

Psychological Resistance to Voluntary Counselling and Testing of HIV/AIDS among Students in Tertiary Institutions in Kano State

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Abstract

The discomfort and unwillingness to access Voluntary Counselling and testing exhibited by students of some tertiary institutions in Kano State can jeopardize the purpose of HIV intervention. This study investigated the interplay of Psychological Resistance and Voluntary Counselling (VC) of HIV/AIDS among the students. Three null hypotheses were postulated and tested. Cross-Sectional Survey Design was employed in which 1,512 samples were selected from a student population of 104,841 via Simple Random Sampling technique. A self-developed 20-item scale called Psychological Resistance to Voluntary Counselling Inventory (PRVCI) whose reliability coefficient is 0.83 was used for data collection. Data obtained was analyzed using a one-sample Kolmogorov-Smirnov test, Chi-square and t-test statistics in respect of the three null hypotheses, at 0.05 level of confidence. Results revealed a 38% rate of Psychological resistance to Voluntary Counselling, out of which male students ($M=0.1.40$; $SD=0.491$) constituted 60% and female students ($M=1.32$; $SD=0.465$) had 40%. Also, the calculated Kolmogorov-Smirnov Z-score and t-test were greater than their respective critical values, whereas the calculated chi-square value was not significant. As such null hypotheses one and three were rejected while hypothesis two was upheld. The study recommends that Counselling Psychologists should employ an approach that contains concise and science-based HIV information.

Keywords: HIV/AIDS; Psychological Resistance; VCT

1. Introduction

Human Immunodeficiency Virus (HIV) is a parasite that destroys human body immune system, rendering it vulnerable to opportunistic infections, a condition known as Acquired Immune Deficiency Syndrome (AIDS) (Bartlett, 2009). Current estimate shows that over 33 million people live with HIV worldwide, and Nigeria's prevalence rate and death toll hits 3.6% and 220,000 respectively (Central Intelligence Agency, 2010) with Kano State having a record of 250,000 infected individuals (Family Health International, 2000). Consequent upon this, several coordinated measures have been used by stakeholders in curbing the spread of the epidemic. One of such measures is Voluntary Counselling and Testing (VCT) (Masha, 2003). Kano State through its Ministries of Health and Education collaborated with some Non-Governmental Organizations (NGO) such as; Family Health International (FHI) in extending the campaign (VCT) to educational institutions (Family Health International, 2000). In voluntary counselling and testing, client willingly feels the need for it and visits the center/unit for the service. In such circumstance, he/she is first counselled so as to help him/her develop some coping skills for withstanding the outcome of the HIV test. Unfortunately, VCT services being rendered in Kano state had received low patronage of

clients (students).

This form of behaviour can lead to psychological resistance; a personal automatic ways of reaction in which clients refuses to reveal hidden aspects of themselves to the therapist by way of boycott and total aloofness (Van Denburg, & Kiesler, 2002). Resistance is an automatic and unconscious process. According to Van Denburg and Kiesler, it can either be for a certain period of time (state resistance) but it can also be a manifestation of more longstanding traits or character (trait resistance). In psychotherapy, Cautilli, & Santilli-Connor, (2000) established that state resistance can occur at a certain moment, when an anxiety provoking experience is triggered, while Trait resistance on the other hand occurs repeatedly during sessions and interferes with the task of therapy. By implication, the client shows a pattern of off-task behaviors that makes the therapist experience some level of negative emotion and cognition against the client. Therefore the maladaptive pattern of interpersonal behavior and the therapist's response interfere with the task or process of therapy. As used in this study, psychological resistance refers to refusal to patronize or access VCT programmes.

Studies conducted elsewhere by Herek, Capitanio, & Widaman (2003) on stigma, social risk, and health policy in California found that, more than one third of all respondents reported that concerns about AIDS stigma would affect their own decision to be counselled and tested for HIV in the future. Similarly, a Ghanaian study showed that 76% of the sampled women reported no prior HIV counselling and 78% had never undergone any HIV testing. (Holmes, Losina, Walensky, Yazdanpanah, & Freedberg 2008).

The study by Ojikulu, Adeleke, Yusuf & Ajjjola (2010) on knowledge, risk perception and behaviour on HIV/AIDS among students of tertiary institutions in Lagos state found that perceived risk of infections had significant effect on decision about prevention techniques as well as counselling and testing. Ahmad (2007) in his study on attitude of students to VCT reported that about 89 percent of the students examined had discomfort for the services. Similarly, Iliyasu, Abubakar, Kabir & Aliyu (2012) surveyed HIV/AIDS knowledge, sexual behaviour and attitudes toward VCT among out-of-school youths in Kano state. Of relevance to the present study is the fact that majority (83%) of the youths who has not had VCT previously, 15% were willing to be tested, and 26.4% were unwilling, while 58.2% were undecided.

Several studies (Ahmad 2007; Yahaya, Jimoh & Balogun, 2010; Ojikulu, Adeleke, Yusuf & Ajjjola, 2010; and Iliyasu, Abubakar, Kabir & Aliyu, 2012) have been conducted on attitudes of people toward VCT, and factors hindering the acceptance of VCT in Nigeria, but not much focus have been on Psychological Resistance to Voluntary Counselling and Testing of HIV/AIDS among students of tertiary institutions in Kano state. This study is therefore designed to bridge the gap.

The main objectives of the study are the following:

1. To find out the prevalence of Psychological Resistance to VCT among students of tertiary institutions in Kano state.
2. To investigate the difference in the prevalence of Psychological Resistance to VCT among students of tertiary institutions in Kano State.
3. To determine Gender difference in the prevalence of Psychological Resistance to VCT among the students.

1.1 Research Hypotheses

- H_01 : There is no significant prevalence of Psychological Resistance to VCT among students of tertiary institutions in Kano state.
- H_02 : There is no significant difference in the prevalence of Psychological Resistance to VCT among students of the various categories of tertiary institutions in Kano State.
- H_03 : There is no significant Gender difference in the prevalence of Psychological Resistance to VCT among the students.

2. Methods and Procedure

Cross-sectional Survey Design was employed in the study. To achieve this, the 15 conventional tertiary institutions in the state were regrouped into four subsections, i.e University, Polytechnic, College of Education and Monotechnic.

The population of the study comprised of 104, 841 students of the 15 tertiary institutions in the state. In line with the Research Advisors (2006) procedure, a total of 1,512 students were drawn. Simple Random Sampling technique was used to obtain samples that are representative of the population (Nkpa, 1997). The table below shows the breakdown.

Table 1: Population (N) and sample size (S)

Tertiary Institutions	No. of Schools	Male (N)	Female (N)	Total (N)	S
Universities	2	26688	9871	36559	380
Colleges of Education	3	18081	9736	27817	378
Polytechnics	4	12778	6880	19658	377
Monotechnic	6	12068	8739	20807	377
Total	15	69615	35226	104841	1512
%		66	34	100	100

Source: Field work 2012

The instrument used for data collection was a self developed 20-item scale known as Psychological Resistance to Voluntary Counselling Inventory (PRVCI). Content validity for PRVCI was demonstrated by examining the consistency of the inventory with research and theoretical literature as well as assessment by experts. Using the Pearson Product Moment Correlation Coefficient (PPMCC) procedure, a reliability of 0.83 was obtained for the scale.

With the aid of Research Assistants, the pretested instrument (PRVCI) was distributed to 1512 students. The inventory is provided with Likert scale at the right side of each item, with rating ranging from 1 (Strongly Disagree), 2 (Disagree), 3 (Agree), and 4 (Strongly Agree) category. The PRVCI scores were obtained by summing the circled values and the total scores were derived by summing the subtotals in the four columns to give a raw score, and the raw score percentile was calculated in order to determine Psychological Resistance to Voluntary Counselling of HIV/AIDS.

2.1 Data Presentation

A summary of data obtained via Psychological Resistance to Voluntary Counselling Inventory (PRVCI) is presented in table 2 below.

Table 2: Summary of responses to PRVCTI (N= 1512)

Institutions	Gender	Unlikely	Likely	Total
Universities	Male	183	93	276
	Female	70	34	104
Colleges of Education	Male	167	81	248
	Female	53	77	130
Polytechnics	Male	158	88	246
	Female	62	69	131
Monotechnics	Male	138	81	219
	Female	105	53	158
Total		936 (62%)	576 (38%)	1512

Source: Field work 2012

The summary of ratings presented in the table above shows likelihood and unlikelihood of Psychological Resistance to Voluntary Counselling and Testing of HIV/AIDS among the students. Out of the 1512 subjects that responded to the inventory, 38 percent (576) shows likelihood of Psychological Resistance to VCT, with males recording 343 (60%) and females 233 (40%) cases respectively.

2.2 Data Analysis

One-sample Kolmogorov-Smirnov (K-S) procedure was used to test H_01 , whereas Contingency Chi-Square and t-test statistics were employed to analyze H_02 and H_03 respectively. The rationale for these statistics is that; one-sample kolmogorov-Smirnov (K-S) test predicts the source and direction of a distribution by finding the largest difference (absolute value) between two Cumulative Distribution Functions (CDFs) directly obtained from data and mathematical theory (Daniel, 1995). The Chi-square procedure tabulates variable(s) into categories and compares the observed and expected frequencies in each category to test that all categories contain the same proportion of values, the t-test is the equal-variance type (Norusis, 2004).

2.3 Hypotheses Testing

H_01 : There is no significant prevalence of Psychological Resistance to VCT among students of tertiary institutions in Kano state.

Table 3: One-sample Kolmogorov-Smirnov test for the prevalence of Psychological Resistance to VCT (N=576)

M	Std	Most extreme diff			df	K-S Z-score	Z-crit	
		Absolute	+ve	-ve				
15	38.4	39.9	0.58	0.58	-0.38	574	2.24	±1.96

Source: Field work 2012

The one-sample K-S analysis shows that the calculated K-S Z-score of 2.24 is greater than the Z-critical of ±1.96. To this end, the H_01 is rejected.

H_02 : There is no significant difference in the prevalence of Psychological Resistance to VCT among students of the various categories of tertiary institutions in Kano state.

Table 4: Chi-Square analysis of the Prevalence of Psychological Resistance to VCT (N=576)

Contingencies	Observed N	Expected N	Residual	df	Chi-square
Universities	127	144.0	-17.0	3	5.236
C.O.E	158	144.0	14.0		
Polytechnics	157	144.0	13.0		
Monotechnics	134	144.0	-10.0		
Total	576				

Source: Field work 2012

The chi-square value of 5.236 is less than the critical value of 7.82 at 0.05 level of confidence. As the result the H_02 is hereby upheld.

H_03 : There is no significant Gender difference in the prevalence of Psychological Resistance to VCT among the students.

Table 5: t –test analysis of Gender difference in the prevalence of Psychological Resistance to VCT among the students (N=576)

Variable	N	M	SD	SEM	df	t-cal	t-crit.
Male	343	1.40	0.491	0.020			
Female	233	1.32	0.465	0.015	574	3.808	1.960

Source: Field work 2012

The result in the table above shows that, the t – value of 3.808 is greater than the critical value of 1.960, therefore the H_0 is rejected.

3. Results and Discussion

From the analysis of the data collected and hypothesis testing, result revealed a significant prevalence of Psychological Resistance to Voluntary Counselling and Testing of HIV/AIDS. This finding coincides with that of Herek, Capitanio & Widaman (2003). In their study, they found that more than one third of all respondents reported that concerns about AIDS stigma would affect their own decision to be counselled and tested for HIV in the future.

Another finding from the study showed no difference in the prevalence of Psychological Resistance to Voluntary Counselling and Testing of HIV/AIDS among students of the various tertiary institutions in Kano State. This finding coincides with that of Ahmad (2007) in he showed a gross discomfort for Voluntary Counselling and Testing of HIV/AIDS. Similarly, Ojikulu, Adeleke, Yusuf and Ajijola (2010) found that perceived risk of HIV infections affects decision about prevention techniques as well as counselling and testing. Other findings that confirm the present one include Yahaya, Jimoh & Balogun, (2010) who established that ignorance among other factors is responsible for low patronage of students to VCT centers in Kwara state. Also Iliyasu, Abubakar, Kabir & Aliyu, (2012) revealed that out of 83 percent of the youths who never had VCT previously, 15 percent were willing to be tested, and 26.4 percent were unwilling, while 58.2 percent were undecided.

The study also revealed a significant gender difference in the prevalence of Psychological Resistance to VCT of HIV/AIDS among the students. This finding corroborates Pawinski and Laloo (2001). They found that 65 percent male and 92 percent female had not disclosed their HIV statuses to anyone. In a related study in south-west Nigeria, Ekanem and Gbadegesin (2004) found willingness of women to undergo Counselling and Testing particularly if result would not be revealed to relatives. Similarly, Haruna, Mebu and Gambo (2012) reported that young men are much more likely to report having casual sex and as such are afraid to visit Counselling and Testing centers so that their sexual recklessness would not be revealed.

4. Conclusion and Recommendations

The present study establishes that Psychological Resistance to Voluntary Counselling and Testing is a potential impediment to management and intervention of HIV/AIDS pandemic in school settings. It occurs among male and female students. Thus, the following recommendations are offered:

1. Counsellors should evolve a therapeutic process that contains accurate and science-based information in a clear and concise manner.
2. Effective Psycho-educational intervention for HIV risk avoidance and stress reduction before and after HIV counselling should be employed.
3. Counselling Psychologists should equip themselves with adequate methods and skills in HIV/AIDS counselling that enables them use simple and avoid nonjudgmental language, and be aware of the language and slangs use by students to discuss sexual issues.

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