, cultural belief and level of knowledge) would have positive result to HIV testing and counselling among secondary school teachers in Ibadan metropolis of Oyo state, Nigeria.

Statement of the Problem

Nigeria is the most populous African country with an estimated population of 177,071,561 as at July-2013. Yet, Nigeria witnessed an increase in the prevalence of HIV in the country. The first HIV Sentinel Survey in 1991 showed a prevalence of 1.8%. Subsequent sentinel surveys produced prevalence of 3.8% (1993), 4.5% (1996), 5.4% (1999), 5.8% (2001), 5.0% (2003), 4.4% (2005), 4.6% (2008), 4.1 %(2010) and 5.1 %(2012) (Jimoh, 2012 & NACA, 2014). Nigeria is the most populated country in sub-Saharan Africa, a region which carries the globe's heaviest burden of HIV/AIDS. In estimated numbers this represents about 3,229,757 still keeping Nigeria as the country with the second highest burden of HIV in the world, only after South Africa. However, the uptake of HCT is still low among Nigerians. In 2012, the total number of persons who were counseled tested and received results in the last twelve months was only 2,792,611 (NACA, 2014).

The number of persons requiring ART stands at 1, 476, 741 in 2013 out of which 639,397 are currently receiving HCT services treatment. The dissemination of HIV testing and counselling information needs to be repositioned and restructured so as to bring change in individuals' behaviour, another driving force on this epidemic is fear and stigma. Fear of stigma attached to HIV/AIDS by individuals is not peculiar to Nigeria alone but worldwide. HIV/AIDS has been a highly stigmatized illness, because of its association with sexual behaviour, drug use behaviour, and the fact that in many places it disproportionately affects those considered outside the so-called mainstream of society. The attitude and reaction of people to people living with HIV/AIDS have sent ripple of fear to everybody. As a result of stigma, everybody is skeptical about being tested on HIV because he may be informed of his sero-status. HIV/AIDS has become a source of concern all over the world. The concern cannot be isolated from the devastating effects of HIV/AIDS on economic, social, political and technological development of any nation with a high prevalence rate. Nigeria is one of the countries with HIV/AIDS prevalence rate of over 10%. Despite this challenge, the patronage of HIV Counselling and Testing (HCT) is still very low. This has led to fear, silence and withdrawal of people in going for HIV testing and counselling. Given this gap, this study intends to determine how stigma & discrimination, negative perception, cultural belief and level of knowledge correlates HIV counselling and testing and among secondary school teachers.

Purpose of the study

The purpose of this study is to determine the correlates of HIV counselling and testing among secondary school teachers in Ibadan metropolis.

Significance of the Study

The findings of this study would be of immense significance to the following: students, parents and teachers, school counselors, school administrators, government, health psychologist and educational researchers. The findings will help teachers and students to know the importance of HIV counselling and testing.

The findings from the study will be of immense benefit to parents since some of them are teachers which the study really addressed, they will be able to able to teach the students and their wards about the relevance of HIV counseling and testing in other to prevent the prevalence of HIV in the country.

The findings of the study will be beneficial to policy-makers in Governmental and Non-governmental organizations and advocates to assist them in finding ways to develop programmes that will address the needs and thereby improving their well being; and that of the HIV/AIDS patients in their care.

Finally, the study findings will be of great help to other researchers in the sense that it will serve as a body of knowledge upon which other literatures can be built on.

Literature Review

Belief and HIV Counselling and Testing

Africans seem to be injected with an overdose of religious faiths beliefs and cultures which inexorably influenced their attitude, lifestyle, behaviour and also attitude toward HIV and AIDS campaign. Okeke and Fortune (1992) in a survey conducted in the Nigerian universities revealed that 71 per cent of the respondents believed that religious practices should be considered when developing an AIDS education curriculum. In the same vein, Odebiyi (1992) revealed that 3.3 per cent 20.0 per cent of medical students hold AIDS as God's punishment for man's sexual excesses. Also Nicholas and Durrheim (1995) in a study of first year Black South African university students discovered that negative attitude towards homosexuality were significantly associated with negative attitude toward AIDS, high knowledge of AIDS and high religiosity. Religious commitment diminished the propensity to engage in sexual intercourse and delayed the age for onset of sexual intercourse. According to Klonoff and Landrine (1999), some health care workers have suggested that African Americans believe that HIV and AIDS is a virus that has been artificially created by vested interests. Also, there is a belief among some in the African American community, that HIV and AIDS prevention programs are just a hoax and are just a pretext for increasing the HIV and AIDS-affected population within the African American community, which is a part of bigger government-sponsored conspiracy to obliterate the Black community. Klonoff and Landrine (1999) found in their survey of 520 Black adults living in California that slightly more than 25% agreed with the statement "HIV and AIDS is a man-made virus that the federal government made to kill and wipe out black people" (Klonoff & Landrine, 1999, p.455).

Moreover, almost 23% reported that they neither agreed nor disagreed with the statement while almost 51% disagreed. Other important findings of the study were that African Americans who agreed with the conspiracy beliefs had higher income and education, which shows that it is not just people who are poor and less educated who believe in the conspiracy beliefs. Moreover, men were more likely to believe in the conspiracy beliefs because of past discrimination. There is not a significant amount of research that has examined how conspiracy beliefs about HIV and AIDS among African Americans affect their behaviors and attitudes.

Level of knowledge and HIV Counselling and Testing

According to Cambell (2008) found that it all appeared to be generally knowledgeable about the HIV Counselling and Testing services, regardless of whether one had attended the services before or not. However, the majority could not mention all components of the HCT services. The most known HCT activities to them which were frequently mentioned services being offered in these sites were HIV testing, treatment of STIs and as source of HIV and AIDS information. Having noted HIV testing as a barrier towards youth's attendance to HCT services; respondents agreed that most of young people are not aware that they can attend the HCT services without having the HIV test. However, they knew that the services were voluntary offered to individuals. Sources of the

HCT services information were more or less the same as of the HIV and AIDS knowledge mass media communication were again mentioned such as television, radio and newspapers, HIV and AIDS campaigns programs, and friends who have been to such services.

Henderson (2004) examined information sources and knowledge of HIV and AIDS among women 50 years and older. The three objectives of the study were to inquire about their basic knowledge, assess their information sources, and examine the relationship between knowledge and sources. Approximately 515 female participants were selected from an urban general medical clinic. Henderson (2004) found in terms of knowledge about HIV and AIDS that most of the women did not possess a lot of information. More than 60% of the women only answered a few questions correctly. Regarding level of symptom knowledge about HIV and AIDS it revealed that more than 60% thought that kissing on the lips was a possible means of transmitting HIV and AIDS.

Negative Perception and HIV Counselling and Testing

Oshi (2007) conducted focus groups at three different universities in Eastern Nigeria to explore if a greater perception of risk for HIV and AIDS among undergraduate students would be related to risky sexual behaviors. Participants who were not concerned about contracting HIV and AIDS had one sexual partner and did not use condoms; however the participants who felt that they were at a higher risk for becoming HIV and AIDS positive had more sexual partners and did not use condoms (Oshi, 2007).

The majority of women perceived themselves as to be at some risk of HIV infection. A 'lack of trust' in a male partner, and 'partner's promiscuity' were the most common reasons given for perceived high personal risk. Women believed that a woman would go for HIV testing if she felt to be at risk. Women correctly understood that their own and their partner's risk was bound together but believed that a woman could not disclose her seropositive status to her partner. This underlines the importance of male involvement in a PMTCT program because temporary migration from Nouna District to the Ivory Coast is not uncommon and polygamy is legally possible and practiced. The elevated perceived willingness to participate in a VCT/PMTCT program if provided with anti-retro viral therapy (ART) indicates that a successful program needs to be actually beneficial to the participants. The low level of risk perception and VCT use makes the youth population vulnerable to HIV. Provision of quality information is necessary to avoid misconceptions, change their risk perceptions and behavior.

A low-risk perception is also linked negatively to the intention to go for HCT: if people believe that they are not at risk of HIV and AIDS, it makes no sense to go for HCT. On the other hand, survey data also indicates that a high risk perception is one of the main motivators for people to go for HCT (Kellerman, 2001; Van Dyk & Van Dyk 2003).

Negative Attitude and HIV Counselling and Testing

While not seen as a problem a few years ago, the HIV/AIDS epidemic is now clearly more serious among young people. Although young people suffer most from HIV/AIDS, the epidemic among youth is largely ignored and remains invisible to both young people themselves and to society as a whole. They are more likely to carry the virus for years without knowing that they are infected, consequently the epidemic spreads beyond high-risk groups to the broader population of young people making control harder (Kiragu, 2001) Current data indicates that about 20% of young people aged 15-19 years (mainly secondary school students) are infected with HIV virus (Ministry of Education, 2001). HIV/AIDS prevalence is higher among girls than boys with a national prevalence of 24% for young women aged 15-24 years. In one of the studies in Kisumu, the prevalence of HIV/AIDS among girls aged 15-19 years was 33% compared to 6% of boys of similar ages (Population Council, 1997).

The ability of young people to deal with these negative consequences of adolescent sexuality is the severely constrained by the inadequate information and skills and poor access to education and health services (CSA, 2002). Voluntary counseling and testing for HIV programs has become a major component of the expanded responses to the HIV and AIDS pandemic. Early testing for HIV and AIDS offers many benefits for young people but in many countries it is still rare. In Kenya existing Centres are situated mainly in urban and peri-urban areas. There are plans to roll out an estimated three hundred centres across the country. The increasing demand for HCT services can be attributed to several factors. First, individuals have a right to know their serostatus in order to protect themselves and others from infection. Secondly early detection may help individuals to gain sources of support and variety of treatments for opportunistic infections associated with HIV and AIDS (Kiragu, 2001; Population Council & UNFPA, 2002).

Stigmatization & Discrimination and HIV Counselling and Testing

Fear of stigmatization is an important barrier to HIV testing and has negative consequences for AIDS prevention and treatment. Interventions to reduce HIV-related stigma are needed in order to foster voluntary HIV counselling and testing in Africa. For nearly two decades countries all over the world have struggled to respond to the HIV/AIDS epidemic. In 2005 almost 3 million people died because of AIDS, and an estimated 4.1 million acquired the human immunodeficiency virus (HIV) - bringing the number of people living with the virus around the world to about 38.6 million. Almost two thirds of all persons with HIV live in sub-Saharan Africa. For many years AIDS is the leading cause of death in this region. In the past decades the life expectancy in sub-Saharan Africa dropped with no less than 15 years, from 62 to 47 years.

As some of these studies indicate, people fear that they may be subjected to stigmatization simply on the basis of suspicion that one might be HIV positive, i.e. irrespective of one s real HIV-serostatus (Day, 2003) . As such a situation may arise when one is seen at a VCT site, or being seen with health care providers working at such sites, or who provide care and support to PLWA, people actively avoid such associations. This fear as a result of mere association also extends to people who might be at risk of TB, given that having TB has also been linked with being HIV-positive (Kelly and Parker 2000).

The weight that the fear of AIDS-stigmatization plays in people s decision whether or not to go for VCT, is perhaps best illustrated by research that clearly indicates that people will decline access to ART - currently the biomedical intervention that has the greatest positive impact on AIDS-related morbidity and mortality -given their often overwhelming fear of being stigmatized (Hassan 2005 and Centre for Actuarial Research 2003). However, precisely what people fear with regard to stigmatization and VCT is not always clearly spelt out in most VCT-studies.

Research Questions

What is the joint and relative contribution of the independent variables (stigma & discrimination, religious belief, level of knowledge and perception or barrier) on the predictive of the dependent variable (HCT among teachers)

Research Hypotheses

There will be no significant relationship among stigma & discrimination, belief, level of knowledge and perception or barrier in seeking on HIV voluntary counseling and testing.

Methodology

Research Design

This descriptive survey design using ex-post facto method to achieve the purpose of the study. Also, questionnaire and interview research methodology was used to obtain data for the research objectives.

Sample size and sampling technique

The sample size consists of 250 (two hundred and fifty) teachers that were selected from the population of teachers in Ibadan North and Akinyele Local Government Area in Ibadan metropolis of Oyo state. Stratified sampling technique was used to select the sample size from the population of the study. This was done by breaking the population of the study into strata according to their socio-demographic characteristics. Also the stratification was done based on classification of participants from their various school of study.

Instrumentations

Four research instruments were used in this study for the purpose of data collection. These include: HIV counselling and testing scale which was adopted by Kalichmans (2003). It contains 16-item scale with a Likert format ranging from Strongly Agree (SA) to Strongly Disagree (SD). It is designed to measure attitude toward HIV counselling and testing on five Likert scale with a reliability coefficient of 0.78. The reliability coefficient = 0.82.

Perceived HIV stigma was used to measure an experienced stigma developed within Tanzanian context by (Nyblade & Demeke 2003). It is a 10-item perceived stigma scale questionnaire reliability coefficient = 0.89). The reliability coefficient = 0.76. The perceived knowledge of HCT is a measure of respondent perception of knowledge of HCT. This was adopted from Rice & Hall (1998). It contains 15-item scale with a Likert format ranging from Strongly Agree (SA) to Strongly Disagree (SD). Based on Cronbach's alpha, has been reported to range from .77 to .83 (Rice, 1998). The reliability coefficient = 0.75. The Religious Belief Scale (RBS) was adopted from Sanderson (2008). It consists of 10 –item scale with a response format ranging from Strong Agree = SA to Strongly Disagree = SD. The reliability coefficient = 0.73. Perceived Barriers to HCT Scale developed by Donald & Mark (1996) was a 10-item barrier to HIV counselling and testing questionnaire reliability coefficient = 0.89), Participant are asked to indicate their level of agreement with each statement using the following Likert responses from Strong Agree = SA to Strongly Disagree = SD. The reliability coefficient = 0.85.

Procedure for Data collection

The instruments were administered to the secondary school teachers of the Ibadan North and Akinyele Local Government Area in Ibadan metropolis of Oyo state. The questionnaires were administered to the participants at the sampled schools. Before the administration, the researcher seeked permission from the school authorities of the selected schools. A total of three hundred and fifty (250) copies of the questionnaires were distributed to the participants. Also teachers in each school were interviewed and before filling the questionnaire, the researcher succinctly explained to the participants on how to fill it.

Method of Data Analysis

Pearson Product Moment Correlation PPMC and Multiple regression analysis was used to analyze the data collected from this study and content analysis was used for in–depth interviews in other to find out which variables would predict the dependent variable. Interviews which were conducted aimed at gaining information on the perspective, understanding the meaning constructed by teachers regarding the events and experiences of their lives in this era of HIV Counselling and testing.

Results

It is shown in the table below (1) that there was significant relationship between stigma & discrimination and HIV counselling and testing among secondary school teachers in Ibadan (r =.297**, N= 250, P < .05). Hence, the hypothesis one was therefore rejected because the study shows that there was positive relationship between Stigma & Discrimination and HIV counselling and testing in the study.

Table 1: Correlation computation of stigma and discrimination on the HIV counselling and testing among secondary school teachers in Ibadan

Variable	Mean	Std. Dev.	N	R	P	Remark
HIV Counselling & Testing	45.6840	7.72417	250	.297**	.000	Sig.

Stigma & Discrimination	26.3000	8.80364				

** Sig. at .05 level

It is shown in the below table two (2) that there was significant relationship between Religious belief of the people and HIV counselling and testing among secondary school teachers in Ibadan (r =.234**, N= 250, P < .05). Hence, the hypothesis two was therefore rejected because the study shows that there was positive relationship between religious belief of the people and HIV counselling and testing in the study.

Table 2: Correlation computation of Belief of the people on the HIV counselling and testing among secondary school teachers in Ibadan

Variable	Mean	Std. Dev.	N	R	P	Remark
HIV Counselling & Testing	45.6840	7.72417	250	.234**	.000	Sig.
General Belief	31.1400	6.85070				

** Sig. at .05 level

It is shown in the below table three (3) that there was significant relationship between Level of knowledge and HIV counselling and testing among secondary school teachers in Ibadan (r =.393**, N= 250, P < .05). Hence, the hypothesis three was therefore rejected because the study shows that there was positive relationship between Level of knowledge and HIV counselling and testing in the study

Table 3: Correlation computation of Level of knowledge on HIV and HIV counselling and testing among secondary school teachers in Ibadan

Variable	Mean	Std. Dev.	N	R	P	Remark
HIV Counselling & Testing	45.6840	7.72417	250	.393**	.000	Sig.
Level of knowledge	49.9000	8.85050				

** Sig. at .05 level

It is shown in the below table four (4) that there was significant relationship between perception or barrier in seeking HCT and HIV counselling and testing among secondary school teachers in Ibadan (r =.455**, N= 250, P < .05). Hence, the hypothesis four was therefore rejected because the study shows that there was positive relationship between perceptions or religious barrier in seeking HCT had influenced on HIV counselling and testing in the study.

Table 4: Correlation computation of perception or barrier in seeking on HCT and HIV counselling and testing among secondary school teachers in Ibadan

Variable	Mean	Std. Dev.	N	R	P	Remark
HIV Counselling & Testing	45.6840	7.72417	250	.455**	.000	Sig.
Perception or Barrier to HCT	25.2960	11.23143				

** Sig. at .05 level

The below result shows that R = .574, R^2 = .329 and Adjusted R^2 = .318 which implies that 31.8% is accounted by the combination of stigma and discrimination, barrier or perception toward seeking HCT, level of knowledge and Belief of people. This indicates that other factors outside the scope of this study accounted for 68.2% of the total variance of HIV counselling and testing. Analysis also shows that f-ratio value of (F=30.042, P<0.05) finding is not by chance.

Table 5: Multiple regression analysis showing joint contribution of independent variable on the prediction of HIV counselling and testing among teachers

R = .574
R^2 = .329
Adjusted R^2 = .318
Standard error of the estimate = 6.37829

ANOVA

Model	Sum of Square	Df	Mean square	F	Sig.
Regression	4888.802	4	1222.200	30.042	.000
Residual	9967.234	245	40.683		
Total	14856.036	249			

The table 6 below presents the Beta weight and the t-test of the independent variables. The result shows that Barrier or perception toward seeking HCT has highest contribution to HIV counselling and testing with a beta weight of .428 and t-value of 5.564, followed by Stigma and discrimination with a beta weight of .269 and t-value of 4.929, followed by level of knowledge with a beta weight of .255 and t-value of 4.375. This is followed by Belief of people with beta weight of .197 and t-value of 2.692.

Table 6: Multiple regression analysis showing relative contribution of independent variable on the prediction of HIV counselling and testing

Model	Unstandardized Coefficient		Standardized coefficient	T	Sig.
	B	Std. Error	Beta		
Constant	26.414	4.014		6.580	.000
Sigma & Discrimination	-.236	.048	.269	4.929	.000
Belief	.222	.083	.197	2.692	.008
Level of knowledge	.223	.051	.255	4.375	.000
Barrier or perception toward seeking HCT	.295	.053	.428	5.564	.000

Discussion of findings

It was found that there was significant relationship between stigma & discrimination and HIV counselling and testing among secondary school teachers in Ibadan. This finding is in line with Griffin, (2000) who found out that, the time HIV was discovered; it has been accompanied with social response of fear, denial, stigma and discrimination. This gives rise to anxiety and prejudice against the groups most affected. According to Goffman (2003) He stated that stigma and discrimination have become the tragic consequences of HIV disease while many referred to AIDS stigma as the third epidemic, noting that the challenge faced by many HIV/ AIDS programmes remain the problem of stigma and discrimination . According to Odumegwu (2006) opined that stigma is not new to public health, nor is it unique to HIV/AIDS. It has been associated with a number of diseases such as leprosy, urinary incontinence, and mental illness. Existing studies and commentaries have noted that stigma and discrimination remain a major fact of life for persons living with HIV/AIDS in sub- Saharan Africa (Goffman, 2003). The stigma associated with the HIV/AIDS is not a new phenomenon in public health, as many other diseases have also been stigmatized. This association has often limited treatment and prevention of the particular diseases by the groups so stigmatized.

The result of the second hypothesis question which asked whether there will be no significant relationship between general belief and HIV counselling and testing. It was found that there was significant relationship between general belief and HIV counselling and testing among secondary school teachers in Ibadan. This finding supports the finding of Green (1995) which stated that some of the religious beliefs were found to have a negative perception to VCT services. Informants pointed out some of the denominations that do not allow their believers to undergo HIV testing, by believing that they are safe from HIV infection. Such feelings are associated with their understanding that those who get HIV infection reflect to their punishment from God for their sin. When they talk of sin, they refer to committing adultery, something not expected to be done from their group members. According to such understanding and belief, they see that possibilities for contracting HIV are very limited. In complimenting what has been said by informants, some youth made it clear that due to their believe as born again Christians, they do not find any reason for them attending HCT services.

The result of the third hypothesis question which asked whether there will be no significant relationship between level of knowledge on HIV and HIV counselling and testing. It was found that there was significant relationship between level of knowledge on HIV and HIV counselling and testing among secondary school teachers in Ibadan. This finding supports the finding of Vlahov (2006), stated that Individuals who have more HIV knowledge were less worried and less likely to stigmatize PLWHA than those with less knowledge. However, knowledge or awareness of HIV has not always been related with lesser HIV-related stigma depending on cultural and religious norms of the study population. For instance, Beyene (2000) found that Ethiopian and Eritrean immigrants were afraid to discuss HIV with their friends and deny their personal HIV risk behaviors even though their level of HIV awareness was high. Cambell (2008) stated that it all appeared to be generally knowledgeable about the HIV Counselling and Testting services, regardless of whether one had attended the services before or not. However, the majority could not mention all components of the HCT services. The most known HCT activities to them which were frequently mentioned services being offered in these sites were HIV testing, treatment of STIs and as source of HIV/AIDS information.

The result of the fourth hypothesis question which asked whether there will be no significant relationship between perception or barrier to HCT and HIV counselling and testing. It was found that there was significant relationship between perception or barrier to HCT and HIV counselling and testing among secondary school teachers in Ibadan. This finding supports the finding of Vlahov (2006) found out that A low-risk perception is also linked negatively to the intention to go for HCT: if people believe that

they are not at risk of HIV/AIDS, it makes no sense to go for HCT. On the other hand, survey data also indicates that a high risk perception is one of the main motivators for people to go for HCT (cf., Kellerman, 2001 and Van Dyk and Van Dyk 2003).

Implication of the Findings

The effect of independent variables (stigma & discrimination, religious belief, level of knowledge on HIV and perception or barrier in seeking HCT centres) on HIV counselling and testing among teachers in Ibadan metropolis cannot be over emphasized. The findings from this study suggest so many things. Secondary school teachers are bound to engage themselves in behaviour that make them not to visit HIV counselling and testing due to the fear of stigmatization and discrimination they are bound to experience.

The issue of HIV counselling and testing which has been viewed as a factor that only affects people living with HIV/AIDS and is a general phenomenon that requires attention of every one. Gone are those days whereby accessibility of the HIV counselling and testing is the issue that most researcher in the field of health are dealing with but now the issue before everyone is that of HIV counselling and testing which is very important for the health and lives of the individual to know their zero status. If this is however not well examined, it will affect the population and it will also enhance the spread of the diseases.

Therefore, this study demands for an intensive orientation and re- orientation of health workers and stakeholders on health sector concerning the effects of HIV counselling and testing in the society on the life satisfaction of our future teacher and what would befall this nation if it persists. Towards this end, counselors and all other helping professionals must be alert and sensitive to these growing trends. The implication of this is that all concerned stakeholders in health sectors in Nigeria should embark on intensive studies to identify factors that contribute to HIV counselling and testing of teachers.

Recommendation

Findings of this study show that HIV/AIDS intervention programs are concentrated in urban areas. To increase the coverage of HIV/AIDS information giving, there is a need to have special programs which will be operating in schools. Intention should be to cover as many secondary school teachers as possible and this will serve the purpose of giving knowledge to teacher about HIV counselling and testing.

As for now most of the brochures and posters are found in HCT centers where people who attend have access to the HIV/AIDS knowledge through counseling. To expand access of information to such materials, strategies are needed that materials are placed in secured and open places for individual to have acces to those materials. In making sure that teachers pay attention to the knowledge which is granted to them it will be good if there will be competition and presents should be given to those who win.

There is a need to put more emphasis on Community –based programs to reach many teachers especially in rural areas and those who are not schooling. Establishment of care and support component in the available HCTs and the oncoming ones will serve secondary school teachers who test positive. In the current study most of the HCT available lack such important component and youth were concerned with it.

Suggestions for further research

Further research is necessary in order to investigate more on the inhibiting factors responsible for low use of HIV/AIDs counselling and testing. In the light of the findings it is hereby suggested that researches should be carried out across other states in the country in order to expand the generalization of the findings of this study. More qualitative and quantitative studies need to be conducted in other urban areas with participants from both similar and different backgrounds. In this way, the results obtained in this study may be evaluated in terms of their transferability to other contexts. Other variables that could account for HIV counselling and testing should be looked into by further researches.

Conclusion

This study aimed at examining the correllates of HIV counselling and testing among secondary school teachers in Ibadan metropolis, Nigeria. Regardless to the HCT services were being free of charge to teachers from the age of 24 years and below, decisions to teacher attending the services or not is influenced by various factors around them. The findings showed that most of the teachers who attend HCT services are those who feel that they are at risk, especially after involving into unprotected sex according to counselors experiences. Also few attend with reasons of knowing their health status. Also influence from friends who have been to HCT services identified as among the forces behind some teachers in this study being attracted attending the HCT services.

Other reasons were not much associated with teachers as the reasons for them seeking the HCT services, like attending the HCT services when they have a certain event plan such as getting married, having a child, requirement to the job application or studies, or by being among of the scholarship requirements. Results show that barriers to access the HCT services by teachers are related to individual, social, religious and economic factors. Just like in other HCT services in developing world. Very few available HCT sites have the medical treatment component in their services, there are few trained counselors especially in youth friendly services, workload to counselor are heavy, there are limited opportunities for retraining counselors. Other obstacles being lack of resources to run the HCTs, difficult in accessing the services, restrictive policy on age limit for HIV test, lack of national monitoring system, lack of continuing support to HIV positive youth and adult, also negative attitude to the HCT services by people surrounding teachers contribute to low uptake of the HCT services by teachers.

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