

STRATEGIES FOR PREVENTING HIV/ AIDS FROM STUDENS IN
TERTIARY INSTITUTIONS AND ITS IMPACTS IN WORK PLACE
IMPLICATIONS FOR COUNSELLING

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Abstract

The study was a survey to determine the strategies for preventing HIV/AIDS in tertiary institutions and its impact in work place. The study aimed at determining the strategies that would help to achieve healthy environment in the institutions and also to identify the impact of HIV/AIDS in the work place. The population of the study comprised of two hundred (200) students in Anambra State University (Uli and Igbariam campuses) and Nnamdi Azikiwe University, Awka. A sample of 100 students was chosen from the entire population. The researcher used a structured questionnaire for data collections. Two research questions were answered. Data were analyzed using Arithmetic mean for the research questions, the findings of the investigation among others were, employment of staff with high moral standard, power alleviation, involvement of students in programme and others. (see table 1). There are also many impacts of HIV/AIDS in work place they include, reduced supply of labour, loss of skilled and experienced workers etc. (see table 2). Base on the above findings, the researcher highlighted the implications for counselling and conclusion was made.

Introduction:

Human Immune Deficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) has threatened the Country's Productivity and economy. NPC, (2004) stated that HIV/AIDS is the major social and health problem. HIV/AIDS has assumed a pandemic proportion and is one of the leading causes of death worldwide (UNAIDS 2001). Government should therefore sit up, for it requires a multi-sectorial response in solving the problem. This deadly disease has brought so much misery, distress and grief to individuals, tragedy and destruction to families, wreckling communities, depopulating nations and damaging economies, thus mobilization, participation and involvement of all sectors of the economy. Therefore, it needed multi-sectorial approach, that is a net-work of activities to reduce the ravaging effect of the diseases.

Thus, reports from seminars and workshops, accepted that it is true that government of the different countries are becoming increasingly interested in controlling or getting rid of the deadly disease called HIV/AIDS. It is very vital to join hands together in prevention of the disease. The Sectors to join hands with government include: health, education, non-governmental organizations, at all levels. In the health sectors, Counselling, Laboratory testing, administration of highly active antiretroviral drugs and compliances, prevention of mother to child transmission, home based care for those infected and treatment of opportunistic infections.

It is therefore important that our students are made to visit victims of HIV/AIDS in hospitals because of the saying of Usdin (2003) that many African humorously interpret the AIDS acronym as America Invention to discourage sex in Africa. NPC, (2004) stated that HIV/AIDS is the major social and health problem, increasing number of victims are left motherless/fatherless, the youths and children pass on and the aged are left helpless, the productivity and economy of the country is also threatened. In fact, the disease cut across board, although it does not come to you but if you go to it your immune system will be destroyed. Nwafor (2005), Njoku and Nwosu (2004) opined that the most common victims include, students, chief executives, commercial sex workers, teachers, long distant drivers, young boys and girls, traders, unqualified medical workers and hairdressers among others. The disease does not recognize status or age.

Njoku (2004) stressed that the statement by Clarke suggested that enough attention has not been given to the relevant agent that would help eliminate the Virus. HIV/AIDS is yet to be brought under control in the testimony to our collective unpreparedness to deal with the Virus (Clark, 2003). Thus, UNESCO/ NUC (2004) believed that non of these is the strategy to be used for controlling HIV/AIDS, at the tertiary level since the youth between the ages of 15 and 24 are the worst hit. The control of HIV/AIDS and STDs would not make meaningful impact if the primary and secondary school students were kept aside. The roof should be uprooted and dealt with to avoid it growing again. If we start from the tertiary institutions the primary and secondary will later find themselves in the tertiary institution and it will be like cutting a tree from the top and believing that an evil tree would die.

Njoku, (2004) stated that increase in moral laxity in both staff and students are not restricted to any teaching staff or group of students while Kaluba, (2003) wrote in the early days of out break of HIV/AIDS, that government looked up to teachers and the related office workers to provide moral leadership on HIV/AIDS campaigns.

HIV/AIDS is affecting fundamental right of work particularly with respect to discrimination and stigmatization aimed at people living with and effected by HIV/AIDS. Emphasis should be placed on prevention of HIV/AIDS in the work place and students in tertiary institutions. This is because no one unit or division can effectively control the deadly scourge. The Institution, Management Counsellors, Lecturers, Departmental Associations, Students Union, Government, Health Centers, Student Affairs Division, Hall Warden, all of the above deal with students in one way

or the other. They should play their own role by adopting a suitable strategy that would help all to achieve healthy environment, in the work place because the work place is part of local community, which has a role to play in the wider struggle to limit the spread and effects of the epidemic. HIV/AIDS is affecting fundamental right at work merely with respect to discrimination and stigmatization aimed at people living with and effected by HIV/AIDS. It is base on these reasons that the researcher sought out to determine the strategies of for preventing HIV/AIDS in tertiary institutions and its impact in work place. The researcher also highlighted the implications for counselling.

Purpose of the Study:

The major purpose of the study was to determine the strategies and impacts associated with HIV/AIDS. Specifically the study sought out:

- To determine the strategies that could be use to prevent HIV/AIDS in tertiary institutions in Anambra State.
- To discover the impact of HIV/AIDS in work place in Anambra State.

Research Questions:

The following two research questions guided the study.

- What are the strategies for preventing HIV/AIDS in tertiary institutions?
- What are the impacts of HIV/AIDS on the work place in Anambra State?

Methodology:

Survey method was employed. The study was carried out at Anambra State. The study aimed at determing the strategies that would help to achieve healthy environment for all the institutions in Anambra State and identifying the impact of HIV/AIDS in the work place. The population of the study comprised two hundred (200) students of the Anambra State University (Uli and Igbariam campuses) and Nnamdi Azikiwe University, Awka who have undergone HIV/AIDS training course. Due to certain constraints, all these students could not be reached, the researcher therefore, used simple random sampling technique to select hundred (100) students.

The researcher constructed and used an instrument titled questionnaire for strategies and impact for HIV/AIDS on work place (QSIHWP) to collect relevant data for this study. The instrument contained 20 structured Items to elicit information on strategies and impacts of HIV/AIDS from students of the two mentioned universities. Section "A" contain 20 items, which deals on strategies of HIV/AIDS on students while section "B" Contains 10 items, which deals with Impact of HIV/AIDS on work

place. The Items were placed on a 4-point likert type. Scale of strongly Agree (SA), Agreed (A) Disagree (D) and strongly Disagree (SD).

The Validity of the QSIHWP instrument was face validated using four experts from the department of Educational foundations whose ranks range from senior lecturers to professors all from Nnamdi Azikiwe University, Awka. The experts were given copies of the research questions along side with the draft instrument for the validation exercise. The aim was to ensure that the instrument measured what it was designed to measure. The experts offered useful suggestions and modified some items. The test retest method was used to ensure reliability of the instrument. The researcher administered the same instrument on thirty students who were not part of the target population at an interval of five weeks. The sets of scores were computed using Pearson Product Moment Correlation Co-efficient obtained was 0.78, which indicated a correlation between the responses obtained during the two periods of administration. It was considered high enough for the study.

Data Analysis:

All the 100 copies distributed were collected and analyzed by the researcher. Mean and Standard Deviation statistics were used for answering the research questions. A mean of less than 2.50 indicate not a strategy or an impact while a mean of 2.50 and above was given a positive interpretation.

Results:

The results are presented in tables in accordance with the research questions posed in the study.

Table 1: Mean, Standard Deviation and Ranking of respondents on strategies of HIV/AIDS.

S/N	ITEMS	SA	A	D	SD	\bar{X}	RANK	%
1	Students should have the will power to say no to sex and others campus vices.	40	30	11	13	3.08	10 th	73.3%
2	Use of Capacity Building.	74	12	8	6	3.52	3 rd	84.0%
3	Employment of Staff with low moral standard.	16	20	40	24	2.36	18 th	40.6%
4	Disassociating students from programme development.	10	30	44	16	2.30	19 th	38%
5	Employment of staff with high moral standard.	78	11	9	2	3.63	1 st	91.3%
6	Involvements of students in programme development.	70	12	10	8	3.32	5 th	78.7%
7	Students to visit victims if hospitals permit.	50	30	12	8	3.28	6 th	86%
8	Students to avoid exchanging under wears, objects etc.	60	16	14	10	3.19	8 th	76.6%
9	Screening the first year students.	50	35	10	5	3.17	9 th	74.6%
10	Students should not have the will power to say no to sex and other campus vices.	10	20	40	30	2.20	20 th	34%
11	Adequate use of the guidance and Counselling unit.	40	30	14	16	2.89	11 th	65%
12	Incorporating what the students should know about HIV/AIDS and STDs.	9	60	20	11	2.60	13 th	64%
13	Establishment of school community relationship.	13	30	40	17	2.53	16 th	56.6%
14	Re-orienting of values.	10	54	20	16	2.54	14 th	62%
15	Massive inspirational publicity.	13	40	34	13	2.52	17 th	54.6%
16	Educating students before they leave industrial attachment.	78	11	9	2	3.63	1 st	91.3%
17	Poverty alleviation.	74	12	8	6	3.52	3 rd	84%
18	Display of professional work ethics by medical personnel and hall wardens.	10	54	20	16	2.54	14 th	62%
19	Access to Drugs for ameliorating AIDS.	50	30	12	8	3.28	6 th	86%
20	Adequate use of campus health facilities.	40	30	14	16	2.89	11 th	65%

Table 1 above shows that:

- ❖ Employment of staff with high moral standard and Educating students before they leave industrial attachment have a mean score of 3.63 and they rated 1st strategy of HIV/AIDS and 91.3% of the respondents agreed to that, they are strategy for HIV/AIDS in tertiary institutions.
- ❖ Use of capacity building and Poverty alleviation took 3rd position with a mean score of 3.52 and 84% of the respondents agreed that both of them are strategies.
- ❖ Involvement of students in programme development ranked 5th with a mean score of 3.32 and 78.7% of the respondents agreeing to that.
- ❖ Students to visit victims if hospitals permit and access to drugs for ameliorating AIDS ranks 6th with a mean score of 3.28 and 86% of the respondents consented to these opinions as strategies.
- ❖ Employment of staff with low moral standard ranked 18th with a mean score of 2.36 and 40.6% of the respondents agreed to that.
- ❖ Disassociating students from programme development ranked 19th with a mean score of 2.30 and 38% of the respondents agreed with this.
- ❖ Students should not have will power to say no to sex and other campus vices ranked 20th with a mean score of 2.20 and 34% of the mean score respondents agreed to that, therefore, items No. 3, 4, 7, 10, are strategy for preventing HIV/AIDS. This strategy has a mean score which is below or less than 2.50, and so, it is not a strategy for preventing HIV/AIDS. Also it was revealed in table 1 above that the items with serial number 1, 2, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, had mean scores of 2.50 and above and this mean that they are the strategies for preventing HIV/AIDS in tertiary institutions in Anambra State

Table 2: Frequency, Mean, Standard Deviation and Ranked of respondents on Impacts of HIV/AIDS in the Work Place.

S/N	Items	SA	A	D	SD	\bar{X}	RANK	%
1.	Reduced supply of Labour	63	17	10	10	3.42	1 st	84%
2.	Loss of skilled and experienced workers	61	20	8	11	3.32	2 nd	81%
3.	Absenteeism and early retirement	59	20	11	10	3.21	3 rd	77.3%
4.	Stigmatization and discrimination against worker with HIV/AIDS .	54	18	16	12	3.15	4 th	72.6%
5.	Reduced productivity and negative impacts on economic growth.	20	72	5	3	3.07	5 th	91.3%
6.	Increased burden on women to combine care and productive work thereby increasing poverty as a result of death of the breadwinner.	34	42	12	12	2.99	6 th	76.6%
7.	On the trade unions, it could lead to loss of key staff and activities, which may lead to poor organization and defects in support of its membership.	32	40	14	14	2.98	7 th	66.7%
8.	Reduced membership.	20	50	12	18	2.74	8 th	70.6%
9.	Reduction in financial strength.	8	42	40	10	2.60	9 th	55%
10.	Increased productivity and positive impacts on economic growth.	6	42	42	10	2.43	10	48%

From table 2 above, it is observed that the item No.1 ranked first (1st) with a mean score of 3.43. It is also observed that 84% of the respondents agreed that it is an impact of HIV/AIDS in work place. The item No.2 ranked 2nd with a mean score of 3.32 and 81.3% of the respondents agreed that it is an impact of HIV/AIDS. Item no3 ranked 3rd with a mean score of 3.21 and 77.3% agreed with this item as an impact of HIV/ AIDS in work place. The item No.4 ranked 4th with a mean score of 3.15 and 72.6% of the respondents agreed with this item. The item no 5-ranked 5th with a

mean score of 3.07 and 91.3% of the respondents agreed with this item. The item no.6 ranked 6th with a mean score of 2.99 and 76.6% of the respondents agreed with this item. Item no. 7 ranked 7th with a mean score of 2.98 and 66.7% of the respondents agreed with it as an impact of HIV/AIDS. The item no.8 ranked 8th with a mean score of 2.74 and 70.6% of the respondents agreed with this item. The item no.9 ranked 9th with a mean score of 2.60 and 55% of the respondents agreed that it is an impact. The item no.10 ranked 10th with a mean of 2.43 and 48% of the respondents agreed that it is not an impact of HIV/AIDS. Table 2. above reveals that the items serial numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, had the mean scores of 2.50 and above. They therefore, the impact of HIV/AIDS in work place while item number 10 had mean score less than 2.50 and so it was given a negative interpretation.

Implications for Counselling:

Counsellors have strong believe that most of behaviours of students, which expose them to the risk of contacting HIV/AIDS, are because of ignorance and lack of information on the matter. This may be the reason why Okonkwo, (2006), opined that schools should organize workshops seminars and conferences on HIV/AIDS to create awareness. Counsellors should therefore, organize seminars, workshops, orientation even make use of mass media such as radio, televisions, newspapers to enable them get to students and others. Counsellor should let them know that the disease is incurable in nature, make them know ways of contacting the disease HIV/AIDS & STDs. Equally, enumerate all measures that could be taken to prevent the conditions.

Counsellors should let the government know the importance of employing teachers who are of high moral standard because, if you are corrupt you cannot fight corruption. Counsellors also should let the federal and state governments see the need of involving students in program-development. When one is made to participate in any decision-making concerning him/her such a person would become an active participant.

Counsellors should talk to students with the help of parents lecturers and other significant others on the need, to avoid exchanging under wears, objects etc because HIV/AIDS and STDs can be contracted through the exchange of underwear of victims, especially in the case of female students. Counsellors should let the school authorities know the importance of screening the first year students for it will

help to determine their HIV/AIDS and STDs status before they are fully admitted. Counsellors and school authority should include students visiting the HIV/AIDS victims in the hospital once in every three months. That will help to make the students know that HIV/AIDS is real. Counsellors should insist that sex education be inculcated into school timetable. This will help the students (both old and new) know about the HIV/AIDS, STDs, rape and cultism among others. They will be made to know that an act of rape could lead one to contracting HIV/AIDS and STDs. Cultism is associated with drinking of blood during initiation and engraving of marks on the bodies of the initiates. HIV/AIDS could be contracted through any of them. During the orientation gathering in school the Counsellor, lectures students on how to say no to sex, enable them acquire the will power to say no to sex and other campus vices. They should all be educated on the evils of cultism and drug abuse as these activities are detrimental to their well-being.

Counsellor uses his/her professional knowledge to heighten the campaigns on HIV/AIDS. Help parents, students and workers to know that distribution of condoms as if condoms offer absolute protection against HIV is not enough, rather, the promotion of the use of condoms would only encourage promiscuity in our students thereby endangering their lives. Guidance and Counselling unit should be made more attractive; Guidance Counsellors should apply the voluntary confidential counselling Technique Test (VCCT). Counsellors should be role models if students are to have confidence in them. They should always be readily available to students, be patient with them and handle each person's problem with all amount of confidentiality. Counsellor should be willing to confront any individual who may sexually harass students. She will also work with the medical unit as partner in progress.

Counsellors should endeavour to hand over every thing about counselling to the curriculum planners who now incorporate them in to curriculum. Topics like symposia of AIDS, Testing for HIV/AIDS, managing with people living with HIV/AIDS, Prevention/ control of HIV/AIDS, mode of transmission of HIV/AIDS, role of government (Local, State and Federal Levels, Institutions etc.)

Counsellors should re-orient the students values and believes on the slogan using what they have to get what they don't have. If they continue with that, it will make them indulge in sexual immorality that is playing the sex game with reckless abandon and this according to Basic facts (2000) is the most common way of

contacting HIV/AIDS and STDs. Counsellors should also make use of media to make every person to be involved in the re-orientation of values especially for the students.

Counsellors should state the need for the school and community to establish a cordial relationship to check the excesses of students who live outside the school, for some of the students take to prostitution. When this is done, the land Lord should eject and report such student to the school authority. Any student who manifests the symptoms of HIV/AIDS or STDs should be reported to school. All the students, whether the students live in hostel or outside school should be made to abide by the rules and regulations of where they stay.

Counsellors emphasis on the need for the tertiary institution to engage in massive inspirational publicity and enlightenment campaign on HIV/AIDS and STDs on continuous bases. Let the authority see the need of dropping the ideal of different Agencies appearing once in two years to feature in institutions Enlightenment campaign should be continuous and appropriate method of evolution should be put in place. This is because once a gap is created students tend to go back to their old habit.

Counsellors should give counselling to students who are about to leave for industrial Training programmes. Educate them on the challenges they are going to face. Let the Institutions see the need why they should not make demand on students as a result of government inability to adequately fund education. This makes it easy for students to fall prey to intimidation by staff sexual harassment and sale of grades to highest bidders. HIV/AIDS and STDs would not be ruled out because these students would not restrict themselves to one sex partner or even abstain from sex. Counselors should counsel the medical personnel and hall wardens so that they see the need of working side by side to see that the victim of HIV/AIDS do not pretend that nothing has happened. This will enable the appropriate measure to be taken without delay, instead of concealing the identity of a victim and display lack of knowledge:

Counsellors let government and philanthropic Organizations ensure that people living with AIDS are helped in purchase of availability and accessibility remains a problem to many people especially in Africa. It is only well to do have access to the drug and can afford item.

Counsellors should educate the institutions on the need of making adequate use of campus Health facilities, it will enable them control HIV/AIDS or STDs in a setting like the academic environment. Counsellor should let the institution see that the inadequacy of health facilities has made medical personnel to use bare hand or disposable glove twice to handle cases, also they do not have the correct disinfectants to treat or sterilize their equipment adequately. There is the need to use the right tool and material even, when it means charging the students token sum. Counsellors should make the institution see the need of bringing students who are involved in rape, drug abuse and in unhealthy sexual behaviors to see guidance counsellors for counselling session and follow-up visits, should not be left out.

Conclusion:

HIV/AIDS, STDs, does not in any ways discriminate or fear status, therefore, the control of HIV/AIDS and STDs could only be effective if all and sundry take part to fight the dreaded diseases.

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