

Relevance of Adult Education in Fostering of HIV Counselling and Testing (HCT) by Guidance Counsellors in Nigeria.

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Abstract

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency syndrome (AIDS) pandemic is described as the greatest health problem currently facing the world. The impact of this disease has caused increased mortality in youths and adults, increased number of orphaned children and reduces manpower productivity rate worldwide with Nigeria inclusive. The worlds concern to control the ravaging spread of this disease has led to its inclusion as one of the eight millennium Development goals (MDGS) to be actualized by 2015. Meanwhile efforts to find lasting solution to the cure of this disease is yet to be achieved .This concern towards curbing the spread of this disease has necessitated this work which focused on the relevance of adult education in fostering HIV counseling and Testing (HCT) by Guidance Counselors in Nigeria. The paper discussed concepts of Adult education, HIV and AIDS, HCT, HIV and AIDS situation in Nigeria, relevance of adult education in fostering HCT advocacy, and counselors strategies in fostering HCT among adults. Finally some recommendations were made.

Introduction

Education is said to be knowledge and knowledge is wealth .It is a veritable instrument for enhancing the knowledge base of a nation's citizenry (Children, Youths and Adults) for achieving national growth and development. No nation desirous of being in track to compete in this rapidly changing world of scientific and Technological era can afford to ignore the provision of functional education for the citizenry because education is a potent instrument for development and transformation of the society .Thus, Imhabekhai and Onyeozu (2006) remark that the development of a nation with high rate of illiteracy can be likened to an aged cripple running a long distance race.

Concept of Adult Education

Adult education had been variously defined by writers. United Nations Educational Scientific and Culture Organization (UNESCO,1976; 2000) conceives Adult Education as the entire body of organized education processes whether formal or otherwise, whereby adults in the society develop their abilities, enrich their knowledge ,improve their qualifications in order to be abreast with up to-date knowledge and dynamics of living, working in dignity and making informed decisions .According to Nzeneri and (2002:10) Adult Education is any education given to adults on their society, economic,

political and culture needs to enable them adjust fully to change and challenges in their lives and society". Sharing same view Fasokun (2006) opine that adult education is not just concerned with preparing people for life, it also helps people to be more successful , competent and able to negotiate transitions in social roles as (parents , workers, retirees) as well as gain greater fulfillment in their personal lives and in solving personal and community problems. Hence, one of the goals of adult education as indicated in federal Republic of Nigeria national policy on Education (2004:25) is to "give the adult citizens of the country necessary aesthetic, cultural and civic education for public enlightenment".

From the foregoing definitions, Adult Education can be said to be any form of education given to adult whether through formal or non-formal school system which is not only concerned with preparing the adults for life but that which broadens their knowledge base, potentials and abilities so that they can be relevant to their society, be able to solve some of their problems, take life's decisions to live healthily and successfully in life. Thus, through Adult Education awareness creation the survival strategies against plaguing health diseases like Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) can be disseminated to adult learners. The adult learners in this paper refers to those individuals within the ages of 20-65 years who are undergoing one form of Non-formal or Continuing education and are physically and psychologically matured as well as economically, socially, politically responsible and able to take decisions when such issues arise.

The relevance of Adult Education cannot be over emphasized. It helps in eradicating illiteracy, poverty, reduction in number of school dropouts and nation's underdevelopment. The eradication of illiteracy will reduce unemployment rate, crime wave and control of disease epidemics such as HIV and AIDS and malaria as being currently experienced in Nigeria. Man is said to be the master of his destiny. Through adult education, fundamental change in man's attitudes, life style and wellness in health can be achieved. The underdevelopment of a nation is an indication of high adult illiteracy rate and a reflection of the low level of investment in human capital investment. Regrettably, Nigeria has been enlisted as one of the E-9 countries with highest adult illiterates. However, the current Universal Basic Education (UBA) is Nigeria's recognition and response to Jomtien, 1999 World declaration of Education for All (EFA) by the year 2015. This paper focuses on HIV and AIDS prevention and the relevance of Adult Education in fostering HIV Counseling and testing (HCT) by Guidance Counselors.

HIV/AIDS: Meaning, Modes of Transmission and Symptoms.

HIV an acronym for human immunodeficiency virus. This virus belongs to the retrovirus family which when contacted has the propensity of steadily weakening the body immune system through its continuous attacks and destruction of the CD4 body cells. Two main types of HIV exist.

These are the HIV-1 and HIV-2. HIV -1 is more virulent than HIV-2. Currently, HIV-1 has up to ten genetic subtypes while HIV-2 has five subtypes which are found primarily in West Africa. Whereas HIV-1 has the tendency of fast development of AIDS, HIV-2 appears to be less easily transmitted and progresses slowly to development of AIDS. Although, HIV is virulent, it can remain latent inside the body cells of an infected

person for an indefinite period. Nevertheless, it is easily destroyed outside human body, temperatures above 60° centigrade and on exposure to chemicals such as formalin, acetone, phenol, alcohol with twenty minutes (Uzoegwu, 2006).

On the other hand, HIV survives in body fluids such as blood, semen, vaginal fluids, saliva and breast milk. It can be transmitted from an infected blood and blood products; use of unsterilized injecting and piercing instruments like needles, blades; cultural practices like circumcision, tattooing, scarification; and by mother to child transmission (MTCT). HIV cannot be transmitted through behaviors like: hugging, handshaking, touching, eating, sitting in same office and swimming together with an HIV infected person or by mosquito or insect bites.

AIDS stands for Acquired Immune Deficiency Syndrome. This is the final stage of HIV infection when the disease is full blown and the patient's immune system is unable to fight opportunistic infections due to high viral load. The general symptom of AIDS includes:

- Night sweating,
- Fever lasting for more than one month.
- Loss of appetite for a long time.
- Apparent 20% loss in body weight.
- Dry coughing for more than one month.
- Swellings around the neck, armpit, and private parts.
- Shingles (that is small reddish rash all over the skin for more than once).
- Oral thrush (that is whitish sports in the month).

HIV/AIDS SITUATION IN NIGERIA

HIV/AIDS pandemic can be described as the greatest natural health challenge currently confronting mankind. In this millennium the world's concern for controlling its infection and spread is reflected by its enlistment as the sixth millennium development goal to be achieved by 2015. HIV and AIDS infection and spread is neither discriminatory nor localized to any region. Rather, it is seen to have a global rapid spread which transcends through both the developed and developing countries; males and females, young and old; tribes; denominations; people of different educational levels and socio-economic status (Federal Ministry of Health (FMOH), 1999; YouthNet, 2002; Kipitu, 2005).

The rate of the HIV and AIDS spread especially in developing countries has become a global and worrisome issue. Out of 38 million people infected worldwide with HIV sub-Saharan Africa records 24.5 million of which two million have died of aids, Public Private Partnerships (PPP, 2006). It is estimated that by 2010, 45 million people might, be infected by the disease. The estimate indicates that more than 70% of the world's HIV/AIDS cases are-within sub-Sahara Africa (kipitu, 2005; PPP, 2006).

Nigeria is the largest country in Sub-Sahara Africa and the 10th most populous country in the world (FMOH, 2003). The nation ranks second to South Africa in the absolute number of HIV infected adults (Uzoegwu, 2006). Since the incidence of AIDS which was first noted in the world in 1981 and in Nigeria in 1986 its infection and spread has persisted and steadily progressed throughout the years with most cases of the infection being observed among the high risk groups, particularly the female sex workers and young people between ages 15-39 years. Below is table of Nigeria's HIV and AIDS and related characteristics as at the end of 2005.

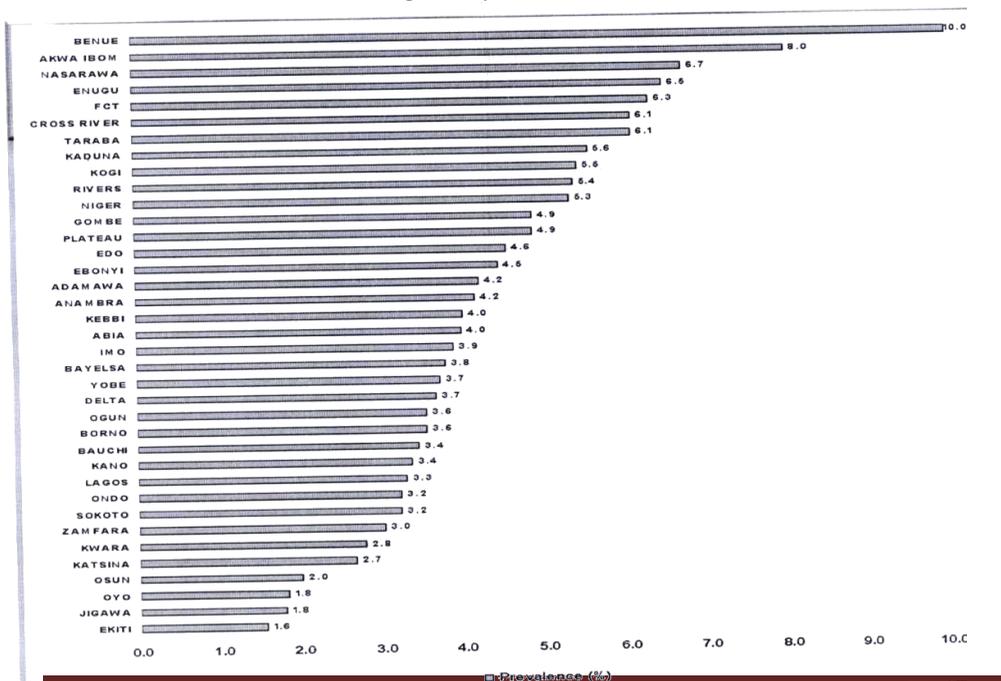
Table 1 National HIV/AIDS and Related characteristic

Total Population	134 Million
Estimated number of adults [15 Years and above] Living with HIV/AIDS	2.9 Million
Adult HIV Prevalence	4.4%
Number of aids orphans	1.2 Million
Cumulative number of deaths due to aids	1.45 Million
HIV seroprevalence in urban areas	4.6%
HIV seroprevalence in rural areas	3.9%

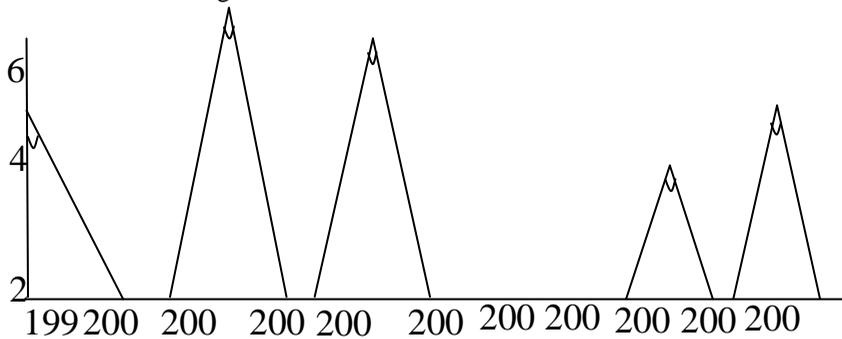
Source: Federal Ministry of Health, 2005 Nation AIVS/STD Control Programme.

The FMOH, (2005) Survey on National AID/STDS also reveals that since the onset of HIV/AIDS epidemic in Nigeria, 296,000 adults and 73,500 children have been infected with HIV, and most of the infections had been through unprotected hetero and homo sexual intercourse relationships. Furthermore, high HIV prevalence rate of 4.7% and 4.9% were recorded for age ranges 20-24 respectively, while 5.0% and 4.8% HIV prevalence rates were recorded for people with only primary and secondary school education qualifications respectively. The HIV prevalence rate for Enugu state rose from 5.0 in 1999 to 6.5 in 2005. The following is the HIV prevalence rates in the 36 states and the federal capital territory, Abuja, as at 2005.

Table 2: HIV Prevalence in Nigeria by states as at 2005.



In 2009, the HIV/AIDS prevalence rate became low but insignificant compared to the amount of efforts put in for its reduction. According to CIA World Fact book (2011), the HIV/AIDS Adult prevalence rate was 3.3%. This is shown diagrammatically below:
 HIV Prevalence in Nigeria as at 2009.



Country	1999	2001	2003	2007	2009
Nigeria	5.06	5.8	5.4	3.1	3.6

Source: CIA World Fact Book (2011).

In 2013, the HIV prevalence rate remains unabated. According to the CIA Fact Book (2013) the HIV/AIDS Adult prevalence rate remains 3.6%.

The scourging effects of HIV and AIDS have become not only a national problem but a global health emergency issue of significant consequence. Generally, due to ignorance, misconception and discriminations from their immediate family members, communities, office colleagues, health workers, denominational members and the mass media. Oftentimes, these patients are labeled, denied their rights and interactions with other healthy individuals in the society. The psychological trauma and frustration resulting from these treatments have resulted in earlier deaths of some of the patients than the HIV and AIDS would have caused.

It need not be over-emphasized that the ravaging impact of HIV and AIDS has not only reduced Nigerians life expectancy rate but has also led to increase mortality of both matured adults and youths in the prime of their lives and productive years and of young innocent children. Thus Oyefara (2005) laments that despite the already heavy disease burden being experienced in poor and developing countries such as Nigeria, HIV and AIDS has continued claiming lives, exacerbating poverty, decimating workforce, fracturing families, orphaning and shredding all facets of Nigeria society and reducing government’s endeavour in providing essential services for her citizens. These consequences are in no less measure retarding the nations political, economic and technological growth and development. Regrettably, no known cure has been identified and accepted globally for HIV and AIDS. The advocacy for the use of condom as a preventive measure against HIV and AIDS has not yielded much fruits. It is still in the search for ways of curbing HIV and AIDS pandemic that federal government adopted an

HIV and AIDS policy which emphasizes HIV Counseling and testing (HCT) as a control Strategy against the disease (FGN, 2003).

What then is HIV Counseling and Testing (HCT)?

HIV Counseling and Testing (HCT) formally known as Voluntary Counseling and Testing (VCT) is a key national and international prevention policy for HIV and AIDS, infection and spread. The policy proffers the strategies for early detection and control of the HIV and AIDS, HCT strategy enables uninfected people to remain so and helps those infected with HIV to plan for the future and avoid risky sexual behaviors that amount to further transmission to other healthy individuals. According to Horizons (2001) in Eze, Igbo and Obidoa (2008:27), HCT is “the process by which a person undergoes counseling enabling him or her to cope with stress and make informed choices about HIV testing. Confidentiality of counseling sessions, test results and the voluntary choice to be tested are emphasized. Thus, Nwabisi (2006) affirms that HCT involves a process whereby an individual is counseled and enabled by trained Guidance Counselors to make an informed decision about being tested for HIV infection.

HCT model works on the principles of counseling. The Counselors through counseling help in alleviating the fears often associated with HIV testing and in establishing confidence in an individual to willingly take the personal decision to be testing and in order to determine ones HIV sero status help the individual to have a clear understanding of what the test result is and its implications. Also they help to equip the healthy individuals with the effective ways of caring and handling the psychological and sociological needs of HIV and AIDS patients. In addition, they educate the HIV positive individuals on early intervention strategies for survival with better quality of life. The Counselors guide on HCT awareness work on the principles that:

- HIV testing is voluntary and not coercive;
- Informed consent should be obtained from the individual;
- Confidentiality is ensured; and
- Post-test counseling which bothers on the test process.

The process of HCT steps involves the following:

- Pretest counseling which bothers on the test process;
- Decision on the test and testing process;
- Post test counseling given to both HIV positive and negative individuals on risk-reduction plan and discussion about HIV status; and
- Follow-up counseling in areas of medical care support, emotional and social support.

Relevance of Adult Education in Fostering HCT Advocacy

The fact that HIV and AIDS are real and its scourge has claimed millions of lives world over cannot be overemphasized. The infection and spread of these diseases is not discriminatory as they cut across youths, adults, both gender, denominations, countries and races. Earlier in this paper, the HIV and AIDS prevalence in Nigeria reveals that the less educated and people within ages 15-39 years who are at the prime of their likes and the productive manpower for achievement of the nation’s social, economic, political and technological growth and development are the most virulent (FMOH, 2003, 1999). The deaths caused by these diseases have brought colossal losses to the nation and untold hardship on families. The concern for these occurrences calls on the need for Guidance

Counselors to foster the advocacy for HCT through various forms of Adult Education such as the Formal, Non-formal and Informal Adult Education. The relevance of these channels in fostering HCT advocacy will be evidenced in youths and adult in the following ways:

1. Creating in them a more realistic self-awareness of their vulnerability to HIV infection (due to risky sexual behaviors) and the need for an early knowledge of their HIV sero status.
2. Promoting their knowledge of healthy safer sexual behaviors which will checkmate their tendencies to risky sexual behaviors.
3. Helping in alleviating the anxieties often associated with HIV testing and the implications of test results.
4. Facilitating their better understanding of the implications of HIV positive test results and the positive coping strategies to adopt.
5. Facilitating their knowledge of early intervention of Mother–To–Child Transmission (MTCT) of HIV.
6. Facilitating early identification of HIV sero status of people for early referral to appropriate HCT centre for medical treatment and receipt of further social support and education.
7. Helping in assessing information and services needed to prolong life span.
8. Helping in creating peer educators and mobilizes for social support at community levels.
9. Helping in reducing denial of rights, stigmatization and discrimination often meted against HIV and AIDS patients.
10. Helping to drastically reduce the HIV and AIDS infection and spread among the youths and young adults who are the nation's productive manpower.

Counselors' strategies in fostering HCT among adults.

The following are some recommended strategies for Counselors' use in fostering HCT among adults.

1. School orientation programme: for educating and sensitization all categories example adult learners on HIV and AIDS infection and spread and the relevance of HCT intervention strategy against the disease.
2. By organizing talks and seminars on prevalent issues as HIV and AIDS, HCT
3. By providing reading material on HIV and AIDS and HCT in newspapers, magazines to broaden their knowledge about sexual transmitted disease and possible control and support care measures.
4. Through radio and television talks on AIDS disease and relevance of HCT and its location centre for accessibility.
5. Through jingles and songs for sensitizing people about HIV and AIDS and HCT intervention strategy.
6. By use of post bills on strategic places within formal and non-formal school environments.

Conclusion

The existence of HIV and AIDS in the society is a reality and presently no known cure has been identified. Also known is the fact that youths are the most vulnerable to this

infection and potent agents of the spread. The numerous deaths of youths and adults through this disease have caused the nation colossal loss in both man power production and economic growth. The relevance of adult education in fostering of HCT intervention strategy against HIV and AIDS cannot be over emphasized. If Guidance Counselors aptly utilized Adult Education channels, significant number of Nigerian populace will be reached on the knowledge of HCT as an intervention strategy for HIV and AIDS infection and spread.

Recommendations

Based on discussions above, the following recommendations are hereby made for effective HCT in Nigeria.

1. Establishment of HCT centers in Local Government Areas:
The government should, as a matter of urgency, establish HCT centers in every Local government headquarter in the country. This will make for easy accessibility of the centers to people counseling. Attending to HCT may be hindered by distance of the centers.
2. Training of more Guidance Counselors: Federal and state governments should intensify efforts in training of more Guidance Counselors to manage the HCT centers. If the centers are established without qualified Guidance Counselors, chances of giving adequate Guidance counseling to adults living with or without HIV and AIDS could be hindered.
3. Provision of working materials: The HCT centers should be equipped with modern materials for effective working of the centers. The government through the ministry of Health should partner with relevant Non-governmental organizations (NGOS) and Local government authorities contributing fund for the operation of the centres.
4. Dissemination of Information on Establishment of centers: One thing is to establish the HCT centers; another thing is to disseminate information to the local people on the establishment of the centres. The people should be informed on the established of such centers and the services available. Information should be disseminated through the local chiefs and village heads to the people. Counselors should utilize the presence of community agents such as the chiefs, village heads and town criers in disseminating information to the people on the availability of HCT centers in the area.

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