AVERSION TOWARDS HIV ANTIBODY TESTING IN A TERTIARY INSTITUTION IN NIGERIA

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ABSTRACT

CONTEXT: *Students in tertiary institutions are at risk of contracting Human Immunodeficiency Virus (HIV) because they fall within the age group that is sexually active. In Nigeria little has been reported on knowledge and attitude towards HIV antibody testing in this population.*

METHODS: *A cross sectional study of 400 students was conducted using a self administered questionnaire. Participants were questioned about their knowledge and attitude regarding HIV antibody testing. Descriptive analyses were performed.*

RESULTS: *Knowledge of HIV testing was highest among male respondents (22.4%) compared with females (15.2%). (p=0.07). However, knowledge about HIV testing centres was low with as high as 320 (80.0%) respondents not knowing any place. Attitude toward HIV testing was poor. Almost all the participants, 391 (97.8%) claimed that they had never undergone HIV antibody testing. Lack of adequate information of HIV testing (13.9%) and fear of outcome of result were also responsible for aversion to HIV testing.*

CONCLUSION: *High knowledge about HIV /AIDS does not suggest willingness to go for HIV antibody testing. There is need for more health education on HIV antibody testing among students of tertiary education in Nigeria.*

KEYWORDS: *HIV, Testing, Tertiary institute, Nigeria*

INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) is a worldwide public health problem. A serological test to detect antibodies against HIV/AIDS became available for general use in 1985. The test was used at the start of the epidemic mainly to confirm that some people are living with AIDS. Now, it is often used by people without any symptom who desire to determine their serological status as the antibody testing continues to be very important for monitoring the progress of the epidemic, for ensuring that blood is safe for transfusion and for diagnosing HIV in individuals.[1] With increased awareness of the continued spread of the AIDS epidemic, especially among young adults, many college students in developed countries are choosing to have an HIV antibody test. [2]

There is a widespread social stigma attached to HIV positive status because of the lingering ignorance as to how the virus is transmitted, such that getting tested often implies an act of promiscuity .[3,4]

To this end, a number of concerns have been raised about the application of HIV counseling and HIV testing in developing countries. [5,6] The HIV antibody testing is a frightening possibility that many students may have never considered even though it is the only way for sexually active people to be certain they are free of the disease.[7] AIDS prevention program through HIV antibody testing will therefore recognize those attitudes and values that may affect a student's willingness to receive and act upon AIDS information geared toward HIV antibody testing. The school provides a viable medium for health

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Table 1: Respondents Socio-Demographic Characteristics

Characteristic	Frequency	Percentage
Sex		
Male	156	39.0
Female	244	61.0
Total	**400**	**100.0**
Age		
15-20	142	35.5
21-25	244	61.0
26-30	14	3.5
Total	**400**	**100.0**
Marital Status		
Single	396	99.0
Married	4	1.0
Total	**400**	**100.0**

Table 2: Sources of Information on HIV testing

Sources of Information on HIV Testing	Frequency	Percentage
1. Television	60	35.7
2. Radio	24	14.3
3. Newspaper	21	12.5
4. Friends	12	7.1
5. Parents	5	3.0
6. Medical Personnel	17	10.1
7. Lecturer/Seminars/Workshop	16	9.5
8. Enlightenment Campaigns	5	3.0
9. Magazine	8	4.8
Total	**168**	**100.0%**

Table 3: Advantages of HIV Testing

Advantages	Frequency	Percentage
Knowledge of Serological status	120	78.9
Initiates early treatment	11	7.2
Gives peace of mind	4	2.6
Protection of Seronegatives	13	8.6
Counseling avenue for HIV/AIDS Seropositives	4	2.6
Total	**152**	**100.0**

education interventions. It therefore becomes imperative to determine the knowledge, and attitude towards HIV antibody testing among students.

The World Health Organization estimates that the rates of newly acquired HIV infections are highest in the 15-24 year old group among females and males in most Sub-Saharan African Countries. [8,9] More recent statistics show that the vulnerability of young people to HIV/AIDS is higher. In Africa, 7,000 young people aged between 10 and 24 years are infected everyday and about 1.7 million are infected annually. [9]

This paper reports findings from a cross sectional study that aimed to determine the knowledge, and attitude towards HIV antibody testing among students in the Colleges of Education in Oyo town Nigeria. The study also determined the extent of students' willingness or unwillingness to submit themselves for HIV antibody testing. We also identified the types of information that would motivate students to go for HIV antibody testing.

MATERIALS AND METHODS

A descriptive, cross sectional study was carried out involving 400 randomly selected students from St. Andrew's College of Education and Federal College of Education (Special), Oyo town Nigeria. It involved the use of semi-structured questionnaires. One hundred and sixty (160) and (240) respondents were randomly selected from the Federal College of Education (Special) and St. Andrew's College of Education respectively using a ratio 1:1.5. Each of the Colleges of Education was grouped into five schools. Each school was also stratified into academic levels of training which were Pre-NCE, NCE-1, NCE-2, and NCE-3. One department was randomly selected from the list of departments within each school and for each academic level. The names of the students were written out from the school registers according to the academic level and the randomly selected departments within each school. The names were grouped into male and female. Forty students (40) were finally selected from each academic level in the Federal College of Education (Special), Oyo, and 60 students each from St. Andrew's College.

Gender balance was also taken into consideration for

Table 4: Percentage Distribution of Beliefs on seroinfectivity

Belief	Number (Percentage)
HIV test will show different types of AIDS viruses	189(47.3%)
HIV screening tests are done to detect antibodies to HIV in the blood	184(46.0%)
You can tell by looking at a person if he/she is HIV positive	174(43.5%)
HIV testing is the only means of detecting the HIV status of an individual	183(54.8%)
An HIV positive person is not infectious	138(34.5%)
HIV positive people may not know for a long time that they are infected except they go for HIV screening test	238(59.5%)

Table 5: Major Reasons given for not taking HIV Testing

Reasons	Frequency	Percentage
1. Not susceptible	328	72.8
2. Knowledge gap	46	13.9
3. Distance to testing centers	7	2.1
4. Financial constraint	9	2.7
5. Fear of result outcome/not curable	15	4.5
6. Time constraint	7	2.1
7. Religious inclination/sentiment	3	0.9
8. Lack of belief in test validity	3	0.9
Total	**391**	**100.0**

Table 6: Attitude of Respondents towards HIV Testing

Attitude of Respondents Towards HIV Testing	Agree	Undecided	Disagree
I am willing to go for HIV test ing once I know where it can be done	106 (26.6%)	56 (14.0%)	238 (79.6%)
I will only go for HIV testing if it is made compulsory by my school authority	130 (32.5%)	150 (37.5%)	120 (30.0%)
Counseling is necessary before HIV testing is carried out	48 (12.0%)	20 (5.0%)	332 (83.1%)
Every student should be screened for HIV/AIDS before being admitted into the college	51 (12.8%)	38 (9.5%)	311 (77.8%)
Confidentiality must be guaranteed in the course of HIV testing	311 (77.8%)	32 (8.0%)	57 (14.3%)
HIV test result should be disclosed to the person tested only	216 (54.0%)	90 (22.5%)	94 (23.6%)
Students with long term illness with signs of weight loss, tuberculosis, severe skin rashes etc, should go for the testing	54 (13.6%)	41 (10.3%)	305 (76.3%)
I will feel comfortable attending an HIV screening exercise together with my boyfriend/girlfriend	122 (30.6%)	49 (12.3%)	229 (57.3%)
I will feel comfortable discussing the result of my HIV test with others if the result is HIV positive	146 (36.6%)	66 (16.5%)	188 (47.0%)
Everyone should go for HIV testing	77 (19.3%)	35 (8.8%)	288 (72.1%)

full representation of both sexes depending on the ratio on the register. Thus 244 (61.0%) female respondents and 156 (39.0%) males were interviewed. Female respondents were more because of higher female admissions. Questionnaires consisting of both closed and open-ended questions were self-administered and they were retrieved on the spot. The questionnaires were

Table 7: Reasons Responsible for Unwillingness to go for HIV Screening in the near Future.

Reasons	Frequency	Percentage
1. Not susceptible	123	56.4
2. AIDS is not curable	24	11.0
3. knowledge gap	25	11.5
4. Time constraint	5	2.3
5. Religious reasons	31	14.2
6. It is a sensitive issue	5	2.3
7. Lack of confidence in doctor's test result	5	2.3
Total	**218**	**100.0**

administered in a classroom setting at the end of a compulsory course as such courses brought all the students within an academic level together. The questionnaire was divided into two sections:

1. Demographic characteristics
2. Knowledge and attitude towards HIV antibody Testing

Study data were analyzed using SPSS-10.0. Descriptive statistics such as means and standard deviations were used to summarize quantitative variables while, qualitative variables were summarized by percentages.

RESULTS

Respondents' Characteristics

The mean age of the respondents was 21.6years and most were between 21-25 years; 244(61.0%). Majority of the survey respondents were Christians, 316 (79.0%), though an appreciable number were of the Islamic faith; 82(20.5%). Others were of the African Traditional Religion. Three hundred and ninety six (99.0%) of the respondents were single and the remaining 4(1.0%) were married. (Table1).

HIV Testing and Sources of Information

The results showed that knowledge of HIV testing was highest among male respondents (22.4%) compared with females (15.2%). (p=0.07). Of the 400 respondents, only 168 (42.0%) have heard about HIV testing. The major sources of information on HIV testing was the television; 60 (35.7%), followed by the radio, 24(14.3%) and the newspaper; 21(12.5%). Table 2.

Advantages of HIV Testing

About two thirds, 111(66.9%) of the survey respondents were of the opinion that the main advantage to be derived from HIV testing was the confirmation of the serological status. Thirteen (7.8%) were of the opinion that with the knowledge of an individuals' HIV status, seronegative individuals are in a position to be protected from infection. Eleven (6.6%) considered it a means of commercializing prompt treatment. Interestingly, 5(3.0%) did not see any advantage associated with HIV testing. (Table 3)

Beliefs on Sero-infectivity

A higher number of respondents (238(59.5%)) believed that people living with HIV/AIDS (PLWHA) may not know they are infected until they go for HIV Screening test. One hundred and seventy-four (43.5%) respondents also believed that HIV serological status cannot be determined physically. Also, 138 (34.5%) of the respondents reported that HIV positive persons are not infectious while as high as 179 (44.8%) did not know. (Table 4)

Knowledge of HIV Testing Centres

Knowledge of HIV testing centers was low among the survey respondents with as high as 320 (80.0%) respondents not knowing any place. Of the

remaining 80 (20.0%) knowledgeable respondents who knew some testing centers, 47(58.8%) mentioned the teaching hospitals; University College Hospital, Ibadan and Lagos University Teaching Hospital to be specific, 11(13.8%) mentioned state hospitals, and 6(7.5%) mentioned private hospitals. Others were clinics 2(2.5%) laboratories 1(1.3%) and a combination of all those places by 13(16.3%) of the respondents.

Voluntary HIV Testing

Voluntary HIV testing by respondents was poor. Majority had never gone for testing; 391 (97.8%). Only 9(2.3%) had done so. Of these 9, 6 did it just to determine their HIV status, 2, to determine their blood group and 1 because of blood transfusion. Also of the 9 who had done the test, only 2 believed in the validity of the result of the test. Of the remaining 7, 4 were not convinced, and the others were neutral. A higher percentage (72.8%) of the survey respondents who had never done HIV antibody tests was averse to it because of perceived non-susceptibility. Lack of adequate information of HIV testing (13.9%) and fear of outcome of result were also responsible for aversion to HIV testing. Table 5 shows reasons given for not going for the test.

General Attitude toward HIV Testing

Survey respondents were questioned on their attitude towards various aspects of HIV testing, especially on issues such as confidentiality, HIV test under compulsion and procedures for release of test result. The results showed a negative attitude to most of the issues raised. Table 6 shows the percentage distribution of the different attitudes reported.

Majority of the students were of the opinion that they would be unwilling to go for HIV testing even if the services are available or they know where it can be done (79.6%). Concerning the issue of compulsion, an appreciable number of students agreed they would go for testing if it was made compulsory by the school authority (32.5%). However, the majority (77.8%) would not do HIV test if it was made compulsory that students be screened before being admitted into the Colleges of Education. Contrary to expectation, majority of the students (83.1%) do not think counseling is necessary before HIV test is carried out.

Concerning the issues of confidentiality, the majority of the students (77.8%) agreed that it was very important that confidentiality be guaranteed in the course of HIV testing. They were also of the opinion that HIV test result should be disclosed to the person tested alone (54.0%). In the same vein, many of the students do not think they would feel comfortable discussing the result of HIV test with others if the result were positive (47.0%).

According to 76.3% of the students, the emergence of a long standing illness with signs of weight loss, tuberculosis and severe skin rash was not enough reason to do an HIV test. On the issue of exclusion, majority of the students would prefer to attend an HIV screening exercise alone rather than go in the company of a boy/girlfriend. On the matter of policy and advocacy, the majority of the students, do not think everyone should go for testing (72.1%).

Attitude towards HIV Screening in the Future

Attitude towards attending an HIV screening exercise in the near feature was not too encouraging. Indication for willingness was given by only 160 (40.0%) of the survey respondents while 240 (60.0%) were unwilling. Table 7 shows reasons for unwillingness to go for HIV screening in the future. These include; non-susceptibility to HIV/AIDS

[123(56.4%)], belief that AIDS does not have a cure [24(11.0%)], and low knowledge as to what the test actually entails [25(11.5%)].

Special Circumstances under which respondents would be willing go for HIV antibody testing

Many of the respondents declared emphatically that they would not do HIV antibody test under any circumstances 87(29.5%). However, an appreciable number 78(26.4%) would do the test for medical reasons and 37(12.5%) stated that they would if an urgent need to know arises. Other reasons included availability of free screening services 32(10.8%), if made compulsory for official reasons 27(9.2%) and part of wedding preparations 25(8.5%).

DISCUSSION

The findings revealed that knowledge of HIV testing and HIV testing centers was low. Correct understanding of what HIV testing stands for was also poor. There is a need to educate people through comprehensive health education program on what HIV testing stands for, its advantages and disadvantages among others. For instance, people who discover they are seronegative can take more conscious measures to remain uninfected, including negotiating with their partner to go for testing or use condoms. HIV counseling and testing might strengthen the motivation for behaviour change. HIV negative test results could reinforce belief in the effectiveness of protective measures based on the effectiveness of previous behaviour, thus leading to improved receptiveness to behaviour change[11] . On the other hand, a seropositive result could lead to stigmatization and discrimination among others. It is hard to measure stigma, but observational reports have it that people with HIV see it in scornful looks in the market place, in the refusal of family and friends to visit, care for, or even touch them and in the mal-treatment of their children or the loss of their job on a flimsy pretext .[9] It is opined that if conscious efforts is made to educate the students, the motivation and willingness to go for HIV testing in this study which was 2.3% would increase.

This study revealed that majority of the respondents were of the opinion that the only advantage to be derived from HIV testing was the confirmation of serostatus (66.9%). This is similar to the finding in a study carried out among adolescents in Uganda where many of them said they would like to use HIV testing to determine their serostatus or check a potential sexual or marriage partner.

As mentioned earlier, attitude towards HIV testing was poor. The main reason given by 97.8% of the respondents who had never gone for testing was non-susceptibility to HIV infection. The same reason was made for refusal to go for screening in future. Attitude of respondents towards various aspects of HIV testing was also negative. A similar experience has been documented elsewhere. [9, 10] The study revealed that in places where shame and stigma were the rules, many people simply do not want to know if they are HIV-infected, even when counseling and testing were offered. Findings from a study conducted on University students in Ibadan, Nigeria [13] also revealed a high aversion to PLWA by Medical Students. This was seen in the form of neglect, avoidance and discrimination against PLWA within the hospital setting. This attitude could discourage students from participating in AIDS screening program.

CONCLUSIONS AND RECOMMENDATIONS

What is clear from our finding is that attitude to HIV testing was poor. Students displayed unwillingness to go for HIV testing now or in future. There was a

general misconception of what HIV testing was and ignorance of HIV testing centers. There were aversions to interacting with people living with HIV/AIDS, while students showed apathy toward issues related to HIV testing.

For HIV testing to be effective as an intervention strategy to reduce the spread of HIV/AIDS, intense dissemination of comprehensive and correct information on HIV testing including counseling be undertaken in schools and institutions in the country. It requires that an awareness of HIV testing must be increased among students and the general populace. Health education package should be carefully designed to remove misconceptions about HIV infected persons and persons living with AIDS, and provide information on advantages of HIV testing and testing centers. HIV testing centers should be sited in big institutions and cities for voluntary testing. This should go hand in hand with counseling and sensitization of students to appreciate the need for the test. Appropriate mechanism must be put in place to assist those who test positive to cope with their sero status. Care must be taken to keep information confidential and to avoid discrimination on the basis of test results. Intensive dissemination of comprehensive and correct information on HIV testing including counseling should be undertaken in schools and institutions in the country.

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