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HIV/AIDS voluntary counseling and testing: knowledge, attitude and practice among University of Lagos undergraduates

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Abstract: Voluntary Counseling and Testing (VCT) is widely recognized as a critical strategy in the global fight against the spread of Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS). The main objective of this study investigate "HIV/Voluntary Counseling and Testing: Knowledge, Attitude, and Practice among the University of Lagos Undergraduates. Specific objectives investigated the relationship between the level of awareness and usage of VCT, determined the relationship between religion and attitude to VCT, established the relationship between religion and attitude to VCT, and ascertained the relationship between age and usage of VCT. 150 respondents were chosen by simple random and accidental sampling, and data were collected by administering questionnaires to them. The Statistical Package for Social Sciences (SPSS) version 15.0 was used for analysis. The results revealed that the majority of participants (63.3%) had heard about Voluntary Counseling and Testing (VCT) and that the mass media was the primary source of information, followed by friends, colleagues, seminars, and educational institutions. A small percentage of respondents (22.2%) had undergone VCT based on recommendations. The majority of participants believed that those who have undergone VCT may be perceived as being HIV-positive or promiscuous. The results of this study have implications for counseling by way of expanding the number of accessible centers and stepping up VCT campaigns, and education.

Keywords – Attitude, HIV/AIDS, Knowledge, Practice, Voluntary Counseling and Testing

1. INTRODUCTION

Today's incidence rate of HIV and AIDS is far higher than that of the 1990s and 2000s when the diseases peaked in terms of frequency of infection (Bongaarts, 2008). A number of factors have contributed to this, including the launch of numerous public health campaigns and initiatives, scientific and technological developments like HIV testing, and the advent of antiretroviral treatment (ART). Despite this, HIV remains a global public health concern. Accordingly, there were 1.5 million new HIV infections, 690,000 AIDS-related deaths worldwide, and 37.6 million people living with HIV (PLWH) as of 2020. By the end of 2023, the number of people with HIV was 39.9 million, with 65% of these individuals residing in the WHO African Region (WHO, 2024). An estimated 1.3 million individuals contracted HIV in 2023, and 630,000 people died from HIV-related causes. According to data from the same year, women and girls accounted for about half of all new HIV infections, with sub-Saharan Africa accounting for 61% of new infections. The Millennium Development Goals (MDGs) and Sustainable Development

Goals (SDGs) were introduced by the international community in 2000, with the respective objectives of eradicating HIV by the year 2015 (SDG 6) and reversing HIV by the year 2030 (SDG 3) (Armstrong-Mensah et al., 2022).

Despite this, HIV remains a global public health concern. Accordingly, there were 1.7 million new HIV infections, 690,000 AIDS-related deaths worldwide, and 37.6 million people living with HIV (PLWH) as of 2020 in Nigeria (Statista Research Department, 2022). According to data from the same year, women and girls accounted for about half of all new HIV infections, with sub-Saharan Africa accounting for 61% of new infections. Nigeria loses the chance to fulfill the objectives of its development plan, which includes the 20/20/20 vision and the Millennium Development Goals (MDGs), as a result of this stance. A portion of the population between the ages of 15 and 24 is made up of young people. This makes up more than 25% of the population of Nigeria. Youths are a diverse population and a very valuable resource. Despite the evident overall health of young people, almost 1.8 million of them die from avoidable causes. The occurrence and prevalence of HIV, especially in young people, continue to be of great concern to the world. Over 40% of new HIV infections in adults occur in the most vulnerable group of people, which is those between 15 and 24 (Idele et al., 2014). It has been observed that a high incidence rate among youth, particularly in Nigeria, may be caused by a variety of causes, such as inconsistent condom use, various sexual partnerships, and sexual experimentation (Adejoh, 2011).

In spite of this concerning circumstance, most national epidemics in Sub-Saharan Africa—especially in the most severely affected nations by HIV have stabilized or started to diminish. For instance, a three-year trend of decreasing prevalence is shown in the Nigeria National Sentinel Surveillance reports, which show a rise from 5.8% in 2001 to 5.0% in 2003 to 4.4% in 2005 and eventually 4.1% in 2010 (Dauda, 2015). In order to stop new HIV transmission and maybe, reverse it, the main goal of Nigeria's National Strategy Plan (NSP) for HIV/AIDS is to guarantee universal access to comprehensive HIV prevention, treatment, care, and support by 2015. Nonetheless, the cornerstone of the country's response to the epidemic continues to be HIV prevention initiatives. Furthermore, HIV counseling and testing are acknowledged as priority interventions in both the WHO's and the NSP's strategy documents for achieving universal access to HIV/AIDS services by 2010. In light of this, Nigeria, a member of the UN assembly, has pledged to support the Universal Access and Millennium Development Goals, with the intention of extending HIV counseling and testing (HCT) services to 80% of adults by 2010 and 2015, respectively, in a democratic and environmentally friendly manner.

According to Costa et al. (2022), HIV disproportionately affects injecting drug users, transgender individuals, sex workers, males who have sex with men, and those who are incarcerated. While several populations in Nigeria are susceptible to HIV infection, college and university students are especially at risk because of their risky sexual practices, drug and alcohol experimentation, and lack of awareness of their own vulnerability (Ubuane et al, 1999). Due to adults' lack of discussion about sexual partners with children, young people are more susceptible to HIV/AIDS because they have an inadequate understanding of safe sex practices and limited condom use (Pokhrel et al, 2008). Conversely, young people continue to engage in dangerous sexual behaviors including having several sexual partners and not using condoms, even in the face of strong cultural taboos against pre-marital and extramarital affairs.

Voluntary HIV Counseling and Testing (VCT) is one of the most crucial strategies in HIV/AIDS preventive and control initiatives (Mahato, 2013). It is described as the process through which a person receives counseling so they can decide for themselves whether or not to get tested for the virus. HIV counseling and testing is the term for the intervention that provides a private setting for individuals or couples to talk about the dangers of contracting HIV and receive help finding out their status for the purposes of prevention, care, and treatment. It is a free, voluntary, confidential, and anonymous program where high-risk people can chat with trained expert in government buildings like hospitals and health centers and some non-governmental organizations (Sulwe, 2012). The program provides HIV testing (pre-and post-test counseling), informational pamphlets about HIV/AIDS and STIs, and, where necessary, referrals to social and medical assistance. It is advised that routine HIV counseling and testing be provided to young people's medical care.

Those who are not infected can be encouraged to remain HIV antibody-negative and to accept those who are infected through voluntary counseling and testing, or VCT. VCT acts as a doorway to the majority of HIV/AIDS-related services and may have the ability to stop the spread of HIV. Perhaps more people—individuals, couples, and communities—would be willing to use the program if they were more aware of the benefits of testing and counseling. As a result, VCT is seen as an intervention that offers clients the freedom to choose how to stay HIV-negative and fulfill their needs for care and support. It benefits individuals, couples, and the community at large in a number of ways.

Even though it is estimated that over 90% of people worldwide are living with HIV/AIDS, surveys carried out in Sub-Saharan Africa show that only 10% of women and 12% of men have obtained the results of HIV testing, and only 7% of young people in Nigeria have had an HIV test (Kharsany, 2016). These statistics despite the fact that the incidence of HIV infection is highest among the youth and that VCT offers numerous benefits. This gap exists despite the fact that the target group has a high degree of awareness of the infection—94% according to the National Demographic and Health Survey and the National AIDS and Reproductive Health Survey, in particular—and a readiness to test (72%). Nonetheless, these surveys have continuously shown that 22.2% of young Nigerians lack a thorough understanding of HIV and AIDS (Ibrahim, 2013). This is comparable to the WHO's 2005 report on the less than 50% knowledge level among youth worldwide. About 14,000 people in Nigeria are estimated to be HIV positive every day, with young people making up roughly half of the total, according to the United Nations Funds for Population Activities. Decreased use of VCT services may result in higher percentages of infected individuals remaining undetected, which will restrict the availability of services for young people in need of prevention, treatment, care, and support.

2. LITERATURE SURVEY

3.1. Global HIV/AIDS situation

HIV/AIDS is a global pandemic that poses a threat to human life and dignity, potentially undermining social and economic advancement. The outbreak is a serious public health concern that has a significant impact on Sub-Saharan Africa (Buve, 2011). A nation's stability, life expectancy, and economic growth are all greatly impacted by it, and it may make it more difficult to achieve the Millennium Development Goals. This is because HIV infection spreads poverty and has caused great suffering for many communities and nations around the world (UNGAS, 2001). Disparities in HIV prevention knowledge between men and women in Sub-Saharan Africa between the ages of 1.5 and 24 are associated with a number of variables, including residence location, gender, and household income (UNITED NATIONS, 2010b: 42). The likelihood that HIV can be prevented rises with household income.

3.2. HIV and AIDS in Nigeria

Nigeria is ranked 158 out of 182 on the Human Poverty Index by the United Nations Development Programme (UNDP, 2009), despite being the largest oil producer in Africa and the sixth largest producer globally. Nigeria faces significant obstacles in its fight against the HIV and AIDS epidemic as a result of its dire economic situation. In Nigeria, heterosexual intercourse is the main way that HIV is spread. This is caused by a number of factors, including inadequate condom use, high rates of STDs like gonorrhea and chlamydia, which spread the virus more easily, and a lack of knowledge about HIV and sexual health. In Nigeria, the disease primarily affects women. In 2007, 58% of the persons living with HIV who were 15 years of age or older were women. Though the average age at which women in Nigeria marry varies by state, traditionally, they do so young. According to a 2007 study, 54% of North West girls between the ages of 15 and 24 were married by the time they were 15, and 81% were married by the time they were 18. The study revealed that the younger married girls knew very little about HIV/AIDS and other aspects of reproductive health. In addition, they often lack the authority and knowledge necessary to insist on using condoms during sexual activity. Young women are more susceptible to HIV infection in marriage due to a

number of factors, including the likelihood that the husband will be considerably older than the girl and, as a result, have had more sexual partners in the past.

3.3. HIV/Treatment and care in Nigeria

The Nigerian government initiated a comprehensive antiretroviral treatment program in 2002 with the aim of giving antiretroviral drugs to 5,000 adults and 10,000 children in a single year. ARVs valued at an initial $3.5 million were to be purchased from India and supplied at a reduced monthly cost of $7 per individual. It was proclaimed as "Africa's largest antiretroviral treatment program" (Avert Online, 2007). By 2004, the initiative had experienced a significant setback due to an excessive number of patients being enrolled without an adequate quantity of medications to distribute. As a result, the waiting list grew and there weren't enough medications to meet the increasing demand. Patients who had already begun treatment were forced to wait up to three months for additional medication, which could worsen their condition and raise the possibility that they would develop an HIV resistance to ARVs. Eventually, the program was restarted with an order for additional pharmaceuticals valued at $3.8 million.

3.4. Model of health belief

The health belief model (HBM) is a cognitive model that holds that beliefs regarding different risks to one's health, as well as the effectiveness and outcomes of particular acts or behaviors, have an impact on behavior (Hochbaum, 1958; Rosenstock 1966; Becker, 1974; Sharma & Romas, 2012). Some model designs also include the concept of self-efficacy in addition to these behavioral ideas (Bandura, 1997). In this concept, changing an individual's inner beliefs is a necessary part of supporting behavior change. People weigh the benefits against the purported costs and resistance to change. For change to occur, benefits must outweigh costs. When it comes to HIV, interventions usually center on risk perception, beliefs about how dangerous AIDS is ("there is no cure"), beliefs about how effective using condoms is, the benefits of using condoms, postponing the initiation of sexual activity, and receiving testing and counseling.

3.5. Social Cognitive (or Learning) Theory

According to the social cognitive theory (SCT), which is used in psychology, education, and communication, people's ways of learning are influenced by the things they see about other people in the context of social interactions, experiences, and outside media. The social learning theory (SCT), also referred to as the social cognitive theory, asserts that people pick up new behaviors by seeing and copying the actions of others. Human behavior is the outcome of continual interactions between behavioral, cognitive, and environmental elements, claims social learning theory. It highlights how important self-regulatory, symbolic, and vicarious processes are to psychological functioning (Bandura, 1977). Particular attention is paid to people's views on condom use, the kinds of environmental obstacles that prevent people from reducing their risk, and people's experiences discussing sex and condom use with their partners. Positive improvements in risk behavior were reported as a result of HIV risk-reduction programs that employed SCT in controlled experimental trials, according to this meta-analysis (Greenberg, 1996).

3. PROBLEM STATEMENT

3.1. Youth at the hub of the epidemic

An estimated 10.3 million individuals between the ages of 15 and 24 are HIV/AIDS positive, and young people account for half of all new infections—more than 7,000 per day (Zhytnik et al., 2020). The hardest hit region is Sub-Saharan Africa. More than 70% of young people living with HIV/AIDS and 90% of the 12.1 million children who are orphaned by the disease live there. Due to hazardous sexual activity, substance abuse, and limited access to

HIV education and preventive services, young people are particularly vulnerable to HIV. Young people continue to be largely ignorant of the disease and many do not know how to protect themselves from HIV (Gao, 2001). For instance, in Mozambique, 62% of males and 74% of girls between the ages of 15 and 19 are ignorant of any self-defense techniques. In sub-Saharan Africa, half of the adolescent females are unaware that someone who appears healthy could be infected with HIV/AIDS. Street children, refugees, and migrants are examples of marginalized youth who may be especially vulnerable due to stigma, their use of illegal drugs, and their exposure to unprotected sex (in exchange for food, shelter, or money).

3.2. The need for voluntary counseling and testing

These situations necessitate action that can encourage this population's sexual behavior to alter. One of the most crucial approaches to combating the HIV/AIDS epidemic is voluntary counseling and testing, or VCT (Folaranmi et al., 2008; Mgosha et al., 2009). VCT is essential to the fight against the epidemic's heterosexual transmission (Cremin et al., 2008). Furthermore, they mentioned that VCT is an essential part of HIV/AIDS prevention and treatment. In a similar vein, Rassjo et al. (2007) argued that VCT is an essential first step in HIV infection prevention. VCT has grown in popularity over the past 10 years in most African countries, including Nigeria since it motivates people to reduce their HIV risk behavior and is cheaper than other preventative interventions in impoverished nations. In the majority of poor countries, it has also emerged as a crucial preventive tactic in national AIDS control efforts (Rhame & Maki, 1989). Testing and voluntary counseling are two often advised HIV/AIDS prevention strategies for adults and young people. According to Coates et al. (1998), the bulk of VCT service users, however, are in their mid-teens to late twenties, even though young people between the ages of 10 and 24 account for 60% of new HIV infections in Sub-Saharan Africa (UNAIDS, 1998). Since fewer young people use health services than adults, it is more challenging to reduce risk behaviors among young individuals using VCT.

Studies exploring both obstacles and facilitators to testing have often indicated that the former is prevalent in a variety of contexts (Mounier et al., 2008; Obermeyer & Osbon, 2007; Jurgens & Betterdge, 2009, De Wit & Adam, 2008). Patients' unique barriers include not knowing their risk, not knowing what tests are available, and being anxious about the consequences of a positive test result and diagnosis (Downing, 2001; Telles et al, 2004). These also include obstacles related to health care, management, and policy, such as the inability of general practitioners due to time or technology limitations to proactively offer testing and explain its benefits, the inability of physicians to recognize symptoms, the absence of clear national guidelines on VCT, and the inability to obtain VCT for free; the dearth of qualified counselors; the inability to offer services in convenient locations; the inability to expand service delivery methods; and the failure to target the most vulnerable and at-risk groups (Downing, 2001).

4. RESEARCH METHODOLOGY OR METHODS

4.1. Research design

Since this study only aims to provide a descriptive analysis of the factors influencing the Knowledge, Attitude, and Practice (KAP) of HIV/AIDS Voluntary Counseling and Testing (VCT), with emphasis and focus on the University of Lagos undergraduates, the non-experimental research design was employed for this study, and the survey research method was utilized as the method of data collection.

4.2. Study location

This study was conducted at the University of Lagos, Akoka Yaba, or Unilag as commonly called. Unilag is a Federally-funded university situated in Lagos, Lagos state, southern Nigeria. Its main campus is in Akoka, Yaba, and its medical college is at Idi-Araba. It was one of the first twenty-five federal institutions in Nigeria to receive accreditation from the National institutions Commission (NUC). The main campus, situated on 802 acres

(3.25 km2) of land in Akoka, North Eastern section of Yaba, Lagos, is mostly encircled by a picturesque view of the Lagos lagoon. The University today enrolls nearly 45,000 students, offering both full- and part-time studies with a College of Medicine. Ever since it was founded in 1962 with just 131 students, the university has expanded to enroll over 45,000 students in full- and part-time programs. It also has a College of Medicine, a Distance Learning Institute, and twelve (12) faculties with various departments that provide undergraduate and graduate students with a variety of program options. The following faculties are included: School of Clinical Sciences, School of Basic Medical Sciences, School of Dental Sciences, Law, Engineering, Social Sciences, Pharmacy, Education, and Business Administration. There are 24,661 full-time undergraduate students at the university, 4,105 full-time postgraduate students, and 22,511 part-time students. There are roughly four thousand (4,000) employees in total, comprising both academic and non-academic workers (UNILAG).

4.3. Population, sample size, and sampling procedure

According to Burns and Grove (2001: 366) and Chukwuere, Chukwuere and Adom (2021), a research population is a collection of elements that have a common set of characteristics. The target population, inclusion criteria, and sampling strategy are used to characterize the population. The study population for this research consists of University of Lagos undergraduate students, both male and female. Sample size refers to the number of respondents a researcher wishes to study. The proportion of the total population that will be considered for this study is 0.608 percent. Therefore, the sample size for this study is 150 as it could be expensive and extremely tedious to carry out a complete enumeration of the entire students at the University of Lagos. The respondents will be selected from each of the faculties that are randomly picked.

The multi-stage sampling technique was adopted for this study using both probability and non-probability techniques at the different stages of the sampling process. The first stage involves the use of the clustering sampling technique. The University of Lagos will be clustered into Faculties. Each of the faculties thus, becomes a cluster. Five faculties will be selected using the simple random (lottery) method. The faculties are: the Faculty of Social Sciences, Faculty of Education, Faculty of Arts, Faculty of Sciences, and Faculty of Business Administration.

The second stage involves the selection of departments from each faculties. Each Faculty was clustered into Departments using the simple (lottery) random method. Two departments will be selected from each faculty to make a total of ten. The departments are Sociology (Social Work) and Economics (Faculty of Social Sciences), Human Kinetics/Health Education (HKE) and Guidance/ Counseling (Faculty of Education), Creative Arts and English Language (Faculty of Arts), Mathematics/Statistics and Computer Science (Faculty of Sciences), Accounting and Finance (Faculty of Business Administration).

The third stage involves the selection of respondents from each department. The Accidental (also called convenience) sampling was used to choose the respondents that are available during the administration of the questionnaire in all the selected faculties and departments. Since 150 respondents will be selected in all and five faculties will be used, thus, 30 respondents will be selected from each faculties and 15 respondents from each department.

4.4. Instruments for data collection

Research instrument refers to the mechanism used in the collection of data. For this study, the research instrument that will be used is the questionnaire. A structured questionnaire will be used which contains mainly close-ended questions with few open-ended questions. The questionnaire has 35 questions all that address the objectives of the study and consists of four major sections:

- First, the socio-demographic characteristics of the respondents such as respondents' sex, age, ethnic group, and religion.
- The second section addresses the respondent's knowledge of HIV/VCT; questions on the respondent's awareness of the existence of HIV/VCT and the medium of knowing were asked.

- The third section addresses the issue of attitude and religiosity and if the respondent uses the ABC method. The study seeks to know how attitude and religion determine the usage of VCT.
- The fourth section addresses the issue of Practice. Questions such as: "have you ever considered visiting the VCT centre?" "If yes, were you comfortable using the service?" "Were the VCT officials friendly?"

5. DATA ANALYSIS AND DISCUSSIONS

The process of presenting and analyzing the collected data in a way that makes sense and offers an explanation for any observation is known as data analysis (Soyombo, 2013). To locate pertinent information, offer suggestions, and support decision-making, it entails reviewing, removing, transforming, and modeling data. The raw data (responses) obtained would not be directly suitable for analysis. They would have to be processed, that is, cleaned, refined, and sorted to make them more meaningful and amenable for answering the research questions. The key aspects of data analysis are data editing and data coding (Obikeze, 1990; Olusanya, 1985). The quantitative data obtained will be evaluated with the use of Statistical Package for Social Sciences (SPSS) to analyze the data collected from the field. Chi-square will be used to test the hypotheses.

6.1. Findings of the study

This section deals with the organization, interpretation, analysis, and presentation of data collected from the field of HIV Voluntary Counselling and Testing: Knowledge, Attitude, and Practice among University of Lagos Undergraduates. It presents and interprets the socio-demographic characteristics of the respondents. Some of the characteristics include sex, age, religion, ethnicity, level of study as well as questions from the objectives of the study and the hypothesis tested. The results of data analysis performed with SPSS form the basis of the study's conclusions. One hundred and fifty undergraduates received questionnaires, and the data used for the study came from a multi-stage sampling technique. Therefore, the data obtained from 150 students who participated in the study served as the foundation for the study's conclusions, presentation, and discussion.

6.2. Socio-demographic characteristics of respondents

This section presents the percentage distribution of respondents by the socio-demographic attributes. The majority of the respondents are female (57.3%) while the male constitute (42.7%). The respondents are predominantly between the ages of 21-25 years (43.8%) followed by those between **1**6 and 20 years (32.9). Respondents within the ages 26-30 years constitute (15.8) followed by those within 31-35 years (4.8). Those between the ages of 36-40 years are (2.1) followed by respondents between the ages of 46-50 years (0.7). The majority of the respondents are in the sciences (22.0). There is an equal distribution of respondents in Social Sciences (20.0), Education (20.0), and Arts (20.0) followed by Business Administration (18.0). The percentage distribution of respondents by their department is as follows: There is an equal distribution of respondents in Human Kinetics and Health Education (10.7), Mathematics and Statistics (10.7), Micro Biology (10.7) followed by an equal distribution of respondents in Sociology (10.0), Mass Communication (10.0), Guidance and Counseling (10.0), Creative Arts (10.0), English (10.0), followed by Accounting (9.3) and Finance (8.7).

The majority of the respondents are in the 400 level (37.3) followed by those in the 300 level (26.7), 100 level (18.7), and 200 level (17.3). The majority of the respondents practice Christianity (80.0), followed by Islam (18.0), Traditional religion (1.3), and others such as Godist (0.7). In the distribution of the ethnic group, the majority of the respondents are Yoruba (74.0), followed by Igbo (14.7), others such as Ijaw, Ibibio, Edo, Urhobo, Akwa-Ibom, Igede represent (8.7) followed by Hausa (2.7). Respondents from monogamous family are (64.7), followed by those from polygamous family (19.3) and those single parent home. Further analysis was carried out in line with the objectives.

6.3. Relationship between gender and knowledge of VCT among students

The purpose of this objective was to find out if respondents' gender determines their knowledge of VCT.

Table 1: Gender and Knowledge of VCT

Sex	Have you heard of Voluntary Counselling and Testing?		
	Ever Heard	Never Heard	Total
Male	39(61.9%)	92(42.2%)	56(21.7%)
Female	54(64.3%)	20(37.1%)	18(33.3%)
Total	93(63.3%)	54(36.7%)	147(100%)
X^2=0.767, d.o.f= 1, value= 0.088			

The computed value ($\chi 2$ cal) is 0.767 and the P-value is 0.088, both of which are greater than the significance level of 0.05, according to the cross-tabulation above. As a result, the alternative hypothesis is rejected and the null hypothesis is accepted. Thus, we conclude that there is no significant correlation between gender and VCT knowledge among University of Lagos undergraduates.

6.4. Relationship between age and usage VCT among students

The purpose of this objective was to find out if respondents' age determines their practice of VCT.

Table 2: Age and Usage of VCT

Age Group	If yes, have you visited any Voluntary Counselling and Testing Centre?		
	Ever Heard	Never Heard	Total
16-20	7(15.6%)	38(84.4%)	45(100%)
21-25	19(30.2%)	44(69.8%)	63(100%)
26-30	11(47.8)	12(52.2)	23(100)
31-35	0(0)	2(66.7)	3(100)
36-40	1(33.3)	2(66.7)	3(100)
46-50	0(0)	1(100)	1(100)
Total	38(26.9)	103(73.1)	141(100)
X^2=11.033, d.o.f= 5, value= 0.051			

The chi-square test result for the age group of respondents who attended the VCT center is 11.033, with a P-value of 0.051, based on the information supplied above. The null hypothesis was approved and the alternative hypothesis was rejected since the P-value is greater than the significance level of 0.05. This shows that there is no apparent correlation between age and VCT usage among University of Lagos students.

6.5. Relationship between religion and attitude to VCT among students

The purpose of this objective was to find out if respondents' religion determines their attitude to VCT.

Table 3: Religion and Attitude to VCT

What Does your Religion Say about Going for a Medical Test/Check up?	Have you heard of Voluntary Counselling and Testing?		
	Ever Visited	Never Visited	Total
My religion totally supports it	35 (27.6%)	92(72.4%)	127(100%)
My religion partially supports it	4(36.4%)	7(63.7%)	11(100%)
It is totally against my religion	0(0)	4(100)	4(100)
Total	39(27.5%)	103(27. 5%)	142(100%)

X^2=1.952, d.o.f= 2, value= 0.377			

The computed result (χ2 cal) is 1.952 and the P-value is 0.377, which is greater than the level of significance of 0.05, based on the cross-tabulation above. As a result, the alternative hypothesis was rejected and the null hypothesis was accepted. Therefore, we conclude that there is no significant relationship between religion and VCT usage among University of Lagos undergraduates.

6.6. Relatsionship between level of study and attitude to VCT among students

The purpose of this objective was to find out if respondents' level of study determines their attitude to VCT.

Table 4: Religion and Attitude to VCT

Level of Study	**If Yes, have you visited any Voluntary Counselling and Testing?**		
	Ever Visited	**Never Visited**	**Total**
100	6(22.2%)	21(77.8%)	27(100%)
200	6(24%)	19(76%)	25 (100%)
300	12(32.4)	25(67.6%))	37(100)
400	15(26.8)	41(73.2)	56(100)
Total	39(26.9%)	106 (73.1%)	145(100%)
X^2=0.984, d.o.f= 3, value= 0.805			

From the above, the calculated value for the chi-square test of students who have visited the VCT centre according to their level of study is 0.984 and the P-value is 0.805. Since the P-value is 0.805 which is higher than the 0.05 level of significance, hence, the alternative hypothesis was rejected and the null hypothesis was accepted. This implies that there is no significant relationship between the level of study and attitude toward VCT among the University of Lagos Undergraduates.

6.7. Relationship between level of awareness and usage to VCT among students

The purpose of this objective was to find out if respondents' level of awareness determines their usage of VCT.

Table 4: Level of Awareness and Usage to VCT

	If Yes, have you visited any Voluntary Counselling and Testing?		
Have you heard of Voluntary Counselling and Testing?	**Ever Visited**	**Never Visited**	**Total**
Ever Heard	32(35.6%)	58 (64.4%)	90(100%)
Never Heard	0(0%)	54(100%)	54 (100%)
Total	32(22.2%)	112 (77.8%)	144(100%)
X^2=24.686, d.o.f= 1, value= 0.000			

The computed result (χ2 cal) is 24.686 and the P-value is 0.000, which is less than the level of significance of 0.05, based on the cross-tabulation above. As a result, the null hypothesis was rejected and the alternative hypothesis was accepted. Thus, we conclude that there is no statistically significant relationship between the amount of awareness and the use of VCT among undergraduates at the University of Lagos.

6. RESEARCH IMPLICATIONS

Due to the health burden, social and economic implications of HIV/AIDS, and the role of early detection in pathogenesis, prevention, and care, every effort should be directed toward effective and efficient counseling and testing, as testing remains critical to prevention and cure. The study's findings have implications for counselling through increasing VCT education and campaigns, as well as developing more accessible centres.

7. CONTRIBUTIONS TO SCIENTIFIC COMMUNITY AND FUTURE RESEARCH

HIV/AIDS constitutes a significant challenge to health policy and development and VCT is regarded as a crucial preventive measure in the effort to fight against the AIDS pandemic. The significance of this study includes its influence on societal policy, its contribution to knowledge and further research findings, and its relevance to the University of Lagos authority. This study may help in the formulation and implementation of other counseling strategies such as home based testing, mobile and door-to-door HIV/AIDS education. This will increase the level of knowledge and awareness of HIV/AIDS and will eventually lead to an increase in the testing take-up rate. The authority of the University of Lagos can also employ this method by taking VCT to the students in their various faculties. It helps to detect those who are positive and to also encourage them to take up proper treatment on time. It educates those who are negative on the various means of transmission of the disease.

Additionally, it will assist the government and educational authorities in enhancing the standard, availability, and accessibility of the service with a particular focus on youth; expanding the VCT staff strength and number of VCT centers; formulating guidelines to incorporate VCT into family planning, sexually transmitted diseases and tuberculosis services in public clinics or hospitals; and formulating approaches to reach individuals in private businesses like mines, farms, and factories.

8. CONCLUSION

The study shows that a greater percentage of the respondents are aware of VCT. The majority of these respondents have the knowledge of VCT but do not use the service, some due to ignorance, fear of being positive, cost of VCT, inadequate number of VCT centres, and stigmatization which also constituted major hindrances to acceptance of HIV/AIDS VCT. Based on the findings in the study and the discussion arising therefrom, the following conclusions were drawn.

There is a slight difference in the knowledge of HIV/AIDS among the University of Lagos undergraduates; the female youths claim a higher knowledge of HIV/VCT than their male counterparts; There is no significant relationship between gender and knowledge of VCT. This implies that gender is not a factor that determines the uptake of VCT among University of Lagos undergraduates. There is no significant relationship between respondents' age and their uptake of HIV Voluntary Counseling and Testing (VCT). This means that age is not one of the factors that determines the practice of VCT among University of Lagos undergraduates. There is a significant relationship between the level of awareness and the usage of VCT. This indicates that the level of awareness is a factor that determines the uptake of VCT among University of Lagos undergraduates.

There is no significant relationship between religion and attitude to VCT. This means that religion is not a determinant of the practice of VCT among University of Lagos undergraduates. There is no significant relationship between the level of study and attitude to VCT. This indicated that the level of study is not a major determinant of the attitude towards the practice of VCT among University of Lagos undergraduates. In a nutshell it was concluded that the level of awareness plays a fundamental and crucial role in the practice of Voluntary Counseling and Testing among University of Lagos undergraduates.

9. RECOMMENDATION AND SUGGESTION

Based on the study's findings and the subsequent discussion, the following recommendations are made: Institutions of higher learning should implement more creative youth-friendly centers. The centers must include professional staff members with background in student guidance and counseling, as well as a well-stocked counseling service. To encourage the use of VCT services, more jingles on radio and television featuring prominent personalities—such as actors and actresses—should be included. Promoting education is important since it can effectively guard against HIV infection. The involvement of youth in the design of interventions is necessary to guarantee that the programs are relevant to them. Lastly, counselors need to urge young people to discuss VCT uptake with their parents or other reliable adults.

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