PERCEIVED COUNSELLING STRATEGIES FOR THE PREVENTION OF HUMAN IMMUNE VIRUS (HIV) AMONG ADOLESCENTS IN ONITSHA EDUCATION ZONE

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ABSTRACT

The study determined the counselling strategies for the prevention of Human Immune Virus (HIV) among adolescents in Onitsha Education Zone of Anambra State. A descriptive survey research design was adopted for the study. There are 32 public secondary schools in Onitsha education zone, therefore the population for the study comprised of the 32 counsellors from the education Zone. The population was small and therefore there was no sampling. The entire population was used as the sample size. The instrument for the study is researchers' constructed questionnaire, titled counselling strategies for preventing the spread of HIV among adolescents questionnaire and two experts validated the instrument. Three research questions were posed and a decision rule of 2.5 was used as a criterion value to guide the study. The data collected was analyzed using mean. The items were based on 4 point rating. Based on the mean scores, the following findings were obtained. Organization of seminars for the students on periodic basis, individual counselling and the use of peer education are effective measures for preventing the spread of HIV. Based on the findings, conclusion was drawn, implications highlighted and recommendations made to include that counsellors should mount enlightenment programs from time to time through conferences, workshops on the issue of HIV among other recommendations.

Keywords: Counselling, Strategies, Human Immune Virus, Adolescents

INTRODUCTION

Presently, the pandemic; Corona Virus (COVID- 19), is currently ravaging the world, but in the past and even now human immune virus (HIV) is one of the greatest threat to public health in our time. It has been spreading through Nigeria like an uncontrollable wild fire. The epidemic of Human Immune Virus Syndrome has become a major challenge to our modern society. The danger of this epidemic particularly its current incurable status when it gets to the stage of

acquired immune deficiency syndrome (AIDS) presents a tremendous threat to humanity (Ibeagha, & Sobola, 2007). According to the report given by Federal Ministry of Health (FMOH) (2003), the virus lives in the blood fluids particularly blood, semen, vaginal secretion and breast milk. The origin of HIV has puzzled scientists ever since the illness first came to lime light in the early 1980's. A report indicates that thirty three million two hundred thousand people worldwide are living with HIV (UNAIDS and WHO 2007). This report claimed that the epidemic has been the cause of death of more than 2.9 million persons worldwide.

The HIV epidemic appears to be of particular concern in many developing countries which Nigeria is one. According to UNAIDS, (2008), an estimated number of one point nine (1.9) million people were newly infected with HIV in sub-Sahara Africa in 2007 alone. According to Chukwu (2008), an estimated number of three million one hundred thousand people are living with HIV in Nigeria. This means that Nigeria is among the largest number of people living with HIV in sub-Sahara Africa. The rate at which the spread of HIV is growing is quiet alarming. HIV infection rate among young people is very high and this is very disastrous as it causes premature death and a threat to national development. However, the effect of HIV is very serious as it causes physical and mental torture, stigmatization among others. The National Agency for the control of Aids (NACA) 2016, and its Anambra counterpart (ANASCA) noted that the team is aimed at strengthening the coordination and prevention of HIV in various health facilities. The call of these organizations has been to spread information and research on how to manage or reduce the transmission of HIV. In terms of adolescent counselling, risk reduction counselling is used as a harm reduction technique quite effectively. The risk reduction approach to HIV counselling can be divided into various phases such as, exploring clients feelings about sexual activity, using their existing HIV knowledge as an engaging tool, addressing the barriers they have for safer sex, focusing on perceptions that might affect risky behaviours, focus on safe sex planning and in the end, referral making (Pinto, 2012). Furthermore, for Kamb, Fishbein, Douglas, Rhodes, Rogers, and Bolan (2008) Risk reduction counselling is used as a harm reduction technique quite effectively. However, other interesting approaches used were information-motivation-behaviour change model. Results showed that men who received the full information motivation behaviour (1MB) model showed greater risk reduction skills and relatively lower rates of unprotected intercourse over 6 months of follow-up and had fewer

Sexually-transmitted infections (Kalichman, Cain, Weinhardt, Benotsch, Presser, and Zweben,2005).

The unsafe sex, identified by the World Health Organization (WHO) as one of the ten leading risk factors for harm globally, is the common mode of HIV transmission. Nwagbara (2003), observed that scientifically, there is no established cure for AIDS in Nigeria. The nature of the virus is such that when it gets into the human body, it becomes part and parcel of the cell. The causes of Human Immune virus (HIV) is increasing and the adolescents need to be adequately informed about it. This indicates that, the society should try to influence positively the behavior of the adolescents by disseminating the correct and adequate information and counselling about HIV. Nevertheless it is expected that the counsellor should identify those counselling strategies that would be used to enhance and equip the adolescents on the prevention of HIV. The counsellors in schools such as secondary to university level are expected to re-orient and re-organize the mind concept of the adolescents.

The term counselling has been variously defined by many authors depending on the author's perception. Shertzer and Stone in Okolie (2014) viewed counselling as a process of helping individuals to understand themselves and their world. The process thus involves series of actions aimed at helping the individual in decision making, understanding himself and adjusting to his environment. That is to say that counselling can be a personalized dialogue, interview or interaction between the client experiencing a problem and the counsellor who tries to render help. Ker (2003) stated that counselling is a learning process through which an individual learns about himself, his personal relationship and behavior that can lead to his personal development.

To go through the process of assisting clients to modify their behaviour, counsellors need tools; such tools are called strategies, skills and techniques and are gotten from theories. For instance, AIDS Risk Reduction Model (Catania, 1990) is the major theory used for this study. This theory was specifically developed by Catania, (1990) for understanding risk behaviour to a healthy one related to AIDS transmission, it recognizes that changing high-risk behaviour is the only means of preventing transmission of HIV and AIDS. According to Ifelunni (2007), counselling strategies are the theories, techniques and skills needed by a counsellor to achieve a certain goal and objective. Such strategies are highlighted to include HIV prevention counselling which is a very

important mode of behavioural intervention especially in the absence of an effective vaccine or a curative treatment. In a study by Kirby, (1997) on how to use peer education to reduce sexual risk-taking in US. The author used peer education programs involving adolescents. A Focus Group Discussion was integrated into the programme. It was discovered that participants acquired the skill for reducing sexual risk-taking easily through peer education unlike their counterparts not exposed to peer education. However, the concept, adolescence has been variously defined by scholars based on their perceptions and culture. Conger, Kegan and Mussen in Ani (2004) opined that adolescence is a period of transition between childhood and adulthood. It is a period that varies from culture to culture and is a time when individuals learn to be socially responsible for themselves and for their actions. Oladepo (2005), asserted that an adolescent is a young person who is developing from a child into an adult and that the age bracket of an adolescent is 10 and 25 years and these years are full of activities that turns the adolescents into a rather problematic person, as he tends to behave like an adult. Oladepo further noted that this age bracket involve a period of sexual aggression, exploitation of physiological make-up, search for sociable friends and rapid discussions of child's growth rate and development. Hence, with the adolescents comprising about a fifth of the national population the need to address the reproductive health changes they face is great. Today in Nigeria, adolescents have been caught between tradition and changing culture. The influence of urbanization, globalized economies, internet, media and the sudden Covid 19 pandemic is fast eroding traditional mechanism for coping with and regulating adolescents' sexuality especially, norms of chastity.

In other to tackle the menace caused by HIV various organizations both government and non-governmental have put some measures in place to tackle the spread of HIV by the use of media broadcast, sharing of condoms to the youth but the spread still persist. Since the media and sharing of contraceptive could not prevent the spread of the disease as expected. Therefore, this indicates clearly that counsellors have responsibility to influence positively the behavior of adolescents by giving them the correct information and adequate counseling about HIV as the most vulnerable group that might contact the disease easily. It is against this backdrop the researchers geared towards studying the perceived counselling strategies for the prevention of human immune virus (HIV) among adolescents.

Purpose of the Study

The main purpose of the study is to determine the perceived counselling strategies for the prevention of HIV among adolescents in Onitsha Education Zone. The specific purposes of the study are to determine:

1. Perceived counselling strategies for the prevention of HIV among adolescents.

2. Perceived counselling strategies for the prevention of HIV among adolescents as perceived by male counsellors.

3. Perceived counselling strategies for the prevention of HIV among adolescents as perceived by female counsellors.

Research Questions

The following research questions guided the study:

1. What are the perceived counselling strategies for prevention of HIV among Adolescents?

2. What are the counselling strategies for prevention of HIV among Adolescents as perceived by male counsellors?

3. What the counselling strategies for prevention of HIV among Adolescents as perceived by female counsellors?

METHOD

The research design is descriptive survey. The area of study is Onitsha Education zone of Anambra State. Records from Post Primary School Commission (PPSC)(2019) indicate that Onitsha Education zone has a total of 32 public secondary schools. The population of the study comprise of all the 32 counsellors in the public secondary schools in Onitsha Education Zone. The sample size for the study is 32 respondents, comprising of the entire population of

counsellors in schools from the education zone. Therefore no sampling was carried out since the population size was considered small. The instrument for data collection is a structured questionnaire designed to elicit responses on the counselling strategies for preventing the spread of HIV among adolescents in Onitsha Education Zone. The response format adopted was four point scale of Strongly Agree(SA), Agree(A), Strongly Disagree (SD) and Disagree (D). The respondents were required to indicate response on the 4point scale to show their degree of agreement or otherwise to each of the statement. The instrument was subjected for validation by experts in the Department of Guidance and Counselling, Faculty of Education, Nnamdi Azikiwe University Awka, Anambra State. The data were analyzed in line with each research question. The questionnaire which involves four responses were attached numerical values of 4, 3, 2, and 1 to determine the degree of the problems. That is; Strongly Agree (SA) =4points, Agree (A) = 3points, Strongly Disagree (SD) =2points and Disagree (D) = 1 point. Mean was used to answer the research questions. A bench mark of 2.5 was used as criterion value. This implies that mean scores of 2.5 and above indicate agreement and any mean score below 2.5 indicate disagreement.

Research Question 1

What are the counselling strategies for preventing the spread of HIV among Adolescents?

Table 1: Mean responses to research question 1.

S/N	ITEMS	MEAN	REMARK
1.	Educating clients on sex could prevent HIV among adolescents	3.6	Agreed
2.	Adopting the use of group counselling among clients could prevent HIV among adolescents	3.2	Agreed

3.	Organizing seminars for clients can be used as a strategy for preventing HIV among adolescents	3.9	Agreed
4.	Intermittent involvement of clients in workshops can help in the prevention of HIV among adolescents	3.2	Agreed
5.	The use of social media in the dissemination of information on sex can prevent the spread of HIV among adolescents	3.3	Agreed
6.	Peer education among clients can prevent the spread of HIV among adolescents	3.7	Agreed
7.	Involvement of resource persons during orientation and other events can help to prevent the spread of HIV among adolescents	3.9	Agreed
8.	Providing bill boards, fliers, public lectures on HIV can prevent its spread	3.2	Agreed
9.	Use of voluntary and involuntary counselling in practicing individual counselling can prevent the spread of HIV among adolescents	3.8	Agreed
10.	Referring clients for HIV counselling and testing programs can prevent the spread of HIV among adolescents	3.4	Agreed

Table 1 above presents the mean ratings of the respondents with regard to the counselling strategies for preventing the spread of HIV among adolescents. From the table, item 1-10 scored above the mean score of 2.5. This indicates that the respondents all agree that all the strategies presented can be used in preventing the spread of HIV.

Research Question 2

What are the counselling strategies for preventing the spread of HIV among Adolescents as perceived by male counsellors?

Table 2. Mean responses to research question 2

S/N	ITEMS	MEAN	REMARK
1.	Educating clients on sex could prevent HIV among adolescents	3.5	Agreed
2.	Adopting the use of group counselling among clients could prevent HIV among adolescents	3.3	Agreed

3.	Organizing seminars for clients can be used as a strategy for preventing HIV among adolescents	3.0	Agreed
4.	Intermittent involvement of clients in workshops can help in the prevention of HIV among adolescents	2.5	Agreed
5.	The use of social media in the dissemination of information on sex can prevent the spread of HIV among adolescents	3.6	Agreed
6.	Peer education among clients can prevent the spread of HIV among adolescents	3.4	Agreed
7.	Involvement of resource persons during orientation and other events can help to prevent the spread of HIV among adolescents	3.5	Agreed
8.	Providing bill boards, fliers, public lectures on HIV can prevent its spread	3.0	Agreed
9.	Use of voluntary and involuntary counselling in practicing individual counselling can prevent the spread of HIV among adolescents	2.5	Agreed
10.	Referring clients for HIV counselling and testing programs can prevent the spread of HIV among adolescents	2.6	Agreed

Table 2 above presents the mean ratings of the respondents with regard to the counselling strategies for preventing the spread of HIV among male adolescents. From the table, item 1-10 scored above the mean score of 2.5, which indicates that all the respondents agreed that such strategies should be used in preventing the spread of HIV.

Research Question 3

What are the counselling strategies for preventing the spread of HIV among Adolescents as perceived by female counsellors?

Table 3: Mean responses to research question 3

S/N	ITEMS	MEAN	REMARK
1.	Educating clients on sex could prevent HIV among adolescents	3.4	Agreed

2.	Adopting the use of group counselling among clients could prevent HIV among adolescents	2.5	Agreed
3.	Organizing seminars for clients can be used as a strategy for preventing HIV among adolescents	2.6	Agreed
4.	Intermittent involvement of clients in workshops can help in the prevention of HIV among adolescents	3.0	Agreed
5.	The use of social media in the dissemination of information on sex can prevent the spread of HIV among adolescents	2.6	Agreed
6.	Peer education among clients can prevent the spread of HIV among adolescents	2.7	Agreed
7.	Involvement of resource persons during orientation and other events can help to prevent the spread of HIV among adolescents	3.5	Agreed
8.	Providing bill boards, fliers, public lectures on HIV can prevent its spread	3.3	Agreed
9.	Use of voluntary and involuntary counselling in practicing individual counselling can prevent the spread of HIV among adolescents	3.5	Agreed
10.	Referring clients for HIV counselling and testing programs can prevent the spread of HIV among adolescents	2.8	Agreed

Table 3 above presents the mean ratings of the respondents with regard to the counseling strategies for preventing the spread of HIV among female adolescents. From the table above, items 1-10 scored above the mean score of 2.5 which is the cutoff point and therefore indicate that the female counsellors agreed.

Discussion of the Findings

The findings of this study based on the mean of means revealed that the counsellors agreed that the use of sex education, seminars, peer education, social media, and group counselling among others are effective strategies that can be used in preventing HIV among adolescents. It therefore becomes necessary that counsellors in schools should make use of these strategies to improve the educational awareness of the students concerning HIV spread and prevention. The findings is in line with the findings of Pinto (2012) who stated that using existing HIV knowledge as an engaging tool, addressing the barriers adolescents

have for safer sex, focusing on perceptions that might affect risk behaviours, focus on safe sex planning and in the end referral making can be used in HIV prevention among adolescents.

Group, individual, counselling and peer education as identified by this study can be used in HIV counselling and prevention. This is in agreement with the findings of Kirby, (1997) on how to use peer education to reduce sexual risk-taking. The findings of this study are therefore not in isolation to other authors' findings.

Conclusion

The study addressed the perceived counselling strategies for preventing the spread of HIV among adolescents in Onitsha Education Zone. From the analysis of the study, it was deduced that Organizing of workshops, seminars, for the adolescents on periodic basis, the use of sex education, peer education, and group counselling are effective measures for preventing HIV among adolescents.

Implications of the Study

The findings of this study have some far reaching implications for guidance counsellors, government, curriculum planners and students. The study provides an empirical evidence of the counselling strategies for preventing the spread of HIV among adolescents. The findings, that exposure of students to peer education, sex education, group counselling and among others, can prevent the spread of HIV significantly implies that, there can be remarkable acquisition of knowledge of HIV through the outlined strategies.

Recommendations

Based on the findings of the study, the following recommendations weremade;

1. Counselling Association of Nigeria (CASSON) should mount enlightenment programs from time to time through conferences, workshops, and seminars for the Counsellors on HIV issues.

2. School authority should integrate sex education, and peer education in the school curriculum, as these will provide opportunities for students to utilize learning about HIV.

3. Counsellors should be consistent in the organization of individual and group counselling on HIV.

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