# PERCEPTION, ATTITUDE AND WILLINGNESS OF CIVIL SERVANTS TOWARDS HIV COUNSELING AND TESTING IN THE MINISTRY OF EDUCATION SECRETARIAT IBADAN, OYO STATE

**BY**

**OLADEJI, LATIFAT TITILAYO**
**B.Sc. MICROBIOLOGY (OAU)**
**MATRIC NO: 119875**

**A PROJECT IN THE DEPARTMENT OF HEALTH PROMOTION AND EDUCATION SUBMITTED TO THE FACULTY OF PUBLIC HEALTH, COLLEGE OF MEDICINE, IN PARTIAL FULFILMENTOF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH (HEALTH PROMOTION AND EDUCATION) OF THE UNIVERSITY OF IBADAN**

**MARCH, 2016**

## DEDICATION

This project is dedicated to God Almighty who has given me the strength and wisdom to see this through.

**ACKNOWLEDGEMENT**

I give all the glory to God almighty for his grace that has been all sufficient throughout this study.

I am most grateful to my supervisor, Dr. O. E. Oyewole, for his relentless efforts in guiding and directing this work through criticisms, suggestions and advice. I deeply appreciate his concern despite his tight schedule.

My gratitude goes to the head of department Professor O. Oladepo and all lecturers of department of health promotion and education for their impartation of knowledge and support before, during and after the entire research.

My profound gratitude to my darling husband Mr Kola Oladeji, my children and my classmates who have been a great source of strength and encouragement during this study. I appreciate all the help they rendered in various capacities. Worthy of note are Mr. and Mrs Olajire Afeez,, Mrs. Jumoke Farotimi and others too numerous to mention.

**OLADEJI, Latifat Titilayo**

## ABSTRACT

Voluntary participation in HIV Counseling and Testing (HCT) could be increased if the various factors that hinder its involvement by people are identified and subsequently addressed. There is an increased incidence and prevalence of HIV/AIDS in Oyo State. Consequently, a study on the perception, attitude and willingness of the masses on HCT will be useful in addressing the menace of HIV/AIDS in Oyo State because the study will assess their perception, attitude and willingness towards HIV Counseling and Testing.

The study was descriptive cross-sectional survey that used a four-stage sampling technique to select 262 civil servants in the Oyo State Secretariat, Ibadan. A pre-tested semi-structured self-administered questionnaire which contained a 12–point perception scale, 10–point attitude scale, 10–point willingness scale, questions relating to perception, attitude and willingness of civil servant towards HIV counseling and testing. Perception scores 0–6 and 7-12were categorised as poor and good perception, respectively, Attitude scores 0-5 and 6-10 were categorised as poor and good attitude, respectively and willingness scores 0-5and 6-10were categorised as low and high willingness respectively. The data were analysed using descriptive statistics and Chi-square test at p=0.05.

Age of respondents was 36.9 ± 8.2 years, 51.9% were females and 87.4% were married. Less than half (31.8%) of the civil servants had good perceptions while 68.1% poor perception. About 53.1% had good attitudes while 46.9% had poor attitudes. Majority (86.1%) of the respondents' willingness to participate in HCT is high while13.9% of the respondents' willingness is low. Analysis of the significant relationship between perception, attitude and willingness of civil servants who underwent HIV Counseling and Testing, and those who did not in the Ministry of Education**,** Secretariat, Ibadan showed that there was a significant difference. Factors that deter the willingness of civil servants participating in HCT included perceived cost of HCT(86.0%), safety (90.8%), attitude of caregivers (86.3%), family members' support (74.8%), and government health policies (90.8%).

The respondents' perception, attitude and willingness on HIV counseling and testing were fair. Confidentiality of the testing settings and attitude of the health workers are

the main factors preventing people from participating. Therefore, trainings to promote good attitude among health workers should be put in place and civil servant should be carried along in the planning of HIV counseling and testing centre.

**Keywords:** HIV Counseling and Testing, civil servant, Ministry of education
**Word count: 384**

## CERTIFICATION

I certify that this work was carried out by Oladeji Latifat Titilayo in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan, Nigeria.

---

**SUPERVISOR**

Dr. O. E. Oyewole
B.Sc., RD, M.Sc. MPH, Ph.D (Ibadan)
Department of Health Promotion and Education
Faculty of Public Health, College of Medicine
University of Ibadan, Ibadan, Nigeria

## TABLE OF CONTENT

**Title** **Page**

**CHAPTER THREE: METHODOLOGY**



**CHAPTER FOUR: RESULTS**



**CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATION**

## LIST OF TABLES

## LIST OF FIGURES

## LIST OF ABBREVIATIONS

**HCT:** HIV Counseling and Testing.

**NSF:** National Strategic frame work

**FMOH:** Federal Ministry of Health

**HIV/AIDS:** Human Immune Virus/ Acquired Immuno Deficiency Syndrome

**NACA:** National Agency for the Control of AIDS

**ANC:** Ante-Natal Care

**WHO:** World Health Organisation

**OYSACA:** Oyo State Agency for the Control of AIDS

**MDG:**Millennium Development Goal

**NSP:** National Strategic Plan

**UN:** United Nations

**ARV:** Anti-Retroviral

**PLHIV:** People Living with HIV

**STI:** Sexually Transmitted Infections

**VCT:** Voluntary Counseling and Testing

**Key concepts and working definitions**

A number of concepts and working definitions have been adopted in this dissertation which includes:

- **Abuse:** a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.
- **Attitude:** refers to the opinion of civil servants towards HIV Counseling and Testing.
- **Civil Servants:** refers to individuals who are gainfully employed by the Oyostate Government.
- **Marital infidelity:** refers to not keeping to one's marital vows or involvement in extra-marital affairs
- **Perception:** refers to the way civil servants see, understand and interprete the HIV Counseling and Testing exercise.
- **Willingness:** refers to the desire expressed by civil servants towards the HIV Counseling and Testing exercise.

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background to the study

HIV and AIDS has remained the most serious infectious disease challenge to public health (UNAIDS, 2009). Worldwide, over 6000 persons are infected daily in 2007 with over 5000 deaths recorded every day (UNAIDS, 2008) making HIV/AIDS one of the major killer diseases, particularly in sub-Saharan Africa. It is estimated that globally, 33.2 million people were living with HIV/AIDS in 2007, of which 2.7 million were new infections (UNAIDS, 2008). Africa takes the bulk share of HIV infected persons - estimated at about 22 million people with 1.5 million deaths making the continent the epicenter of the epidemic (Alao, 2004). With an estimated population of over 150 million, record of new infection amounts to 388, 86, with a large number of children over 2 million have been orphaned by AIDS epidemics (NSPR, 2010).

However, Osezua(2013) stated that the negative impact of HIV/AIDS infection is reflected in the reversal of economic, social and political development that was attained some few years ago and life expectancy in Nigeria has dropped to 46 years for female and 47 years for male. Risky sexual activities including: casual sex, multiple sexual partners, sexual violence and transactional sex exchange particularly among young people aged between 15-24 years are responsible for 80% of new HIV infections with a prevalence of 4.1%, same as the national rate. Over the years, efforts have been directed at different preventive strategies including abstinence from sex, being faithful to an uninfected partner, screening of blood and blood products, correct and consistent condom use to further stem the spread of HIV/AIDS in Nigeria. HIV Counseling and Testing (HCT) is a key entry point for all forms of HIV and AIDS prevention and control interventions including Prevention of Mother-to-Child Transmission, treatment, care and support programmes(Onipede and Okoukoni, 2011).

However, HIV counseling and testing(HCT) which has been seen as cornerstone among preventive strategies is described as the gateway to treatment, care, support, and prevention interventions for persons infected with HIV and to provide referral to special

care, such as male circumcision clinics and support groups (Yahaya, 2010). It is also a critical opportunity for HIV prevention counseling, particularly for civil servants where one partner is HIV positive (known as sero-discordancy) and for others with a high risk of acquiring HIV (Taiwo,Osinbanjo, Adenike andOnifad, 2013). For civil servants who test negative to HIV, counseling focuses on preventive messages tailored to the reduction of risk behaviors that has the potential to increase their vulnerability to HIV infection. The introduction of HCT in 2004 in Nigeria raised awareness about the HIV/AIDS epidemic, offered counseling opportunity for modification of risky behaviour and lessen stigma, but there are unresolved issues with acceptability and uptake of HIV Counseling and Testing (HCT).

Many civil servants will not willingly take up HIV counseling and testing. Virtually all states in Nigeria have HCT centers in both Government and privately owned health institutions, NGOs, and Community based health organizations without much impact. As at 2010, 1,064 health facilities are providing HIV Counseling and Testing to create access to individual for voluntary testing NACA (2010). The National Strategic frame work II developed for HIV/AIDS response in Nigeria has two key HCT objectives; (a) at least 80% of adults accessing HCT services in an equitable and sustainable way by 2015 and (b) at least 80% of most at-risk-populations accessing HIV counseling and testing by 2015 in order to scale up the provision of HCT particularly for young people (2015). The national agency for AIDS control (NACA) advocated through various media that young people should know their HIV status before marriage. These efforts have only yielded little results with 2,287,805 people accepting HCT in Nigeria as at end of 2010 (Kitara and Ecik, 2011).

Daniyam (2010) posited that civil servants are workers who are gainfully employed into various ministries across the states of the federation. The mandatory thirty-five year of service programme is essential in preparing the civil servant for formal gratuity and pension in Nigeria. The main objective of the scheme is to foster national health of civil servants after retirement. These civil servants are expected to live and work in these communities, while also interacting with the people by learning their language, life styles and making new friends. Sometimes these friendships may end up in a marriage and

other forms of relationship which may expose them to HIV/AIDS during the service years because many of them are sexually active.

According to the World Health Organisation (2014), almost all Nigerian adults have heard of HIV and AIDS, but knowledge of HIV prevention measures is lower. Only seventy one percent of women age 15–49 and seventy eight percent of men age 15–49 know that the risk of getting HIV can be reduced by using condoms, limiting sex to one faithful, uninfected partner and through continuous HIV Counseling and Testing (HCT).Prevention knowledge is higher among those with higher levels of education. For instance, eighty seven percent of women and men know that HIV can be transmitted by breastfeeding. However, only about two-thirds of women and men know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy. Many Nigerians still have misconceptions about HIV and AIDS. Only seventy two percent of women and seventy seven percent of men know that HIV cannot be transmitted by mosquito bites (WHO, 2014).

Moreover, most employees (civil servants inclusive) know where to get an HIV test (estimated at ninety two percent), only fifty seven percent of women and forty percent of men have ever been tested and received results. According to the South Africa HIV and AIDS survey conducted in 2010, in a 12 month twenty nine percent of women and twenty three percent of men took an HIV test and received the results.

**1.2 Statement of the Problem**

According to the Oyo State Agency for the Control of AIDS (OYSACA), there has been an increase in the record of incidence and prevalence of new cases of HIV in the state. Stigmatizations, high moral decadence, high marital infidelity, eroding culture of marital fidelity in Africa (Nigeria inclusive) are the contributing factors to this increase (Bolarinwa, 2015). There is high rate of unwillingness of civil servants towards HIV Counseling and Testing in Oyo State, as a result of this the certainty of health status of civil servants is on the decline as most civil servants often make excuses for health reasons and also would not present themselves for HIV Counseling and testing. It has become necessary to investigate the perception, attitude and willingness of civil servants towards HCT as a way of curtailing the spread of HIV in Oyo State.

### 1.3 Justification for the Study

Owing to the increase in the incidence and prevalence of new cases of HIV in Oyo State as presented by Oyo State Agency for the Control of AIDS (OYSACA), it has become necessary to study deep into the cause of this menace. The civil service sector is one of the sectors that are prone to HIV/AIDS escalation due to the nature of the sector and the attitude of civil servants towards HCT.

The Ministry of Education of the Oyo State Civil Service was chosen as a case study in order to explore their attitudes, perception and willingness towards HCT. It is necessary in order to equip these civil servants with relevant information and the support they need to remain healthy and productive so as to educate their colleagues from other ministry.

### 1.4 Research Questions

The following research questions have been generated:

1. What is the perception of civil servants in the Ministry of Education towards HIV counseling and testing in Secretariat, Ibadan?
2. What is the attitude of civil servants in the Ministry of Education towards HIV counseling and testing in Secretariat, Ibadan?
3. How willing are the civil servants in the Ministry of Education Secretariat, Ibadan to undergo HIV counseling and testing?

### 1.5 General Objectives

The general objective of this study isto investigate the perception, attitude and willingness of civil servants in the Ministry of Education towards HIV counseling and testing in Secretariat, Ibadan**.**

#### 1.5.1 Specific objectives

1. To assess perception of civil servants in the Ministry of Education towards HIV counseling and testing in Secretariat, Ibadan**.**

2. To examine the attitude of civil servants in the Ministry of Education towards HIV counseling and testing in Secretariat, Ibadan**.**
3. To determine the willingness of civil servants in the Ministry of Education towards HIV counseling and testing in Secretariat, Ibadan**.**

### 1.6 Research Hypotheses

1) There is no significant relationship between the perception of civil servants who undergo HIV Counseling and Testing, and those who do not in the Ministry of Education, Secretariat, Ibadan.
2) There is no significant relationship between the attitude of civil servants who are aware of the importance of HIV Counseling and Testing and those who do not in the Ministry of Education, Secretariat, Ibadan.
3) There is no significant relationship between the willingness of civil servants who undergo HIV Counseling and Testing, and those who do not in the Ministry of Education, Secretariat, Ibadan.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Conceptual Review

HIV and AIDS has remained the most serious infectious disease challenge to public health (UNAIDS, 2009). It is estimated that globally, 33.2 million people were living with HIV/AIDS in 2007, of which 2.7 million were new infections (UNAIDS, 2008). Africa takes the bulk share of HIV infected persons - estimated at about 22 million people with 1.5 million deaths making the continent the epicenter of the epidemic (Alao, 2004). Findings proved that the negative impact of HIV/AIDS infection is reflected in the reversal of economic, social and political development that was attained some few years ago and life expectancy in Nigeria has dropped to 46 years for female and 47 years for male. Risky sexual activities including: casual sex, multiple sexual partners, sexual violence and transactional sex exchange particularly among young people aged between 15-24 years are responsible for 80% of new HIV infections with a prevalence of 4.1%, same as the national rate.

HIV Counseling and Testing (HCT) is a key entry point for all forms of HIV and AIDS prevention and control interventions including Prevention of Mother-to-Child Transmission, treatment, care and support programmes (Onipede and Okoukoni, 2011). It is also a critical opportunity for HIV prevention counseling, particularly for civil servants where one partner is HIV positive (known as sero-discordancy) and for others with a high risk of acquiring HIV (Taiwo A, Osinbanjo D, Adenike C and Onifad, 2013).

### 2.1.1 HIV Counselling and Testing

Like many countries in Sub-Saharan Africa, Nigeria is highly burdened by the epidemic of HIV/AIDS. With an estimated 3 million people living with the disease, Nigeria is only second to South Africa among nations of the world in the number of people living with HIV. The consequence of this position is that Nigeria risks the opportunity to achieve the goal of its development plan including the Millennium Development Goals (MDGs) and the vision 20/20/20. Civil servants form a segment of the population within the age of 18-65 years. In Nigeria this constitutes more than half of the population. Civil servants are a

heterogeneous group and an incredibly rich resource. Although most civil servants seem generally healthy, more than 1.8 million of these young people who are the active force (civil servants inclusive) die as a result of preventable causes and the incidence and prevalence of HIV especially among civil servants is still a major concern to the world (Muhammad, Oladipupo, Samson and Adesegun, 2013).

However, as it is often agreed upon that young people 15 to 24 years old are the most affected population and account for over 40% of all new HIV infections among adults, it was noted that high incidence rate also exist among civil servants especially in Nigeria (Tolani, 2011). However, the aforementioned may be the result of multiple factors such as early sexual experimentation, multiple sexual partnerships, and inconsistent use of condoms. Despite this alarming situation, in sub-Saharan Africa, most national epidemics particularly countries worst hit by HIV have stabilized or begun to decline. For instance, the Nigeria National Sentinel Surveillance reports show decline in prevalence for 3 consecutive periods; from 5.8% in 2001 to 5.0% in 2003 to 4.4% in 2005 and then 4.1% in 2010 (Oladipipo, 2013). The Nigerian National Strategic Plan (NSP) for HIV/AIDS in Nigeria has as its main goal to stop further spread and possibly reverse the spread of HIV by 2015 through Universal access to comprehensive HIV prevention, treatment, care and support. However, HIV prevention effort remains the corner piece in the national response to the epidemic. More so, Paul (2010) as well as the WHO (2000) strategic document for universal access to HIV/AIDS services by 2010 recognizes HIV counseling and testing as a priority intervention. Therefore, Nigeria as a member of UN Assembly subscribes to both Universal access and Millennium Development Goals with targets to reach at least 80% of adults with HIV Counseling and Testing (HCT) services in an equitable and sustainable way by 2010 and 2015 respectively.

On the other hand, HIV Counseling and Testing (HCT) has been defined as the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV (Muhammad et'al, 2013). In this context, HIV Counseling and Testing refers to the socio-demographic Determinants of HIV Counseling and Testing Uptake among People in Nigeria intervention that gives individual or couples an opportunity to confidentially discuss risk of HIV infection and be assisted to learn

HIV status for purpose of prevention, care and treatment. HCT can either be client initiated testing or voluntary counseling and testing, and provider initiated counseling and testing. Irrespective of the type, HCT involves a pretest counseling, and follow up counseling. HIV counseling and testing is recommended as a routine service as part of health care for young people.

Similarly, UNFPA report (2014) stated that there is committed to promote increased use of HIV counseling and testing among young people. Thus HCT service for young people should be readily accessible and appropriate. In spite of the fact that incidence of HIV infection is highest among young people and despite many benefits of HCT, there are reports of poor uptake of HCT among the young people. Worldwide, it is estimated that over 90% of HIV-infected individuals are still unaware of their status. Surveys in sub-Saharan Africa have shown that a median of just 12% of men and 10% of women had been tested for HIV and received the results. Only about 7% of young people in Nigerian have received test for HIV. This gap exists in the face of high level of awareness of the infection (94%) and willingness to test (72%) among the target population.

Also, National surveys particularly, National AIDS and Reproductive Health Survey and National Demographic and Health Survey show high level of awareness (94%) and willingness to test (72%) for HIV/AIDS across demographic and social status. However, these surveys have consistently reported poor comprehensive knowledge of HIV and AIDS (22.2%) among young people in Nigeria. This is similar to less than 50% knowledge level reported by the WHO (2015) among civil servants globally. In addition, uptake of counseling and testing services remains very low both at population level (14.5%) and within the specific target population of 15-24 years (7.0%). Although the prevalence of HIV among young people declined (1.7%), the proportion of incidence among the population remains high. United Nations Funds for Population Activities reports that each day about 14,000 people are infected with HIV in Nigeria with young people constituting about half of the number. Low uptake of HCT service will mean that greater proportion of the infected are unidentified thereby limiting opportunity for prevention, treatment, care and support services for the young people.

HIV and AIDS present multi-dimensional challenges to individuals, families and communities. These challenges may present as feeling of hopelessness, rejection and stigma at various levels. Some people may feel that knowing their HIV status may not help them or their communities. Perhaps with greater knowledge of the benefits of counseling and testing more individuals, couple and communities would be willing to access the service. Therefore, HCT is seen as an intervention that empowers clients to take charge of their decision for HIV prevention and care and support needs, provide several benefits to individuals, couples and the community at large. Benefits of HCT for individual client include the fact that it empowers the uninfected person to protect him or she from becoming infected with HIV, assists infected persons to protect others and to live positively. Researches have shown that people who are aware of their sero-status are more likely to practice safer sex and offer the opportunity for treatment of HIV and of infections associated with HIV. For some couples/family, HCT supports safer relationships – enhances faithfulness, encourages family planning and treatment to help prevent mother-to-child HIV transmission and allows the couple / family to plan for the future as it promotes better spousal communication.

Hence, the community benefits from HCT in that it generates optimism as large numbers of persons test HIV-negative, impacts community norms (HIV testing, risk reduction, discussion of status, condom use, accessing ARVs), reduces stigma as more persons "go public" about having HIV, serves as a catalyst for the implementation of care and support services and reduces transmission and changes the tide of the epidemic In addition, several studies among adults have reported other benefits of HCT. HCT assists the individual to understand the nature of HIV infection and to come to terms with the diagnosis, thereby providing the confidence to make the necessary changes in lifestyle, helps people living with HIV (PLHIV) to understand the nature of the problem in order to make realistic decisions that will affect members of their families/friends. It provides psycho-social support to meet the emotional needs of the individuals with HIV and AIDS and/or their families. It equally encourages sustained positive change in lifestyle, encourages the infected to disclose his or her condition to family members (shared confidentiality). It also prepares relatives emotionally to take on the responsibility of looking after the infected persons and their orphans after their death, helps family

members especially spouse(s) and children to maintain open relationships with the infected person and develop coping mechanisms. HCT further encourages infected people to join support groups that will afford them opportunity to share experiences in order to improve their wellbeing as well as encourage social integration, and helps to promote better understanding about the disease and ensures that PLHIV are not stigmatized. Review of several literatures on the benefits of HCT among adults concluded that HCT may be an appropriate and effective strategy for young people. The adult category among young people has reported change in behavior such as increase in condom use, reduction in number of sex partners, and reduction in STI.

### 2.1.2 Route of HIV Transmission in Nigeria

Tenibiaje (2010) stated that there are three major HIV transmission routes in Nigeria:

**1. Heterosexual sex:** Approximately 80 percent of HIV infections in Nigeria are a result of heterosexual sex. Women are particularly affected by HIV; in 2011 an estimated 1.7 million women were living with HIV and prevalence was 3 percent among young women aged 15-24. Factors contributing to this include a lack of information about sexual health and HIV, low levels of condom use, and high levels of sexually transmitted diseases. However, gender inequality among women has been identified as a key driver of the HIV epidemic among women.

**2. Blood transfusions:** HIV transmission through unsafe blood accounts for the second largest source of HIV infection in Nigeria. Not all Nigerian hospitals have the technology to effectively screen blood and therefore there is a risk of using contaminated blood. The Nigerian Federal Ministry of Health have responded by backing legislation that requires hospitals to only use blood from the National Blood Transfusion Service, which has far more advanced blood-screening technology.

**3. Mother-to-child transmission:** Most children infected with HIV aquire it from their mothers. An estimated 69,400 children were newly infected with HIV in 2011.

While the at-risk groups in Nigeria, include:

- Brothel and non-brothel based female sex workers (FSW). HIV prevalence is 24.5 percent.
- Men-who-have-sex-with-men (MSM). HIV prevalence is 17.2 percent.
- Injecting drug users (IDUs). HIV prevalence is 4.2 percent.

Transport workers and members of the Armed Forces and Police are also considered high-risk. It has been found that individuals that fall under these groups and their partners account for 40 percent of new HIV infections in Nigeria.

### 2.1.3 Preventive Measures against the spread of HIV in Nigeria

There are several preventive measures used against HIV spread in Nigeria and these include:

#### 2.1.3.1 Education

Sex is traditionally a very private subject in Nigeria and the discussion of sex with teenagers is often seen as inappropriate. It is evident that some groups, particularly religious and cultural leaders, have acted as a barrier to previous attempts to provide sex education for young people in Nigeria. However, successful delivery of sex education to young people is reliant on increasing the participation of these community leaders in the planning and implementation of such programmes.

- In 2009 only 23 percent of schools were providing life-skills based HIV education.
- Only 25 percent of men and women between the ages of 15 and 24 correctly identified ways to prevent sexual transmission of HIV, in 2010.

Sabapathy, Van den Bergh, Fidler, Hayes and Ford (2014) affirmed that in some regions of Nigeria girls marry relatively young, often too much older men. Studies have found those who are married at a younger age have less knowledge about HIV and AIDS than unmarried women, and are more likely to believe they are low-risk for becoming infected with HIV. HIV and AIDS education initiatives need to ensure they focus on married girls,

as they are less likely to have access to health information than unmarried girls. However, the need to improve knowledge about HIV among girls overall (both married and unmarried) remains, as HIV prevention knowledge is significantly less among girls (aged 15-19), compared to boys. Addressing the social and cultural factors that contribute to early sexual debut among girls, notably gender inequality, in Nigeria is integral to successful HIV prevention among this group.

- In North Western Nigeria around half of girls are married by age 15 and four out of five girls are married by the time they are 18 and twice as many girls than boys are engaging in sexual activity before the age of 15 years.

**2.1.3.2 Condoms**

Using a condom is the most effective way for a person to protect themselves from HIV, unless they practice abstinence. However, restrictions on condom promotion in Nigeria have hampered efforts to promote this form of HIV prevention. In 2001, a radio advertisement was suspended by the Advertising Practitioners Council of Nigeria (APCON) for promoting messages suggesting that it is acceptable to engage in premarital sex as long as a condom is used. In 2006 APCON also started to enforce stricter regulations on condom advertisements that might encourage 'indecency'.

Nevertheless, in the National Strategic Plan 2010-2012, Nigeria set the target of having 80 percent of sexually active men and women using condoms consistently and correctly with non-regular partners by 2015; indicating a positive change in attitude towards condom use. However, nearly half (42 percent) of HIV infections occur among people considered to be having low-risk sex; those in cohabiting or married partnerships. This is a result of low condom use among regular sexual partners, but when one partner is engaging in high-risk behaviours outside of the relationship. However, more than 2 billion male condoms and 886,979 female condoms were distributed, both by NGOs and the Federal Ministry of Health in 2010 (Oyo State Agencies for the Control of AIDS, 2015).

**2.1.3.3HIV Counseling and Testing:** is another way of preventing the spread of HIV/AIDS in any given society. This technique was newly adopted by Nigeria Agency for the control of AIDS (NACA) and conversely has been adopted by most agencies that are responsible for the control of AIDS in each state within Nigeria, of which Oyo State is not exempted. This technique helps to identify existing and new cases, thereafter adequate counseling and referral are provided where necessary.

In line with this, Olanike(2014) opined that In the aggregate the HIV epidemic is eroding the capacity for development through its myriad effects on labour supplies, saving rates, national security and social cohesion. But the effects are particularly severe and constraining where human resources are substantially reduced due to the effects of HIV/AIDS, compounded by losses due to international migration of those with key technical and professional skills. However, the problems associated with losses of human capital are not confined to the skills and training that are the output of formal processes of education and professional development. There exist in all societies learning processes that create a vast range of skills adapted to specific social and economic patterns. The HIV epidemic is systematically eroding these essential capacities that exist in the population – both of women and of men. This is often a crucial factor in traditional agriculture where productive roles are often gender determined and where morbidity and mortality can significantly change the skill composition of the labour force/family.

One may want to ask is there a special problem with losses of Human Capital of those with higher professional training and education such as the civil servants in the ministry of Education? While evidence on the social class gradient of infection is very partial, and mostly absent for most countries in sub-Saharan Africa, there is some data that supports the argument that HIV infection in the past decade or so did positively correlate with income, educational level and occupational status. Furthermore, World Health Organization (2012) confirmed that there is also a good deal of partial information from many sources and countries that suggests that the epidemic is systematically eroding the stock of human capital across all sectors in the worst affected countries, with losses proportionately highest for skilled, professional and managerial labour.

Nicola (2002) further affirmed that the HIV epidemic not only reduces the stock of those with higher level professional and managerial training and experience but it also reduces the capacity to maintain the flow of those with needed skills and training. The most important direct effect comes from the losses of those with appropriate training, experience and education who have the task of maintaining the flow of newly trained labour. This follows from the fact that institutions with training and educational functions are themselves losing staff due to HIV and AIDS so that their capacity to meet demands is reduced (including the need to replace their own staff that become sick and die from HIV–related illnesses).

World Health Organization (2010) opined that the public sector undertakes key functions that are essential for development, and a significant proportion of those with technical skills, professional qualifications and management expertise are employed in the provision of public services. Consequently, the quality and range of public services, such as education, health, law and order, water and sanitation, telecommunications and roads, and so on, are all dependent on flows of finance, and on the stock of public employees with the requisite skills and expertise. It has long been an objective of governments, and donors, to enhance the range, coverage and quality of public services that are available, most obviously in respect of education and health which are often seen as basic rights, as well as being recognised as essential for social and economic development. To this end savings, both domestic and foreign, have been allocated to meeting the human capital needs of countries, and more especially the public sector, but more is still required.

Sethna (2010) stated also that it is generally agreed that an effective and functioning public sector is a pre-requisite for development, and that this is increasingly threatened by the HIV epidemic, which undermines both the stock of human capital and the flows of savings available to finance development. The effects are not confined to the public sector and the impact of the epidemic needs to be seen as "systemic". But the consequences may be particularly severe for the public sector given its dependence on human resources that have embodied high levels of private and social investment in training and education of civil servants. Fred (2011) stated that losses of human resources due to HIV/AIDS will thus be especially damaging to the capacity of the state to supply

essential goods and services, with effects not only on public services, but more broadly on the rest of the economy.

Jimoh, Agbede, Abdulraheem, Abubakar, Olarinoye, Salaudeen and Saidu (2008) affirmed that it is still the case that in most countries there are continuing urban/rural differentials in rates of HIV in the population, but even with lower rates of HIV, absolutely most of those infected are to be found amongst the rural population. A striking feature of the epidemic, which has persisted over time, is that more women are infected than men, with women accounting for 59% of all those infected in 2006. Female civil servants typically get infected at much earlier ages than men (with consequent greater losses of healthy years of life). One of the most critical features of the epidemic is its concentration in the working age population (aged 15-49) such that those with critical social and economic roles are directly and indirectly affected. It is also important to note that patterns of employment, especially the migration and mobility of civil servants, plays an important role in the transmission of HIV.

Also, Eunice (2014) opined that a consequence of the epidemic with long-term effects is the impact on children. There are presently an estimated 12.3 million children who have lost their mother or both parents to the epidemic, and this appalling number of orphaned children is projected to more than double over the next ten years. The Education sector is seen in all development models as playing a key role in achieving sustainable human development. Thus increasing access to quality education is recognized not only as a basic human right but also as essential for raising living standards in the poorest countries. As such it is one of the most important of the MDG targets, not least in terms of increasing access by girls who in all regions continue to be a significantly lower proportion of children in school (both primary and secondary, and especially the latter). World Health Organization. (2010) stated that everyone agrees that increasing access by girls is essential for achieving broader development objectives, such as reductions in fertility and diminishing poverty levels, but is also critical in respect more specific objectives relating to HIV/AIDS. Unfortunately the Education Sector is highly vulnerable to the impact of HIV/AIDS as can be seen from the following brief summary of the

processes whereby HIV/AIDS affects a key region, sub-Saharan-Africa, which as noted above accounts for two-thirds of global HIV infections.

Conversely, it is estimated that there are some 2 million primary school teachers, of whom 42% are women. In the case of secondary schools there are 650,000 teachers of whom 32% are women. To these estimates need to be added those employed as administrators, managers, support staff and so on, and the very significant numbers in the tertiary sector many of whom have graduate qualifications. Overall the educational sector is probably the largest employer by a very significant margin of those with higher-level educational and professional skills (Luanda, 2012). Thus the impact of the HIV epidemic on staffing is of immense importance for the delivery of educational outputs, both currently and in the medium to long term. But the effects do not end with issues of staff mortality, important though this is for education. Organisational performance will also be affected by morbidity, which can lead to extensive disruption of activities, and by the impact of the epidemic on morale and internal and external disharmony (Nwachukwu and Odimegwu (2011).

There are a complex set of factors operating, and there exist major problems with estimating what is happening on the ground given the large number of schools etc. that are potentially affected by the epidemic (Olugbenga-Bello, Amusan, Oladele and Olaogun, 2008). Conceptually it is not difficult to separate out the main factors that are operating. Thus on the demand side there will be fewer children to educate given the demographic and other effects of the epidemic. Thus greater adult and child mortality due directly and indirectly to HIV/AIDS will create a smaller age group than would have been the case without AIDS. Since families affected by HIV/AIDS are experiencing higher levels of poverty, and children are increasingly being required to take on household tasks, then the cohort able to afford and complete education will decline.

Ross, Dick and Ferguson (2006) stated that there will be fewer civil servants and other professionals due to HIV-related mortality and this will affect different expertise amongst the cadre of those important for delivering teaching and other management inputs. Higher levels of morbidity will adversely affect factor productivity in ways that will reduce the overall capacity of the sector. These effects will be intensified and spread throughout the

system through the mortality and morbidity of those who are managers, inspectors, education officers, and so on. Finally the system will in time adjust the distribution of educational facilities in response to the various factors that are operating – from both the demand and supply sides. The question arises as to what the educational sector can do both to meet its own demands for replacement of civil servants such as teachers, administrators, etc. as well as meet the specific needs of other sectors. There is comparatively little evidence that any country has begun to address comprehensively the human resource planning issues raised by the HIV epidemic, and whether or not there is capacity domestically or externally to meet the needs for critical skills and training (Muhammad, Oladipupo, Samson and Adesegun, 2013). It is almost certain that some countries will not be able to meet their core needs for specific skills and professionally qualified personnel, so how is some sort of "residual minimum" to be maintained in Oyo State?

### 2.1.4 Use of HCT

Voluntary Counseling and Testing (VCT) is based on a voluntary approach by the person who wants to get tested for HIV. HIV Counseling and Testing (HCT) is the so-called provider-initiated approach. People seeking health services for reasons completely unrelated to HIV may thus be approached for an HIV test. While it remains voluntary, people are actively engaged to get tested for HIV through the HCT strategy. Mpintshi (2010) also stated that the provider-initiated approach includes making testing available at public locations like schools; however, the procedure in terms of pre and post-test counseling as well as the test itself remains the same. For the purposes of this study, it is largely irrelevant whether people decided to get tested on their own or whether they were approached and encouraged to get tested. What is important is to identify the reasons why civil servants decided not to get tested; what their experiences were; and what youth think about the procedures.

### 2.1.5 General Barriers Associated with HIV Counseling and Testing (HCT)

Yezingane Network (2010) stated that HIV counseling and testing encounters challenges in two main areas when it comes to Implementation. First, the high level of stigma related to HIV on a community level impedes people from getting tested due to their fear of being discriminated against and isolated. Second, on an individual level, the fear of death and/or an inaccurate personal risk perception are among the personal reasons why people (civil servants inclusive) do not engage in HCT exercise.

#### 2.1.5.1 External threat: Risk of being stigmatized

The fear of being stigmatised or discriminated against by community members because of an alleged or actual HIV seropositive status was found to be a common reason to avoid an HIV test by various studies (Bolarinwa, 2015). In addition, there is a clear hesitation in the intention to tell others about one's status in case of testing HIV positive. Other civil servants are discovering that they have cancer – and it has destroyed people's life. But when it comes to HIV/AIDS most civil servants start to speak to the medical personnel like to the devil himself. An often articulated fear was that just being seen approaching a testing facility could spread rumours among the community.

MacPhail (2009) found that where no one talks about HCT, the chance of most civil servants seeking HCT becomes low. In combination with mentioning that one should hide HIV-related illnesses and suggestions to integrate HCT into other health services in order to make the identification of HIV testers more difficult. This is a clear sign that high levels of HIV-related stigma are still very prevalent among civil servants too and wrong information about the transmission of HIV may increase the stigmatization of HIV-positive persons, and thus impede more people from seeking an HCT.

However, there are still some ignorant civil servants, as a result, ignorance becomes a major concern when it comes to HCT and keeping the result confidential becomes another hurddle. This concern not only impedes civil servants from testing at all; it also influences their preferences when it comes to locations, testing sites, set ups of the testing procedure and their choice of involving others in their choice to get tested (Oyeniyi, 2015).

Particularly in smaller communities like the secretariat in Ibadan, fears have been expressed that the test results of civil servants who voluntarily engage in HCT, may not be kept confidential and the fear of civil servants' (seropositive) test result being disclosed can go so far as driving civil servants to abort their post-test counseling session out of concern that the amount of time they spend in the counseling room will indicate their test result to those waiting outside. Young (2010) posited that most civil servants feared nurses telling their parents about their testing and results, and would not even trust in their friends' reactions and trustworthiness when telling them about a sero-positive test result. As a result, they may choose to go for testing on their own. In order to stay anonymous, most civil servants would choose a testing site where the risk of meeting someone familiar is minimal. External service providers coming from another town or district increase the trust in the confidentiality of the testing procedure and result as well.

Oladipupo (2013) also stated that negative conceptions of testing facilities and their staff may equally impede civil servants from getting tested. Unfriendly staff; lack of youth-appropriate services; mistrust in the quality of the counseling; and a perceived lack of confidentiality of the counseling and testing outcomes have been named as deterring people (civil servants inclusive) from going to a testing facility and may be seen as related to the general existence of stigma. Furthermore, inappropriate locations of clinics and testing rooms within the buildings where people could be seen walking in or coming out were named as obstacles for seeking an HCT. In this regard, it was mentioned that by having people (civil servants inclusive) waiting right outside the counseling room, those waiting could be able to read the test result from the person's facial expression when leaving the counseling room and the lack of information about testing options in local languages has been mentioned as a further obstacle preventing people from visiting the sites (Francis, 2010).

**2.1.5.2 Internal motives**

The general perception that HCT is only for civil servants who show signs of illness may deter those who feel healthy from getting involve in the exercise. In this sense, broad knowledge about HIV seems to be widespread, deeper knowledge does show gaps, which may cause people to refuse testing. Another personal reason for most civil servants not

getting tested for HIV is fear of death, and the information that is communicated to them in regard to HIV/AIDS – it's still scary. The first question that often come to mind when someone says HIV/AIDS is death and learning that one is HIV positive appears as such to be a psychological burden – possibly even negatively influencing one's health itself – so that civil servants prefer rather not to know their status (Barry, 2010). There are other civil servants who think that testing is a life-changing experience. It is either dying or not dying. Learning about being HIV positive may even result in depression and suicidal ideation. Therefore, learning about one's seropositive status is related to desperation and distress. When it comes to personal feelings after learning about one's HIV-positive status, suicidal ideation was indeed mentioned repeatedly: They think if they have HIV, their life is over, so they think about killing themselves.

#### 2.1.5.3 Reasons Why some Civil Servants engage in HCT

Reasons have been identified above for why some civil servants refrain from seeking an HCT, yet it is equally interesting and important to consider the characteristics of those who did get tested in order to identify possible reasons for seeking HCT, as some civil servants who have been pregnant are also more likely to have been for HCT. Other reasons include seeking an HIV test because of being ill, and because the sex partner was knowingly or suspected HIV-positive. Furthermore, referring to youth specifically, a survey found that talking to the parents about HIV/AIDS was related to having been tested, as was the participation in a love Life (Hallaye, 2012). Finally, it seems that knowing a civil servant who has gone for an HCT or is even just thinking about it, do motivate other civil servants to get tested themselves.

### 2.1.6 The effects of engaging in HCT Exercise

For civil servants who do seek an HCT, the question arises of what happens after it? Of course, this is highly dependent on the result of the test. In both possible scenarios the post-test behaviour is highly relevant, especially when it comes to the sought-after preventative effect of HIV testing.

**a. After a negative test result**

Where an HIV test is negative, no clear behaviour change could be proven so far. While, worryingly, a negative test result is sometimes seen as a reason for celebration without any thought about future behaviour; potential behaviour change (such as abstinence, condom use or less sex partners) is also mentioned from time to time – yet not regularly. Thus, a negative test result is not clearly associated with behaviour change or even behaviour change intentions. In addition, when comparing (planned) risk behaviour of people who have tested HIV negative with that of untested civil servant no striking differences could be identified (Kalichman, Cain and Simbayi, 2010).

**b. After a positive test result**

The need for intense and ongoing counseling in the case of a seropositive test result was mentioned repeatedly. This seems especially important as 'the attempt to forget' about one's seropositive status has been reported as a reaction to the positive test result as well as suicidal ideation. As has been stated earlier, there is a significant fear of stigma, and trust in community support is hardly existent. However, in general, most people who are HIV positive report having disclosed their status to at least one other person. Yet, time periods between diagnosis and disclosure may vary significantly. Wendy (2011) opined that most people (civil servants inclusive) articulate their fear to disclose their seropositive status to their parents, partners, loved ones because it is assumed to bring 'disgrace' to their family. In addition, disclosure requires simultaneous acknowledgment of one's sexual activity. However, trust in government's support was still regularly mentioned.

On the other hand, Statistics South Africa (2010) reported that high numbers of people (civil servants inclusive) have shared their test results with others, namely with family, partner, colleagues etc, but the sharing of test results with friends seems rather unpopular among older age groups, although exceptions have been reported as well, and when it comes to disclosure to partners, research findings have been inconsistent and no general tendency could be defined. However, in line with general considerations of stigma and fear of discrimination, people have been reported to be less likely to disclose their status to their partner if they had never talked about HIV previously; if they did not know their

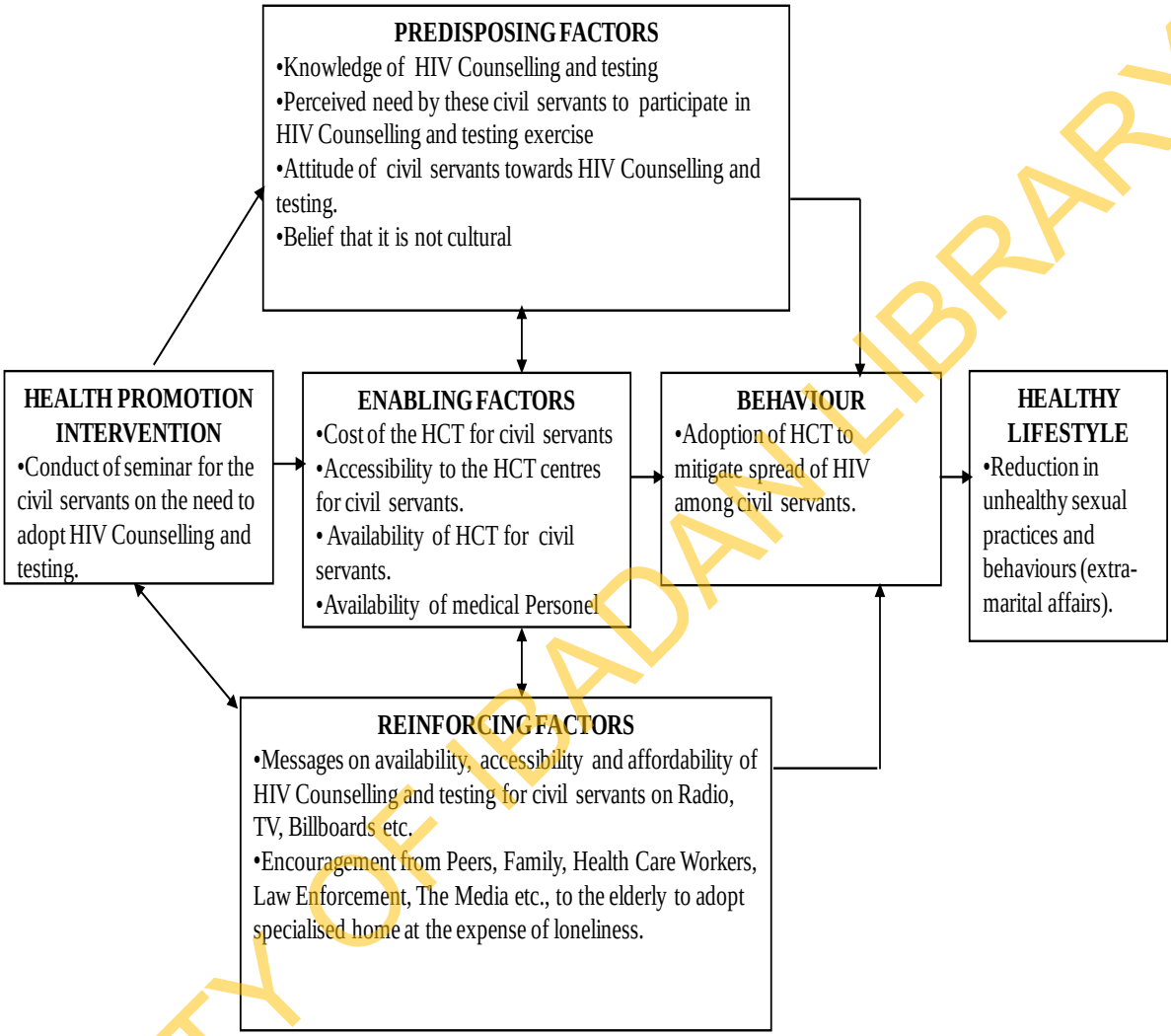
partner's HIV status; or did not perceive the relationship as long lasting. Though, if positive outcome is encountered, initial reactions of partners have been reported to be mixed, some studies revealed mainly supportive reactions to disclosure, while in others, participants reported broadly negative reactions, such as anger, fear and disbelief – at least as first reactions (Yezingane Network, 2010).

However, when it comes to the reactions of partners it may need to be taken into consideration that sexual partners may be directly affected by the seropositive status and may thus react more emotionally. As far as behaviour change is concerned, increased condom use by HIV-positive persons has been reported (Kalichman, Cain and Simbayi, 2010). HIV-positive people (civil servants inclusive) reported avoidance and refusal to sex as coping strategies, yet younger people believed more strongly in abstinence than older ones, while older ones opted for condom use.

## 2.2 Conceptual framework: PRECEDE Model

PRECEDEwas developed by Green, Kreuter, and associates in 1970s. It is a planning model, not a theory, with its acronym standing for Predisposing, Reinforcing, Enabling Constructs in Educational/ Environmental Diagnosis and Evaluation. It does not predict or explain factors linked to the outcomes of interest, but offers a framework for identifying intervention strategies to address these factors. This model provides instruction for designing health education and also guides planners through a process that starts with desired outcomes and works backwards to identify a mix of strategies for achieving objectives. However, the model views health behaviours as being influenced by both individual and environmental forces, it has two distinct parts:"educational diagnosis" components of the model help practitioners plan programs that exemplify an ecological perspective. These components of the model posit that an educational diagnosis is needed to design a health promotion intervention, just as a medical diagnosis is needed to design a treatment plan.

## PRECEDE FRAMEWORK




**Precede Model developed by Green, Kreuter, and Associates in 1970s**

To conduct social assessment, the practitioner may use multiple data collection activities (e.g., key informant interviews, focus groups, participant observation, surveys etc) to understand the community's perceived needs. Epidemiological assessment may include secondary data analysis or original data collection to prioritize the community's health needs and establish program goals and objectives, while the behavioural and environmental Assessment identifies factors that are both internal and external to the individual, but affects the health problem. Reviewing the literature and applying the model are two ways to map out these factors. For instance, in educational and ecological Assessment, the practitioner identifies antecedent and reinforcing factors that must be in place to initiate and sustain change. Behaviour—such as reducing intake of dietary fat, loneliness, social neglect, frequent morbidity, poor physical activity etc—is shaped by predisposing, reinforcing, and enabling factors. Therefore, practitioners can use individual, interpersonal, or community-level change theories to classify determinants of behaviour into one of these three categories and rank their importance. Because each type of factor requires different intervention strategies, classifying them will help practitioners consider how to address the needs of the elderly. The three influencing factors of the PRECEDE model are:

1. **Predisposing factors:** refers to factors which provides a reason for certain behaviour; they include knowledge of civil servants on HIV counseling and testing; perceived need by the civil servants to participate in the HIV counseling and testing;attitude of the civil servants towards HIV counseling and testing; belief that it is not cultural; and traditionally speaking assumed to be less-valued.

2. **Enabling factors:** refers to factors which enables most civil servants to act on their predispositions; these factors include: the cost of HIV counseling and testing, accessibility to a quality HIV counseling and testing, availability of HIV counseling and testing for the civil servants, availability of suitable and qualified medical personnel, government policies etc.
3. **Reinforcing factors:** are factors which come into play after a behaviour has been initiated; they encourage repetition or persistence of behaviours by providing continuing rewards or incentives such as messages on availability of HIV

counseling and testing at the ministry, accessibility and affordability of HIV counseling and testing for the civil servants on Radio, TV, Billboards etc; encouragement from peers, family, healthcare workers, law enforcement agencies; the Media etc., to enable these civil servants to participate in the HIV counseling and testing exercise.

### 2.3 Gaps in Literature Reviewed

Most of the studies reviewed in this chapter are both from developed and developing countries including sub-Saharan Africa and Nigeria.

Of the reviewed literature carried out in Nigeria, few studies on HCT have been carried out in South-West Nigeria especially the study location. In addition most of the reviewed studies did not focus on the perception, attitude and willingness of people to engage in HCT.

Hence the current study therefore was intended to fill this gap and to assess it among civil servants who are among the largest labour force in Oyo State.

# CHAPTER THREE

# METHODOLOGY

## 3.1 Study Design

The design for this study was descriptive cross sectional using self-administered questionnaires. The study measured the perception, attitude and willingness of civil servants towards HIV Counseling and Testing (HCT) in the Ministry of Education, Ibadan, Oyo State.

## 3.2 Study Area

This study was done at the Ministry of Education, Ibadan North Local Government Area which is located in Oyo State, Nigeria. Ibadan North Local government has its head office in Agodi in Ibadan, with an estimated area of 27km squared and with an estimated population of 308,119 according to the 2006 population census. It has twelve (12) wards, bounded in the west by Ido and Ibadan northwest Local Government Area, bounded in the east by Lagelu, Egbeda and Ibadan South-east Local Government Area, and bounded in the north by Akinyele Local Government Area.

## 3.3 Study Population

The population for the study comprised of civil servants in the Ministry of Education in Secretariat, Ibadan.

## 3.4 Inclusion Criteria

Civil servants at Oyo state Ministry of Education, Oyo state, Nigeria.Those who give informed consent to participate in the study were recruited into the study.

## 3.5 Exclusion Criteria

Non civil servants at Oyo state Ministry of Education, Oyo state, Nigeria and individual who decides against giving informed consent to participate in the study.

### 3.6 Sample and Sampling Techniques

Multi-stage sampling technique was employed in recruiting the participants for this study.

**First Stage:** A simple random sampling (balloting) was carried out to select 1 ministry out of the 19 ministries. This was to ensure adequate representation of the entire ministries in the secretariat.

**Second Stage**: Proportionate sampling was used to determine the proportion of male to female

**Third Stage:** A systematic sampling was used to select the number of offices in each of the department.

**Fourth Stage:** A simple random sampling was used to select the calculated eligible participants.

### 3.7 Sample Size Determination

The study sample for this research was calculated using Taro Yamane formular as used by Tizazu (2015), which is;

$$N = \frac{N}{1 + N\,(e)^2}$$

Where N = estimated population of civil servants in the study area (which is 586).

e= degree of error tolerated (at 5%)

$$\frac{586}{1 + 586\,(0.05)^2}$$

= 238 + 24 (making the sample size to be 262).

Considering that the population of civil servants in the Ministry of Education, Secretariat, Ibadan, Taro Yamane formula was therefore appropriate to be applied here. The sample size was increased by 10% addition (which is additional 24 respondents) to two-hundred

and sixty-two (262) to make room for non-response and attrition, and simple random sampling technique was used to select the participants for this study from the Ministry of Education in Secretariat, Ibadan.

### 3.8Research Instrument

The research instrument used for this study was constructed with reference to the specific objectives of the study, the adopted model for the study was the PRECEDE model under the definite approval of the Researcher's supervisor. Also, information used for this study was collected from civil servants in Ministry of Education in Secretariat, Ibadan with the aid of the self-administered questionnaire. The self-administered questionnaire was in four (4) sections (Sections A, B, C, and D). Section A gathered information on the socio-demographic characteristics of the respondents, while section B gathered information on respondents perception of HCT. Section C gathered information on respondents' attitude towards HCT while Section D sought information on the willingness of the respondents to participate in HCT.

### 3.8.1 Validity of the Instrument

To ensure validity, the following was done: much time was attached to the construction of the instrument based on thorough review of literatures concerning the perception, attitude and willingness of civil servants towards HIV Counseling and Testing (HCT); draft copies of the instrument was given to the researcher's supervisor for comment, addition, subtraction and suggestions. Translation and back-translation of instrument was done from English language to Yoruba language, and vice-versa.

### 3.8.2 Reliability of the Instrument

This defined the extent to which an instrument constantly yields the same results on repeated trials. There was pre-testing of the instrument with 10% of sample of the same characteristics in Ibadan south-west Local Government Area.

The field pretesting of the instrument was carried out using twenty-six (26) civil servants from another locality (e.g. Osun State Ministry of Education) which was not part of the actual participants for the study as this exposed the researcher to problems that may be

encountered and steps to follow during the actual study.The findings from the pre-test were used to scrutinize and reset the items in the instrument for necessary adjustments before the main study.

Thereafter, reliability of the instrument was determined using Cronbach Alpha coefficient at 0.05 alpha level.Results showing correlation coefficient greater than 0.5 are considered reliable. The Cronbach's Alpha coefficient for this study was 0.77.

### 3.9Procedure for Data Collection

A letter of introduction was collected from the head of department of Health Promotion and Education as a proof to the respondents if requested, Self-structured questionnaire was employed with the aid of three (3) research assistants who are of Health background (e.g. 3 Health Promotion and Education students from Faculty of Public Health) trained on how to administer the instrument. However, the training of the research assistants was on how to politely require informed consent from the respondents, proper administration and collection of the research instrument etc, but before administering the questionnaire, informed consent of the respondents was sought and the intended use of the instrument mentioned.

### 3.10Procedure for Data Management and Analysis

The researcher checked each copy of the administered questionnaire one after the other for completeness and accuracy. Serial number was written on each questionnaire for easy assessment in terms of completeness and correct filling, data entry and analysis. A coding guide was developed to code and analyze each question which was entered into the computer.

Data analysis refers to making sense of data collected so as to present findings and draw specific conclusions at the end of the study by answering the research questions (Miles and Huberman, 1994).

### 3.10.1 Scales of Measurement of Perception

The perception of civil servants towards HCT was measured by posing questions on how participants perceive HCT. A total of twelve (12) questions were asked and one (1) point wasallocated to every correct answer and zero (0) point to every fairly correct answer; thus bringing the total points to twenty-four (12). Afterwards the points werecategorised between 0-6 as Code 1 and 7 - 12 as Code 2. Participants that score between 0-6=Code 1 were adjudged as having poor perception and 7-12=Code 2 as good perception.

### 3.10.2 Scales of Measurement of Attitude

The attitude of civil servants towards HCT was measured by posing questions on how participants behave towards HCT. A total of ten (10) questions were asked and one (1) point wasallocated to every correct answer and zero (0) point to every fairly correct answer; thus bringing the total points to ten (10). Afterwards the points werecategorised between 0-5 as Code 1 and> 6-10 as Code 2. Participants that score between 0-5=Code 1 were adjudged as having poor attitude and 6-10=Code 2 as good attitude.

### 3.10.3 Scales of Measurement of Willingness

The willingness of civil servants towards HCT was measured by posing questions on the willingness of participants towards HCT. A total of ten (10) questions were asked and one (1) point wasallocated to every correct answer and zero (0) point to every fairly correct answer; thus bringing the total points to ten (10). Afterwards the points were categorized between 0-5 as Code 1 and6 - 10 as Code 2. Participants that score between 0-5=Code 1 were adjudged ashaving low willingness and 6-10=Code 2 as high willingness.

Descriptive statistics and Chi square test was used to determine the relationship in the stated hypothesis.

### 3.11Ethical Consideration

Ethical approval was obtained from the Oyo State Ministry of Health Ethics Review Committee. The respondents' consent was obtained voluntarily after provision of adequate, clear and complete information about what the study is all about. A written

consent was obtained which did not require the names of the participants. The participants were informed that participation is voluntary. Data collected was used mainly for this study. Anonymity and confidentiality of responses for each participant was ensured.

# CHAPTER FOUR

# RESULTS

This section focuses on results of the study that investigated the perception, attitude and willingness of civil servants in the Ministry of Education, Ibadan, Oyo State.

## 4.1 Sample

A total of 262 questionnaires were administered and considered adequate for analysis.

## 4.2 Socio-demographic characteristics of the respondents

### 4.2.1 Age distribution

Table 4.1 showed that 30.5% (n=80) of the respondents were less than 31 years of age, this was followed by 24.4% (n=64) of respondents aged 43 and above and the lowest proportion of 22.5% (n=59) was noted among respondents aged 32-35 years and 36-42years. The total mean age of respondents was 36.8 ± 8.2 years.

### 4.2.2Sex

As shown in Table 4.1 of the 262 respondents 51.9% (n=136) were females and 48.1% (126) were males.

### 4.2.3 Marital Status

Most of the respondents were married 87.4% (n=229) at the time of data collection, 3.1% (n=8) were either widow or widower and 6.9% (n=18) reported to be single.

### 4.2.4 Religion

Of the 262 respondents 67.2% (n=176) are Christians while 51.9% (n=136) were Muslims.

### 4.2.5 State of Origin

According to Table 4.1, most of the respondents are from Oyo State 77.1% (n=202), followed by Osun 8.4% (n=22), Ogun 5.7% (n=15), Ekiti 4.6% (n=12), Lagos 2.3% (n=6) while Ondo has the least number of respondents 1.9% (n=5).

**Table 4.1- Socio-demographic characteristics of the respondents**

| Variable | | N | |
|---|---|---|---|
| | | Frequency (n) | Percent (%) |
| **Age (years)** | ≤31 | 80 | 30.5 |
| | 32-42 | 118 | 45.0 |
| | 43+ | 64 | 24.5 |
| **Sex** | Male | 126 | 48.1 |
| | Female | 136 | 51.9 |
| **Marital Status** | Married | 229 | 87.4 |
| | Divorced | 7 | 2.7 |
| | Widow/Widower | 8 | 3.0 |
| | Single | 18 | 6.9 |
| **State of Origin** | Oyo | 202 | 77.1 |
| | Osun | 22 | 8.4 |
| | Ekiti | 12 | 4.6 |
| | Lagos | 6 | 2.3 |
| | Ondo | 5 | 1.9 |
| | Ogun | 15 | 5.7 |
| **Religion** | Christianity | 176 | 67.2 |
| | Islam | 86 | 32.8 |
| **Nationality** | Nigerian | 262 | 100 |

### 4.3 Perception of Civil Servants towards HCT

Twelve questions were used to assess the perception of civil servants towards HCT. Majority (71.4%) agreed that risk associated with HIV Counseling and Testing is minimal when compared with the effect of HIV/AIDS while 28.6% disagreed. More than half of the respondents (60.7%) disagreed that HCT is not so important since they did not misbehave sexually while more than one-quarter of the respondents agreed. Majority (81.7%) disagreed that HCT can only be functional in developed countries while fewer respondents (18.3%) agreed that it can only be functional in developed countries. More than one-tenth (13.0%) of the respondents perceived HCT to be highly risky while majority (87.0%) disagreed. About one-quarter of the respondents (25.2%) are of the opinion that charged fees for HCT for civil servants are not cost friendly while approximately three-quarters (74.8%) of them had contrary opinion. More than one-third (35.5%) of the respondents did not perceive HCT as an effective way to curb the spread of HIV/AIDS in our society while more than half (64.5%) of the respondents perceived that HCT is an effective way of curbing the spread of HIV/AIDS in our society. Majority (80.9%) of the respondents disagreed that multiple HCT might increase the risk of contracting HIV/AIDS while approximately one-fifth (19.1%) of the respondents agreed that multiple HCT might increase the risk of contracting HIV/AIDS. About one-tenth (10.7%) of the respondents are of the opinion that HCT is a waste of time while majority (89.3%) disagreed that HCT is a waste of time. More than half (59.5%) of the respondents disagreed that HCT do place unnecessary burden(eg. Fear of the unknown) on civil servants who engage in it while more than one-third (40.5%) agreed that HCT places unnecessary burden on civil servants that engage in it. Close to three-quarters (74.4%) of the respondents perceived that most civil servants will engage in HCT if the setting is confidential while one-quarter (25.6%) of the respondents thought otherwise. Less than one-fifth(15.6%) did not perceive civil servants to be at risk of HIV which means that there is no need to undergo HCT while majority (84.4%) of the respondents disagreed that civil servants are not at risk of HIV. Majority (80.2%) of the respondents are of the opinion that HIV Counseling is more require din the rural setting while about one-fifth of the respondents (19.8%) disagreed. (Table 4.2)

**Table 4.2 Perception of Civil Servants towards HCT**

| Variables | | Frequency (N) | Percent(%) |
|---|---|---|---|
| **Perception of Civil Servants towards HCT** | | | |
| Risk Associated with HIV counseling and testing is minimal when compared with the effect of HIV/AIDS | Agreed | 187 | 71.4 |
| | Disagreed | 75 | 28.6 |
| HIV counseling and testing (HCT) is not so important since I do not sexually misbehave. | Agreed | 103 | 39.3 |
| | Disagreed | 159 | 60.7 |
| HIV Counseling and Testing' in our community can only be functional in a developed countries | Agreed | 48 | 18.3 |
| | Disagreed | 214 | 81.7 |
| I perceive HIV counseling and testing (HCT) to be highly risky | Agreed | 34 | 13.0 |
| | Disagreed | 228 | 87.0 |
| Charged fees for HIV counseling and Testing for civil servants are not cost-friendly. | Agreed | 66 | 25.2 |
| | Disagreed | 196 | 74.8 |
| I do not perceive HIV counseling and testing (HCT) is an effective way to curb the spread of HIV/AIDS in our society. | Agreed | 93 | 35.5 |
| | Disagreed | 169 | 64.5 |
| Multiple HIV counseling and testing (HCT) might increase the risk of contracting HIV/AIDS. | Agreed | 50 | 19.1 |
| | Disagreed | 212 | 80.9 |
| HIV counseling and testing (HCT) is a waste of time. | Agreed | 28 | 10.7 |
| | Disagreed | 234 | 89.3 |
| HIV counseling and testing (HCT) do place unnecessary burden (e.g. fear of the unknown) on civil servants who engages in such. | Agreed | 106 | 40.5 |
| | Disagreed | 156 | 59.5 |
| I perceive most civil servants will engage in HIV counseling and testing (HCT) exercise, if the setting is confidential. | Agreed | 195 | 74.4 |
| | Disagreed | 67 | 25.6 |
| I do not perceive civil servants to be at risk of HIV which means there is no need to undergo HIV counseling and testing | Agreed | 41 | 15.6 |
| | Disagreed | 221 | 84.4 |
| I perceive HIV counseling to be more required in the rural setting not in the city | Agreed | 52 | 80.2 |
| | Disagree | 210 | 19.8 |

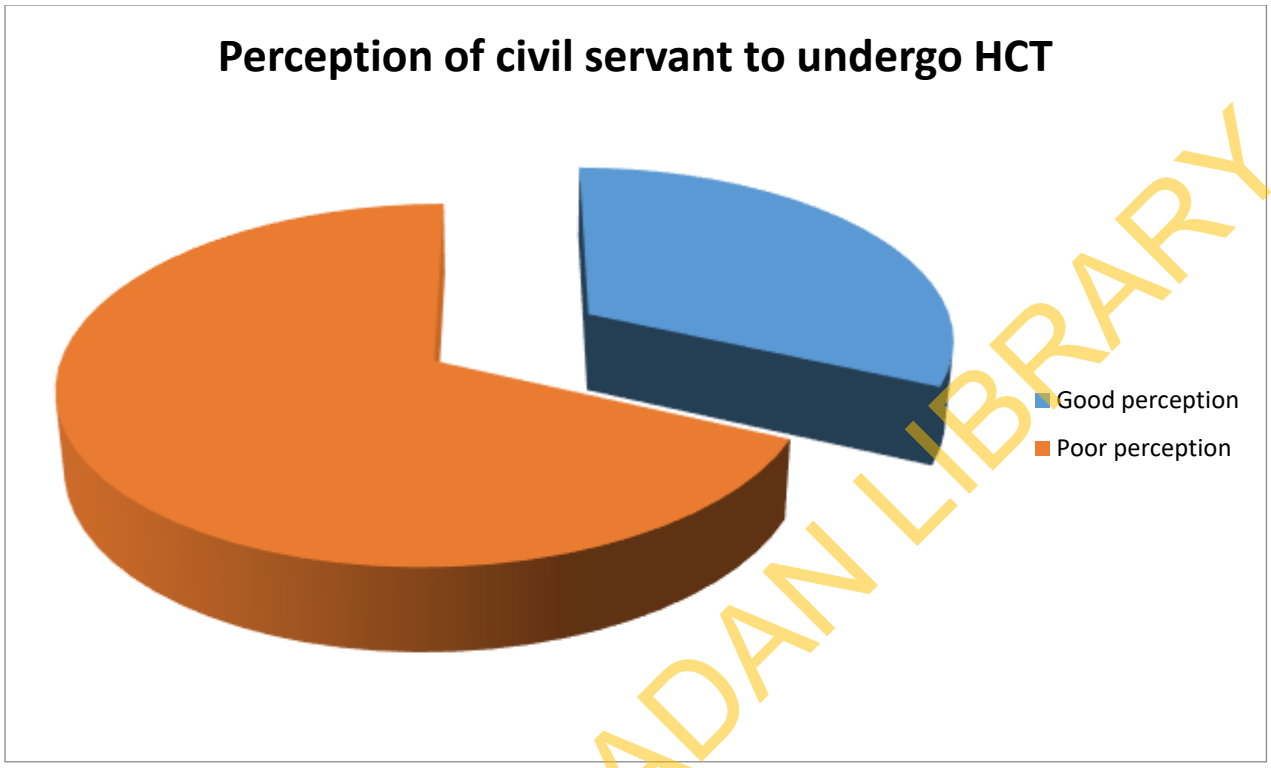



**Fig 4.2: Pie chart showing perception of civil servants towards HCT**

### 4.4 Attitude of Civil Servants towards HCT

Ten questions were raised to assess the attitude of the respondents towards HCT. Majority (87.8%) of the respondents agreed that HCT in our community can improve the quality of life and overall health status of civil servants. More than three-quarters (77.9%) agreed that HCT is an alternative way to adequately cater for their health needs while more than one-fifth (22.1%) of the respondents disagreed. Majority (84.0%) agreed that HCT can decrease access or chance of having HIV in our society while less than one-fifth (16.0%) disagreed that HCT can decrease the chance of having HIV in our society. More than half (59.5%) disagreed that they will participate in HCT if it is readily available while more than one-third (40.5%) agreed that they will participate if it is readily available. More than three-quarters (77.5%) agreed that they will participate in HCT even when it is not profit making or beneficial in any way while more than one-fifth (22.5%) disagreed. Approximately three-quarters (74.8%) of the respondents disagreed that civil servants refrain from participation in HCT because it has no advantage of any kind while one-quarter agreed that civil servants refrain from participating in HCT because it has no advantage of any kind. Less than three-quarters (71.8%) of the respondents are of the opinion that high level of stigmatization is another reason while most civil servants do not participate in HCT while more than one-quarter (28.2%) disagreed. More than half (66.4%) of the respondents disagreed that most civil servants refrain from participation in the available HCT because the caregivers are not friendly or warm enough while one-third (33.6%) of the respondents agreed. About half (54.6%) of the respondents are of the opinion that civil servants refuse to participate in HCT because their colleague will assume they are promiscuswhile less than half (45.4%) are of contrary opinion. (Table 4.3)

**Table 4.3 Attitude of Civil Servants towards HCT**

| Variables<br>Attitude of Civil Servants towards HCT | N<br>Frequency | | Percent (%) |
|---|---|---|---|
| Can HIV Counseling and Testing in our community today improve the quality of life and overall health status of civil servants? | Agreed<br>Disagreed | 230<br>32 | 87.8<br>12.2 |
| Is HIV Counseling and Testing an alternative way to adequately cater for their health needs? | Agreed<br>Disagreed | 204<br>58 | 77.9<br>22.1 |
| Can HIVCounseling and Testing decrease access or chance of having HIV in our society? | Agreed<br>Disagreed | 220<br>42 | 84.0<br>16.0 |
| Will you participate in the 'HIV Counseling and Testing' exercise because if it is readily available? | Agreed<br>Disagreed | 106<br>156 | 40.5<br>59.5 |
| Do you participate in 'HIV Counseling and Testing even when it is not profit-making or beneficial in any way? | Agreed<br>Disagreed | 59<br>203 | 77.5<br>22.5 |
| Do civil servants refrain from participating in HIV counseling and testing exercise because it has no advantage of any kind? | Agreed<br>Disagreed | 66<br>196 | 25.2<br>74.8 |
| Is High level of stigmatization another reason why most civil servants do not participate in HIV counseling and testing exercise? | Agreed<br>Disagreed | 188<br>74 | 71.8<br>28.2 |
| Do most Civil servants refrain from participating in the available HIV counseling and testing exercise because the caregivers are not friendly or warm enough? | Agreed<br>Disagreed | 88<br>174 | 33.6<br>66.4 |
| Can African culture of marital responsibility be substituted with the advent of HIV counseling and testing? | Agreed<br>Disagreed | 88<br>174 | 33.6<br>66.4 |
| Do civil servants refuse to participate in the HIV counseling and testing because their colleague will assume they are promiscuous? | Agreed<br>Disagreed | 143<br>119 | 54.6<br>45.4 |

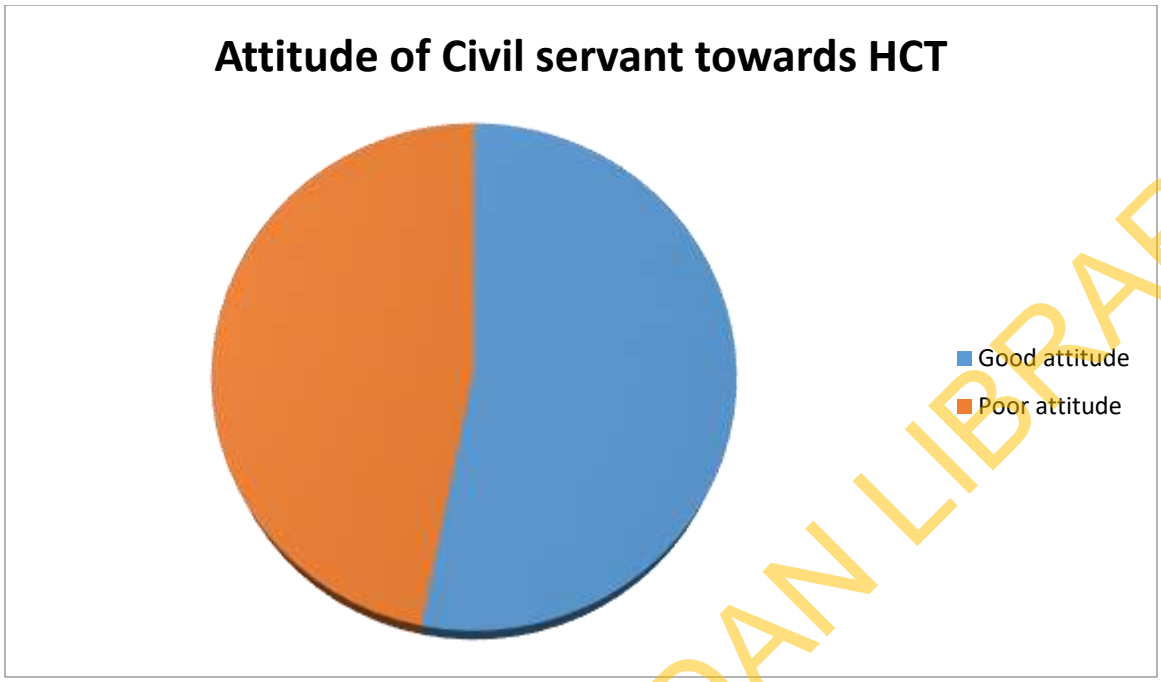



**Figure 4.3**: Pie chart indication the attitude of civil servant towards HCT

### 4.5 Willingness of Civil Servants towards HCT

Ten statements were used to assess the willingness of civil servants towards HCT. Majority (83.6%) agreed that they are ready to engage in HCT if provided at a reduced cost while less than one-fifth (16.4%) disagreed. Majority (90.8%) of the respondents expressed their willingness to engage in HCT if it is safe. Most of the respondents (90.8%) also expressed their willingness to engage in HCT if they are adequately informed. More than three-quarters (86.3%) are willing to engage in HCT if the attitude of the caregivers are friendly and positive while less than one-fifth (13.7%) expressed their unwillingness to engage in HCT even if the attitudes of caregivers are friendly and positive. Approximately three-quarters (74.8%) of the respondents are willing to participate in HCT if there family members are in support of it while one-quarter are not willing to participate. Majority of the respondents (84.0%) are ready to engage in HCT if adequately regulated by government policies while less than one-fifth (16.0%) expressed their unwillingness even if adequately regulated by government policies. Most of the respondents (90.1%) are of the opinion that adequate media messages on HCT can increase participation in the exercise and also most of them (90.8%) agreed that civil servants will fully participate in the exercise if there are adequate government health policies on HCT. About three-quarters (77.5%) of the respondents disagreed that civil servants will participate in HCT if attached as a criterion for their promotion while less than one-quarter (22.5%) agreed. Majority (79.8%) of the respondents disagreed that incentives will boost the participation of civil servants in HCT.(Table 4.4)

**Table 4.4 Willingness of Civil Servants towards HCT**

| Variables | | N | |
|---|---|---|---|
| **Willingness of Civil Servants towards HCT** | | **Frequency** | **Percent (%)** |
| I will be ready to engage in HIV counseling and testing (HCT) exercise, if provided at a reduced cost. | Agreed | 219 | 83.6 |
| | Disagreed | 43 | 16.4 |
| I will be ready to engage in HIV counseling and testing (HCT) exercise, if it is safe. | Agreed | 238 | 90.8 |
| | Disagreed | 24 | 9.2 |
| Civil servants are willing to engage in HIV counseling and testing (HCT) exercise, if they are adequately informed. | Agreed | 238 | 90.8 |
| | Disagreed | 24 | 9.2 |
| If the attitude of most of the care givers are friendly and positive, most civil servants will be willing to engage in HIV counseling and testing (HCT) exercise, | Agreed | 226 | 86.3 |
| | Disagreed | 36 | 13.7 |
| If my family members are in support of it, I will be willing to engage in HIV counseling and testing (HCT) exercise. | Agreed | 196 | 74.8 |
| | Disagreed | 66 | 25.2 |
| I am willing to engage in HIV counseling and testing (HCT) exercise, if adequately regulated by government policies. | Agreed | 220 | 84.0 |
| | Disagreed | 42 | 16.0 |
| Adequate media messages on HIV counseling and testing can increase participation in the exercise. | Agreed | 236 | 90.1 |
| | Disagreed | 26 | 9.9 |
| Civil servants will fully participate in the exercise if there is an adequate Government health policies on HIV counseling and testing. | Agreed | 238 | 90.8 |
| | Disagreed | 24 | 9.2 |
| Civil servants will participate in the HIV counseling and testing (HCT) exercise, if it is attached as a criterion for their promotion. | Agreed | 59 | 22.5 |
| | Disagreed | 203 | 77.5 |
| Provision of incentives will certainly boost the participation of civil servants in HIV counseling and testing in secretariat, Ibadan. | Agreed | 209 | 20.2 |
| | Disagreed | 53 | 79.8 |

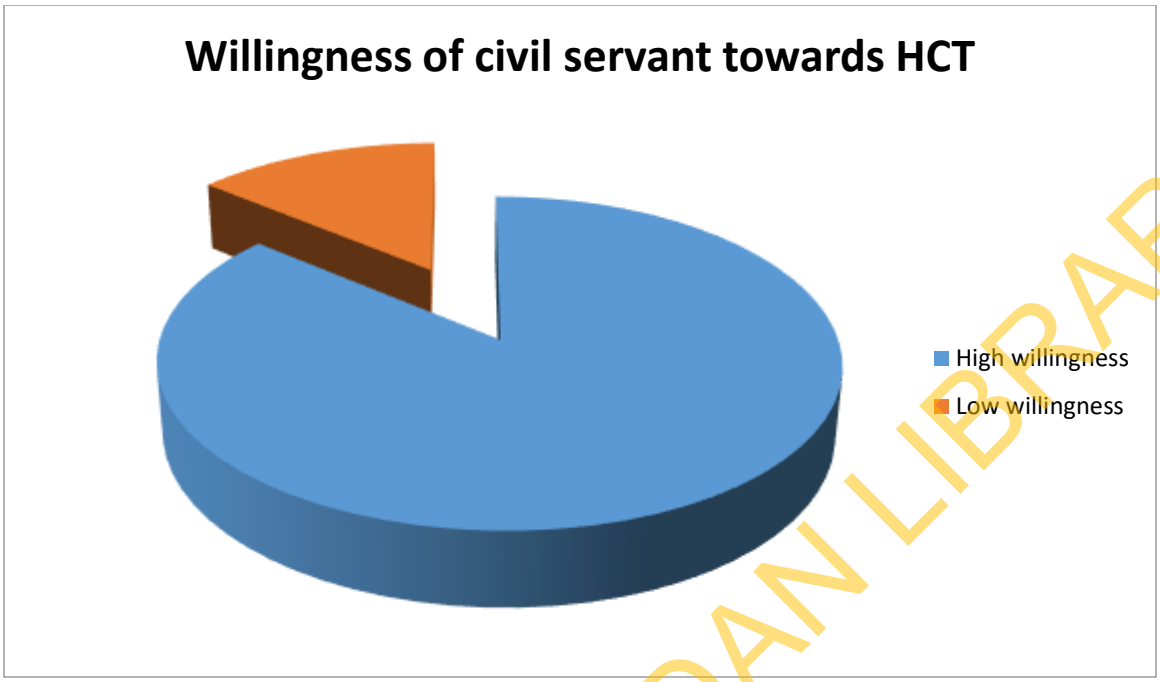



**Figure 4.5: Pie chart showing willingness of civil servant towards HCT**

### 4.6 Hypotheses

**4.6.1 Hypothesis one:** There is no significant difference between the perception of civil servants who undergo HIV counseling and Testing and those who do not at the Ministry of Education Secretariat, Ibadan.

**Table 4.5 Relationship between the perception of civil servants that undergo HCT and those that do not.**

| PERCEPTION | HCT | | |
|---|---|---|---|
| | **Yes** | **No** | **Total** |
| **Agreed** | 97 | 90 | 187 |
| **Disagreed** | 62 | 13 | 75 |
| **Total** | 159 | 103 | 262 |

**Chi-Square statistical analysis**

| $X^2$ | Df | P-Value | |
|---|---|---|---|
| 20.0068 | 1 | 0.000 | P<0.05 |

The Chi Square statistical analysis above showed that there was a significant difference between the perception of civil servants who undergo HIV Counseling and Testing, and those who do notinthe Ministry of Education**,** Secretariat, Ibadan**.**

**4.6.2 Hypothesis two:** There is no significant difference between the attitude of civil servants who undergo HIV counseling and Testing and those who do not at the Ministry of Education Secretariat, Ibadan.

**Table 4.6 Relationship between the attitude of civil servants that undergo HCT and those that do not.**

| ATTITUDE | HCT | | |
|---|---|---|---|
| | **Yes** | **No** | **Total** |
| **Agreed** | 87 | 100 | 187 |
| **Disagreed** | 52 | 23 | 75 |
| **Total** | 139 | 123 | 262 |

**Chi-Square statistical analysis**

| $X^2$ | Df | P-Value | |
|---|---|---|---|
| 10.2846 | 1 | 0.0013 | P<0.05 |

The Chi Square statistical analysis above showed that there was a significant difference between the attitude of civil servants who undergo HIV Counseling and Testing, and those who do notinthe Ministry of Education**,** Secretariat, Ibadan**.**

**4.6.2 Hypothesis three:** There is no significant difference between the willingness of civil servants who undergo HIV counseling and Testing and those who do not at the Ministry of Education Secretariat, Ibadan.

**Table 4.7 Relationship between the willingness of civil servants that undergo HCT and those that do not.**

| WILLINGNESS | HCT | | |
|---|---|---|---|
| | **Yes** | **No** | **Total** |
| **Agreed** | 100 | 26 | 126 |
| **Disagreed** | 56 | 80 | 136 |
| **Total** | 156 | 106 | 262 |

**Chi-Square statistical analysis**

| $X^2$ | Df | P-Value | |
|---|---|---|---|
| 38.0263 | 1 | 0.0013 | P<0.05 |

The Chi Square statistical analysis above showed that there was a significant difference between the willingness of civil servants who undergo HIV Counseling and Testing, and those who do notinthe Ministry of Education**,** Secretariat, Ibadan**.**

# CHAPTER FIVE

# DISCUSSION, CONCLUSION AND RECOMMENDATION

## 5.1 Discussion

This study sought to answer the following questions: What is the level ofperception, attitude and willingness of civil servants in the Ministry of Education towards HIV counseling and testing in Secretariat, Ibadan? The galloping increase in the record of incidence and prevalence of new cases of HIV in Oyo State as presented by the Oyo State Agency for the Control of AIDS (OYSACA) which is gradually becoming a menace necessitated this study. Also, the need to explore the perception, attitude and willingness of civil servants in the Ministry of Education towards HIV counseling and testing in Oyo State so as to equip the civil servants with relevant health information and support they need to remain healthy and productive prompted this study. The study employed the Precede model in exploring the factors that influence the perception, attitude and willingness of civil servants in the ministry of Education towards HIV counseling and testing in Oyo State. The model highlights 3 major factors perceived to influence the perception, attitude and willingness of respondents. These include predisposing, enabling and reinforcing factors.

Using quantitative research method, data were collected from civil servants in the Ministry of Education in Secretariat, Ibadan**.** Thus, this chapter describes the findings of the study that investigated the perception, attitude and willingness of civil servants in the Ministry of Education towards HIV counseling and testing in Secretariat, Ibadan, Oyo State. These findings were compared with previous research based on literature review in order to demonstrate relevant and important aspects of the results including similarities, differences and deviations. It provides an estimate of the level of perception, attitude and willingness of civil servants towards HIV Counseling and Testing.

This section is discussed under the following headings:

1. Socio demographic characteristics of respondents
2. Perception of Civil Servants towards HIV Counseling and Testing.
3. Attitude of Civil Servants towards HIV Counseling and Testing.

4. Willingness of Civil Servants towards HIV Counseling and Testing.
5. Recommendations

### 5.1.1 Demographic characteristics of respondents

Findings from this study showed that most of the respondents were less than 31 years old. This age range agrees with the reports of (Tolani, 2011) on the age range of people that are most affected by HIV. This showed that most of the civil servants are at the early stage of their career in the civil service system and so will prove adequate for the study.
The sex of the respondents was almost equal (males=48.1% and females=51.9%). This may be due to the fact that the problem concerns both the male and female civil servants. The number of females is a bit higher than the males, this shows that women value well-being, and have a higher risk of contracting HIV Tenibiaje (2010). Also majority of respondents were married which is due to the fact that most of the respondents are older adults. (45%). In addition, more than three-quarters of the respondents are indigenes of Oyo State.

### 5.1.2 Perception of Civil Servants towards HIV Counseling and Testing

HIV Counseling and Testing (HCT) is the provider-initiated approach for Voluntary Counseling and Testing (VCT) which is based on a voluntary approach by the person who wants to get tested for HIV. Of the various perceptions of civil servants towards HCT, most of them agreed that the Risk Associated with HIV counseling and testing is minimal when compared with the effect of HIV/AIDS. This is true owing to the importance of HCT.
A higher percent of the civil servants had negative perception towards HCT. 68.1% had negative perception while 31.8% had positive perception. Most of them disagreed that HIV counseling and testing (HCT) is not so important since they do not sexually misbehave. They disagreed that HIV counseling and testing (HCT) is highly risky and that HIV counseling and testing (HCT) is an effective way to curb the spread of HIV/AIDS in our society. They also disagreed that HIV counseling and testing (HCT) is

a waste of time. This can be due to the fact that they are getting more sensitized on HIV and HCT.

Findings from this study show that most of the civil servants disagreed that they are not at risk of HIV and that there is no need to undergo HIV counseling and testing. This indicates that there is a risk of HIV in the Ministry if action is not taken. This agrees with the findings of Ross, Dick and Ferguson (2006) that there will soon be fewer civil servants and other professionals due to HIV-related mortality, and this will affect different expertise amongst the cadre of those important for delivering teaching and other management inputs. This indicates that civil service in the ministry of Education may soon be experiencing a HIV related cases if adequate proactive steps were not put in place.

Most of the respondents agreed that civil servants will engage in HIV counseling and testing (HCT) exercise, if the setting is confidential. This is true because most civil servants feared nurses telling their parents about their testing and results, and would not even trust in their friends' reactions and trustworthiness when telling them about a sero-positive test as posited byYoung (2010).

Barry (2010) stated that the first question that often comes to mind when someone says HIV/AIDS is death and learning that one is HIV positive appears as such to be a psychological burden. The result of this finding has contrary opinion. This is so because most of the civil servants did not agree that HIV counseling and testing (HCT) do place unnecessary burden (e.g. fear of the unknown) on civil servants who engages in such. Their stand on this may be attributed to the high sensitization on HIV/AIDS going on. A lot of them have started believing that engaging in HCT is not the end of the world.

The chi square analysis showed that there is a significant relationship between the perception of those who undergo HIV counseling and Testing and those who do not in the Ministry of Education. This goes on to explain that civil servants' perception determines whether they will go for HCT or not.

### 5.1.3 Attitude of Civil Servants towards HIV Counseling and Testing

Of the various attitudes of civil servants towards HCT, most of them agreed on the stated attitudes they exhibit towards HCT. 53.1% had positive attitude while the remaining

46.9% had negative attitude. The attitudes that drew much attention from Table 4.3 are HIV Counseling and Testing in our community today can improve the quality of life and overall health status of civil servants, HIV Counseling and Testing is an alternative way to adequately cater for their health needs and HIV Counseling and Testing can decrease access or chance of having HIV in our society. From this finding, it is clear that HCT is seen by civil servants as an intervention that empowers people to take charge of their decision for HIV prevention and care and support needs, provide several benefits to individuals, couples and the community at large. Benefits of HCT for individuals include the fact that it empowers the uninfected person to protect him or herself from becoming infected with HIV, assists infected persons to protect others and to live positively.

High level of stigmatization is another reason why most civil servants do not participate in HIV counseling and testing exercise. This is similar to one of the challenges of HIV counseling and testing as stated by Yezingane Network (2010), Bolarinwa (2015),when it comes to implementation. They explained that the high level of stigma related to HIV on a community level impedes people from getting tested due to their fear of being discriminated against and isolated. This particular challenge is also encountered among the civil servants.

Findings from this study show that most civil servants disagreed that Civil servants do not readily participate in the available HIV counseling and testing exercise because the caregivers are not friendly or warm enough. This is a bit different from the findings of Oladipupo (2013) in which he highlighted the unfriendly nature of the caregivers as one of the reasons why most civil servants do not opt for HCT. The reason for this disparity may be due to the serious attention given to HIV/AIDS awareness leading to the training and retraining of the available staff as areas regarding relationship with people will be dealt with properly.

This goes on to explain the chi square analysis that there is a significant relationship between the attitude of those who undergo HIV Counseling and Testing and those who do not in the Ministry of Education. This goes on to explain that civil servants' attitude determines whether they will go for HCT or not.

### 5.1.4 Willingness of Civil Servants towards HIV Counseling and Testing

Findings from this study show that most of the Civil servants (86.1%) are willing to participate in HCT while 13.9% are not.

One of the factors that may hinder civil servants participating in HCT is ignorance. Oyeniyi (2015) opined that ignorance on the part of the civil servants is a major concern when it comes to HCT. On the contrary, if this problem is solved, civil servants will engage in HCT. This is supported by the findings because a greater number of the civil servants affirmed their willingness to engage in HCT if adequately informed and if adequate media message on HCT is put on ground.

According to (Yezingane Network, 2010), family members play a role in determining the willingness of Civil servants towards HCT. The result of this study further corroborates this assertion because civil servants affirmed strongly that they will willingly opt for HCT if they receive positive support from their family members.

Among other factors that receive greater affirmation by civil servants on their willingness to engage in HCT include participating if there is an adequate government health policies on HCT, participating if care givers are friendly and positive, and also participating if HCT is safe and done at a reduced cost.

Significant difference was reached from the chi square analysis. This goes on to show that their attitude detects whether they will engage in HCT or not.

## 5.2 Conclusion

This study has shown that the perceptions, attitudes and willingness of civil servants in the Ministry of Education determine their engagement in HCT.

This study also shows that the perceptions, attitudes and willingness of civil servants in the Ministry of Education towards HCT does not depend on whether they have participated in HCT or not.

The civil servants perceived that the Risk associated with HCT is minimal when compared with the effect of HIV/AIDS and also that most civil servants will engage in HCT if the setting is confidential. They disagreed that HCT is time wasting. They did not also agree that it is limited to those that misbehave sexually.

Civil Servants attitude towards HCT was positive. They agreed that HCT will improve the quality of life, health status and cater for the health needs of the society. They also agreed that high level of stigmatization affect their engagement in HCT. They disapproved the fact that HCT has no advantage.

Their willingness to engage in HCT is on the high side provided that the barriers are eliminated. Some of the barriers include cost, safety of HCT, improper information, negative response of family members and lack of government policies.

In the light of this findings, recommendations were suggested which could be adopted and utilized by the appropriate agencies. It is hoped that if these recommendations are implemented, there will be a remarkable response to HCT by civil servants which will go a long way to check and control HIV/AIDS prevalence in the Ministry of Education in particular and Oyo State in general.

### 5.3 Implication of findings for Health promotion and education

The study suggests that perception and attitude of civil servants in ministry of education have a significant relationship on their willingness to undergo HIV counseling and testing. Informing policy makers about the study findings would increase their commitments to the recruitment of health workers who carry out HIV counseling and testing on the need to give them adequate training. Potential focus for future interventions must include public health policy to support willingness of civil servants towards undergoing HIV counseling and testing.

Health promotion and education strategy to be suggested after the findings are Advocacy, training, sustainability, reinforcement, health promotion and education, use of behavioural change communication tools.

- Advocacy to the ministry of health on the need of civil servant to undergo HIV counseling and testing before been recruited into civil service or setting it as a criteria for their promotion.
- Reinforcement on the need to provide civil servant with the right information that can improve their perception and attitude towards HCT

- Health workers should ensure confidentiality and politeness while attending to individual who present themselves for HIV counseling and testing
- Use of Behavioral change and communication materials like handbill, posters, bill board, etc. to improve awareness of people about HCT and to correct the wrong perception of individual on HCT.

### 5.4 Recommendations

In the light of the findings of this study, the following recommendations are suggested:

1. Adequate information and media awareness on the importance and safety of HCT should be increased. The various routes of communication and awareness should be employed to ensure wider coverage. The National Agency for the Control of AIDS NACA and Oyo State Agency for the Control of AIDS should extend their awareness to the various ministries because most of these civil servants spend a greater part of their time in the offices.
2. The caregivers or staff of the various agencies involved in HCT should be adequately trained and continuously be retrained to meet up with the challenges hindering the spread of HCT most importantly as it concerns the area of confidentiality of results.
3. In as much as the awareness on the importance of HCT should be increased, the HCT proper should be made easily available. It must not be perceived as a tedious or time consuming process so as not to discourage people from participating.
4. The issue of stigmatization should be addressed urgently. The executive and legislative arms of government should look into this and find a lasting solution to protecting people from stigmatization. This will increase the chances of people engaging in HCT.
5. Government should take full responsibility of the administration of HCT including conveying people free of charge to the HCT facilities in situations when people cannot easily reach them.

## REFERENCES


Alao, S.A. (2004). Knowledge and attitude towards HIV/AIDS among Students of Tertiary Institutions in Ilorin metropolis. An M.Ed Project Submitted to the University of Ilorin, Department of Guidance and Counseling, Ilorin – Kwara State.

Bolarinwa, K.K. (2015). Oyo State HIV/AIDS Response.DHIS and MPPI Training at WallanHotel, Oluyole Extension, Ibadan.

Claudine M. (2012). Using the Precede-Proceed Model.Adaptation of the Larry Green and Associates Model.3rd-Edition, Antheral Press.http//www.Igreen.net/preceed.htm

Daniyam, P., A. Agaba, E. and Agaba, I. (2010).Acceptability of Voluntary Counseling and Testing Among Medical Students in Jos, Nigeria. *Journal of Infections in Developing Countries*, 4(6): 357-361.

Desmond, C. (2007). HIV/AIDS and Human Development.Women's Property Rights are an AIDS Response: Emerging Efforts in South Asia, *ICRW Journals*, Volume 3. www.google.com/ HIV/AIDS and Human Development.html.

Eunice, A.O. (2014). Exploring Male Attitudes on Involvement in Antenatal Care: the Case of Prevention of Mother-To-Child Transmission of HIV in Athi-River Sub-location of Mavoko Constituency, Machakos County.Institute Of Anthropology, Gender and African Studies.University Of Nairobi Press, Nairobi, Kenya.

FMOH, 2010. Technical Report 2010 in National HIV Sero-prevalence Sentinel Survey AmongPregnant Women Attending Antenatal Clinics in Nigeria, D.O.P.H.N.A.S.C. Programme, Government of Nigeria: Abuja.

Francis, D. (2010): 'They Should Know Where They Stand': Attitudes to HIV Voluntary Counseling and Testing Amongst a Group of Out-of-School Youth", *South African Journal of Education* 30: 327-342.

Jimoh, A.A.G., Agbede, I.S. Abdulraheem, S.M..J, Abubakar D, Olarinoye, A.O, Salaudeen GAS, Saidu R and B. O.R., (2008). Assessment of knowledge, Attitudes and Practice on Antiretroviral Treatment Among students of Tertiary Institutions in Ilorin: Niger Med., Pract, 53(6): 94-98.

Kitara, D.L. and Ecik, C. (2011).The Youths, Perspective on HIV/AIDS Counseling and Testing (HCT) in Gulu, Northern Uganda.A Cross-sectional Study Design. *Journal of Medicine and Medical Science,* 2(4): 812-820.

Kalichman, S., Cain, D., Simbayi, L.C. (2010): Behavioral Changes Associated with Testing HIV Positive Among Sexually Transmitted Infection Clinic Patients in Cape Town, South Africa", *American Journal of Public Health* 100 (4): 714-719.

Larry, W.G. (2010). Models for Program Planning in Health Promotion, Precede Model and its Application. Onwards Press. www.google.com/precede-procedemodel.htm.

Lawrence, O. (2012). Record of HIV/AIDS in Oyo State.*African Search Light Publishers*www.google.com/africansearchlight/HIV/AIDSrecordsinoyostate.htm.

Macphail, C., Pettifor, A., Moyo, W., Rees, H.(2009): "Factors Associated with HIV Testing among Sexually Active South African Youth aged 15 – 24 years", *AIDS care* 21(4): 456-467.

Mpintshi, R. (2010). HCT AND THE YOUTH: Issues, Challenges and Lessons Learned, A Review of Literature Relevant to South Africa, 2010. Most of Us don't Want the Reality Check.

Muhammad, I., Oladipupo, I., Samson, A. and Adesegun, F. (2013). Socio-demographic Determinants of HIV Counseling and Testing Uptake Among Young People in Nigeria Society for Family Health, Abuja, Nigeria Malaria Action Program for States, Abuja, Nigeria and National Agency for Food Drug Administration and Control, Abuja, Nigeria. *International Journal of Prevention and Treatment*, 2(3): 23-31 DOI: 10.5923/j.ijpt.20130203.01.

NACA, National Agency for the Control of AIDS, 2010.Fact sheet on the prevention of new infections in Nigeria. Available from http://naca.gov.g/content/view/416/lang.en/

Nicola O. and Rachel B. (2002). HIV Voluntary Counseling and Testing: a gateway to Prevention and care. UNAIDS case study

Nwachukwu, C. E .andOdimegwu, C. (2011). Regional Patterns and Correlates of HIV Voluntary Counseling and Testing Among Youths in Nigeria.*African Journal of Reproductive Health*, 15 (2), 131-146.

Odekale, R.B. (2009). Common Health Problems Among University of Ibadan Undergraduate Students. Faculty of Education Archived. University of Ibadan, Oyo State, Nigeria.

Olanike, B. A. (2014). Expanding Access to Voluntary HIV Counseling and Testing in Rural.Communities in Oyo State.Department of Guidance and Counseling, Faculty of Education Archive, University of Ibadan.

Olugbenga-Bello, A. I., Amusan, J. O. A., Oladele, Z. E. A.andOlaogun, Z. O. A. (2008). Knowledge, Attitude and Uptake of Voluntary Confidential Counseling and Testing (VCCT) for HIV/AIDS Among Young Adults in an Urban Settlement in Southwest Nigeria.*The Social Sciences* 3, (6), 442- 447.Population Issues of UNFPA.

Onipede, W. and Okoukon (2011). The Role of HIV Counseling and Testing in sexual healsthbehaviour change among undergraduate in Lagos, Nigeria. *Tanzania Journal of Health Research*: 13(1) 230-236.

Osezua,C**.** (2013). Acceptance and Uptake of HIV Counseling and Testing By Youth Corp Members InOsun State, Nigeria. Center for Gender and Social Policy Studies, ObafemiAwolowo University Ile-Ife, Department of Sociology and Anthropology, ObafemiAwolowo University Ile-Ife.*International Journal of Asian Social Science.*

Ross, D A.; Dick, B and Ferguson, J. (2006). Young People and HIV: The Evidence is clear – Act Now! UNAIDS Inter-agency Task Team on Young People.

Sabapathy K, Van den Bergh, R., Fidler, S., Hayes R and Ford N. (2014) Uptake of Home-based Voluntary HIV testing in Sub-Saharan Africa: A Systematic Review and Meta-analysis.PLoS Med2012; 9: e1001351.

Sethna, Z. (2009). Youth Have Startling Little Knowledge about HIV/AIDS. UN Chronicle Online Edition.http://www.un,org/pub/chronicle/2002/issue2/070502-youth HIVreport.html

Statistics South Africa (2010): "Mid-Year Population Estimates 2010", URL: http://www.statssa.gov.za/publications/P0302/P03022010.pdf.

Taiwo A, Osinbajo D, Adenike C, Onifad (2013). The Role of parents in the prevention of HIV/AIDS among secondary school students in Ijebeode, Ogun State, Nigeria.Canadian Social Science. 9(2): 99-103.

Tenibiaje, D. J. (2010).Attitude of youths toward voluntary counseling and Testing HIV/AIDS.*Advance Journal of Food Science and Technology* 2(6), 306-311. UNAIDS. (2008). Report on the global AIDS epidemic.

Tizazu, K. (2015). Employee Motivation and its Effect on Employee Retention in Ambo Mineral Water Factory.Department of Management, Faculty of Business and Economics.Assosa University Press, Ethiopia. Volume 3, Issue 3, March 2015

UNAIDS, (2008). Report on the global AIDS epidemic. Available from http://www.unaids.org/en/dataanalysis/knowyourepidemic/epidemiologypublications/2008reportontheglobalaidsepidemic/

UNFPA (2010). Preventing HIV and AIDS: UNFPA Report. http://nigeria.unfpa.org/HIV/AIDS/htmlWorld Health Organization.

World Health Organization, (2012). Planning, Implementing and Monitoring, Home-based HIV Testing and Counseling: A Practical Handbook for Sub-Saharan Africa.

World HealtOrganisationFactfile (2014). What is HCT? Facts about HIV Counseling and Testing.

Yahaya, S. (2010).Overview of HIV/AIDS Care and SupportProgramme.National Agency for the Control of AIDS (NACA) publication. Presented at the DHIS and MPPI Training at Wallan Hotel, Oluyole Extension, Ibadan.

Yezingane Network, (2010). Open Letter to the Minister of Health Presenting the Children's Sector's Concerns about HCT in schools, 21 September 2010.

QUESTIONNAIRE

DEPARTMENT OF HEALTH PROMOTION AND EDUCATION

FACULTY OF PUBLIC HEALTH, COLLEGE OF MEDICINE, UNIVERSITY OF IBADAN, IBADAN – NIGERIA.

Dear Respondent,

This questionnaire is absolutely designed to examine the **attitude, perception and willingness of civil servants in the Ministry of Education towards HIV counseling and testing in Secretariat, Ibadan.** Please be honest as much as possible and be rest assured that all information given will be used for this study only and will be treated confidentially.

Thanks for your cooperation.

**SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS**

Instruction: please tick (✓) in correct information appropriately.

1. Sex: 1. Male ( ) 2. Female ( )

2. Age as at last birthday: …….

3. Religion: 1. Christianity ( ) 2. Islam ( ) 3. Others (specify)……..…

4. Nationality: ……

5. State of Origin: 1. Oyo State ( ) 2. Others (specify)……

6. Marital status: 1. Married ( ) 2. Divorced ( ) 3. Separated ( )

**SECTION B:** please tick (✓) in correct column that best suit your opinion in each question

**Note:** **A** = Agreed; **D** = Disagreed.

| S/N | Perception of Civil Servants towards HCT | A | D | Point Allotted | Score |
|---|---|---|---|---|---|
| 7. | Risks associated with HIV counseling and testing (HCT) is quite little when compared to the severity of HIV itself | | | Agreed =1<br>Disagreed= 0 | |
| 8. | I do not perceive myself to require HIV counseling and screening services because I do not misbehave sexually | | | Agreed =1<br>Disagreed= 0 | |
| 9. | HIV Counseling and Testing' can only be effective in developed country not in a country like ours. | | | Agreed =1<br>Disagreed= 0 | |
| 10. | I perceive HIV counseling and testing (HCT) to be highly risky | | | Agreed =1<br>Disagreed= 0 | |
| 11. | I perceive HIV counseling and testing to be too expensive | | | Agreed =1<br>Disagreed= 0 | |
| 12. | I do not perceive HIV counseling and testing (HCT) is an effective way to curb the spread of HIV/AIDS in our society. | | | Agreed =1<br>Disagreed= 0 | |
| 13. | Multiple HIV counseling and testing (HCT) might increase the risk of contracting HIV/AIDS. | | | Agreed =1<br>Disagreed= 0 | |
| 14. | I perceive HIV counseling and testing (HCT) to be waste of time. | | | Agreed =1<br>Disagreed= 0 | |
| 15. | HIV counseling and testing (HCT) do place unnecessary burden | | | Agreed =1 | |

| | | | | | |
|---|---|---|---|---|---|
| | (e.g. fear of the unknown) on civil servants who engages in such. | | | Disagreed= 0 | |
| 16 | I do not perceive civil servant to be at risk of HIV, which means there is no need to undergo HIV counseling and testing | | | Agreed =1<br>Disagreed= 0 | |
| 17 | I perceive HIV counseling and testing to be more required in the rural setting not in city | | | Agreed =1<br>Disagreed= 0 | |
| 18. | I perceive most civil servants will engage in HIV counseling and testing (HCT) exercise, if the setting is confidential. | | | Agreed =1<br>Disagreed= 0 | |

**SECTION C:** please tick (✓) in correct column that best suit your opinion in each question

**Note:** **A** = Agreed; **D** = Disagreed.

| S/N | Attitude of Civil Servants towards HCT | A | D | Point Allotted | Score |
|---|---|---|---|---|---|
| 19. | HIV Counseling and Testing in our community today can improve the quality of life and overall health status of civil servants. | | | Agreed =1<br>Disagreed= 0 | |
| 20 | HIV Counseling and Testing is an alternative way to adequately cater for their health needs. | | | Agreed =1<br>Disagreed= 0 | |
| 21. | HIV Counseling and Testing can decrease access or chance of having HIV in our society. | | | Agreed =1<br>Disagreed= 0 | |
| 22. | I do not participate in the 'HIV Counseling and Testing' exercise because it is not readily available. | | | Agreed =1<br>Disagreed= 0 | |
| 23. | I do not participate in 'HIV Counseling and Testing' because it is not profit-making or beneficial in any way. | | | Agreed =1 | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | Disagreed= 0 | |
| 24. | Most civil servants do not participate in the HIV counseling and testing exercises because it has no advantage of any kind. | | | Agreed =1<br>Disagreed= 0 | |
| 25. | High level of stigmatization is another reason why most civil servants do not participate in HIV counseling and testing exercise. | | | Agreed =1<br>Disagreed= 0 | |
| 26. | Civil servants do not readily participate the available HIV counseling and testing exercise because the caregivers are not friendly or warm enough. | | | Agreed =1<br>Disagreed= 0 | |
| 27. | African culture of marital responsibility cannot be substituted with the advent of HIV counseling and testing, hence there is no need. | | | Agreed =1<br>Disagreed= 0 | |
| 28. | Most civil servants do not participate in the HIV counseling and testing because their colleague will assume they are promiscuous. | | | Agreed =1<br>Disagreed= 0 | |

**SECTION D:** please tick (✓) in correct column that best suit your opinion in each question

**Note:** **A** = Agreed; **D** = Disagreed.

| S/N | Willingness of Civil Servants towards HCT | A | D | Point Allotted | Score |
|---|---|---|---|---|---|
| 29. | I will be ready to engage in HIV counseling and testing (HCT) exercise, if provided at a reduced cost. | | | Agreed =1<br>Disagreed= 0 | |
| 30. | I will be ready to engage in HIV counseling and testing (HCT) | | | Agreed =1 | |

| | | | | | |
|---|---|---|---|---|---|
| | exercise, if it is safe. | | | Disagreed= 0 | |
| 31. | Civil servants are willing to engage in HIV counseling and testing (HCT) exercise, if they are adequately informed. | | | Agreed =1<br>Disagreed= 0 | |
| 32. | If the attitude of most of the care givers are friendly and positive, most civil servants will be willing to engage in HIV counseling and testing (HCT) exercise, | | | Agreed =1<br>Disagreed= 0 | |
| 33. | If my family members are in support of it, I will be willing to engage in HIV counseling and testing (HCT) exercise. | | | Agreed =1<br>Disagreed= 0 | |
| 34. | I am willing to engage in HIV counseling and testing (HCT) exercise, if adequately regulated by government policies. | | | Agreed =1<br>Disagreed= 0 | |
| 35. | Adequate media messages on HIV counseling and testing can increase participation in the exercise. | | | Agreed =1<br>Disagreed= 0 | |
| 36. | Civil servants will fully participate in the exercise if there is an adequate Government health policies on HIV counseling and testing. | | | Agreed =1<br>Disagreed= 0 | |
| 37. | Civil servants will participate in the HIV counseling and testing (HCT) exercise, if it is attached as a criterion for their promotion. | | | Agreed =1<br>Disagreed= 0 | |
| 38. | Provision of incentives will certainly boost the participation of civil servants in HIV counseling and testing in secretariat, Ibadan. | | | Agreed =1<br>Disagreed= 0 | |