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ABSTRACT

This study highlighted the importance of counselling adolescents on HIV/AIDS and other Sexually Transmitted Diseases. The study presents an overview of the dreaded disease-AIDS, which is a condition that is associated with infection of the immune system. Adolescents are the target group of this paper because they are the most vulnerable. It is evidenced that sexually transmitted diseases (STD) are on the increase and so is unplanned pregnancy among adolescents. The problem affects all aspects of life of the adolescents (i.e. social, economic, religious and educational). Also, the spread of the disease is very rapid among adolescents and hence, they are at the center of the epidemic. It is highly incontrovertible that prevention is better than cure. Hence, counselling is required to reduce the high incidence of HIV/AIDS among our adolescents. AIDS is a disease that once an adolescent (or any other person) contacts it, it is a contract for life.

Introduction

Adolescents are the target population of this paper because they constitute the high-risk group. According to Abogunrin (2002), the estimated population of Nigeria in 1999 was one hundred and eleven million, seven hundred and eighty-eight thousand and four hundred and eighteen (111,788,418). Adolescents according to Nigeria Demographic and Health Survey (1999), were estimated to total eighteen million and eight hundred thousand (18,800,000) and therefore, anything that constitute a threat to the survival of this group of people can be seen as a loss to the nation as a whole. Abogunrin (2002), further posits that nothing constitute a greater threat to adolescents than the HIV/AIDS pandemic. Apart from adolescents, AIDS constitute problem to the survival of mankind generally and it is not a respecter of anybody. According to Iguanre (2003), AIDS understands no language and is blind to social status or rank, race and colour; but that the only immunity to its deadly onslaught is FAITHFULNESS to ones partner and ABSTINENCE from sexual interaction”.

HIV/AIDS presents grave danger to the world we live in. For now, there is no known cure; hence, every attempt is made to prevent the scourge from spreading. Counsellors are expected to inundate themselves with current happenings in the world particularly as it concerns HIV/AIDS epidemic. Counselling transcend just career guidance or educational counselling. As

Counsellors, we should avail ourselves of the opportunity to know at least something about almost everything. It is no gainsaying the fact that some counselors do not know the meaning of HIV/AIDS nor how it is transmitted. Some counselors are only aware that HIV/AIDS is a sexually transmitted disease (STD), but it goes beyond that because it can be contacted without being promiscuous, or even having sex.

Historical Background to HIV/AIDS

Although cases of AIDS associated illness can be traced back to the late 1970's, it was in June and July of 1987 that cases of an extremely uncommon opportunistic infection, pneumocystic carinii pneumonia, and a very rare skin tumor of endothelial cell origin – Kaposi's sarcoma were first reported in New York and California in epidemic proportions among previously healthy young homosexual and bisexual men who were not previously known to be predisposed to these diseases. In the early days of this epidemic, when these hitherto unusual diseases appeared to be limited to homosexual men, the acronym 'GRID' was briefly used which is an abbreviation for gay-related immunodeficiency diseases. However, within a few months further, epidemiologic observations proved this term to be incorrect when several intra venous drug users, Haitian immigrants, and eventually hemophiliacs and recipients of blood transfusions were also found to have an unexplained immunodeficiency and similar opportunistic infections.

By early 1982, this group of disease entities, associated with a specific pattern of immunodeficiency was renamed the Acquired Immune Deficiency Syndrome (AIDS) by the Center for Disease Control (C.D.C). The term 'syndrome' has been used because AIDS does not constitute a single illness, but rather encompasses a wide range of clinical diseases including specific life threatening infections and neoplasm's associated with a profound and irreversible unexplained acquired disorder of cell – mediated immunity. At the outset, there was no etiologic agent identified which could explain the underlying immunodeficiency and its protean manifestations

What Is AIDS?

AIDS is a condition of acquired immunodeficiency that is associated with infection of the cells of the body's immune system with the retrovirus HTLV-111, it occurs especially in male homosexuals and intravenous drug users, and that is usually recognized by the presence of a life threatening infection like pneumonia or candidiasis) or of Kaposi's sarcoma in individual under 60 years of age who have not been subjected to immunosuppressive drugs or an immunosuppressive disease. The HTLV-111 is a retrovirus implicated as the agent causing the

underlying immunodeficiency of AIDS. It is called Human T-cell Leukemia virus type 111. HIV is the disease that destroys the body's fighting immune system. It slowly but severely damages the body's immune system thereby making the person susceptible to any infection that the immune system would have ordinarily dealt with. Therefore, AIDS is the state of complete destruction of the body's immune system. According to Ipaye (1995) the "Acquired Immune Deficiency Syndrome (AIDS), is the most dreaded disease in the world today and it affects people of all ages".

Counselling and HIV/AIDS

Counselling is an interpersonal relationship between two persons (individual counseling) in which one of them attempts to assist the other to attain a particular form of happiness and adjustment to a life situation (Kochhar, 2000). Counselling is an accepting, trusting, and safe relationship in which clients (group counseling) learn to discuss openly what worries and upsets them, to define precise behavioural goals, to acquire the essential social skills, and to develop the courage and self-confidence to implement desired new behaviours.

For victims of HIV/AIDS, counseling is the facilitation of a personal understanding of adjustment to, and acceptance of the disease and its effect upon their lives by the patients (AIDS victims), the people important to them and those caring for them. There are series of problems faced by people who are terminally ill with AIDS like self- guilt, lack of worth, societal attitude and response, and finally stigmatization. Despite attempts to educate and enlighten the public at the national, state and local government levels, it is evidenced that there still exists much fear and ignorance a bout AIDS and its transmission. In effect, fear and ignorance affects and often isolates patients and their families.

Miller (1988) averred, " In the West, AIDS is associated with traditionally marginalized and oppressed social groups, subject to prejudice and cultural and legal oppression". He further stated that AIDS patients "as members of the society, will have internalized many of those negative social attitudes about them and so, a diagnosis of AIDS will act as a catalyst for the expression of that internalized prejudice. It will therefore result in a heightened potential for self destruction whether it be in the form of an active response such as suicide or a more passive response such as self destructive guilt, self hate or self pity".

Adolescents-The High Risk Group

In simple language, an adolescent is a person between childhood and maturity. The word adolescence was derived from the Latin verb *adolescere*, which translates to mean “to grow up” or “to grow into maturity”. According to Oladele (1994) adolescence refers to the transitory period the individual inevitably passes through in his growth from childhood to adulthood or maturity, i.e. “that period of metamorphosis when an adult is created out of a child. Adolescent period is characterized by problems, it is generally believed that it is a period characterized by storm and stress and series of abnormalities. Many psychologists especially Freud (1936) posits that to be normal during the adolescent period is itself abnormal.

Adolescence as a period is a developmental stage of life normally characterized by experimentation, risk taking, and sexual exploration within the context of feelings of invulnerability. This makes it a uniquely high-risk period for acquisition of HIV. According to Grubman and Oleske (1996) in sub-Saharan Africa, it is estimated that 75% of all new cases of HIV infection occur in individuals less than 20 years of age. Relatively in the U.S., an analysis of the age of acquisition of HIV fell from over 30 years in 1980, to 25 years during the period of 1987-1991 and that during this same time, 25% of newly infected people were under the age of 22 years. In Nigeria, it has been documented that disadvantaged and out of school youth are at highest risk of HIV infection (NDHS, 1999).

It is evidenced that sexually transmitted diseases are on the increase and so is unplanned pregnancy among adolescents. These are suggestive of a substantial risk for sexually transmitted HIV infection for this age group. According to Grubman and Oleske (1996) “of the 123 million people in the United States who contracted a sexually transmitted disease in 1991, two-thirds ($\frac{2}{3}$) were under the age of 25”. They suggest that “independence and sexual exposure (including heterosexual, homosexual and sexual abuse) of adolescents are mainly responsible for the high rate of infection”, hence, the need to face this group of people so as not to endanger or mortgage the future of our beloved country Nigeria. It is a general consensus that the youth of a nation are the trustees of posterity; hence, everything should be done to safeguard the lives of youth for them not to be cut short by the dreaded scourge. The mere fact that AIDS has no drug for its cure clearly shows the danger the scourge poses to adolescents’ survival (Iguanre, 2003).

Attitude of Adolescents to HIV/AIDS

Attitude is a way of thinking or behaving. Morgan, King and Robinson (1979), defined attitude as a “learned predisposition to behave in a consistent evaluative manner towards a person, a group, an object or a group of objects”. To Abogunrin (2002), “understanding the attitudes of adolescents towards HIV/AIDS may contribute to knowledge which AIDS campaigners can use to encourage youths to adapt scientifically recommended ways of containing AIDS for a healthy and AIDS free country”.

Adefokun (1999) in her study on awareness and attitude of University of Ilorin students towards HIV/AIDS observed that there was no significant difference in the attitude of male and female respondents towards HIV/AIDS. Also her data on the attitudes of respondents from different class levels (100-600) towards HIV/AIDS shows that the respondents are not significantly different in their attitude towards it. Also, it was established that there is no difference in the attitude of Christian and Muslim adolescents towards HIV/AIDS. The above study shows that majority of adolescents encountered have the same attitude towards HIV/AIDS like all of them agreeing not to go for AIDS test even if it is free of charge, having the belief that it is infectious; believing that use of condom during sex lowers the risk of contacting the virus and that it can be prevented by staying away from indiscriminate sex among others.

Quite a number of researchers have conducted studies on knowledge of HIV/AIDS among adolescents. Umoh, Okesina, Adeoye and Obiyemi (2001) reported a high level of knowledge of AIDS among adolescents in Nigeria. Though in contrast to this result, sexual practices and attitude did not reflect the high level of knowledge of HIV/AIDS among adolescents (Abogunrin 2002). In a similar study conducted by Olayinka and Osho (1997), it was revealed that adolescents’ knowledge of AIDS was high. They further reported that most sexually active respondents aged 19 years or below who had never used condoms, perceived themselves to be at a higher risk of testing positive for HIV. It is glaring that adolescents are generally knowledgeable about HIV/AIDS but yet, majority of them still engage in unprotected sex thereby making them susceptible to HIV infection and further spreading dreaded virus to unsuspecting partners. This then calls for serious attention to be given to adolescents so as to make Nigerian youths the trustees of posterity.

Preventing the Spread of HIV/AIDS

It is widely accepted the world over that prevention is better than cure. According to Sims and Moss (1992), people with AIDS and their families live in constant uncertainty as to who, how and when the virus will affect another member, and whether they will be able to cope. They also

will live with the perceived certainty that a diagnosis of AIDS equals death. It is always a relief when a person knows that he has AIDS rather than living with uncertainty because uncertainty may prove very difficult for many people to live with. This leads to fearing every cough and cold wondering when and if AIDS will be diagnosed.

Counseling should be available to help reduce the high incidence of HIV/AIDS among adolescents. Schools are expected to map out strategies to deal with the scourge. At the national level, many campaigns are on in the media (TV, radio, newspaper, pamphlets, magazines), billboards and sometimes handbill. Also, counselling services should be available at all school setting to help guidance counsellor or any other designate personnel to drive home the point that HIV/AIDS is a dreaded disease condition, it is a disease that once a person contacts it, it is contacted for life. With the vast spread of the disease, a great disaster awaits humanity if nothing is done to stem the tide (Iguanre, 2003). Counsellors are expected to understand that the highest concentration of the HIV virus is found in the semen, vaginal secretions and blood. According to pamphlet on HIV infection and AIDS disease published by the Federal Ministry of Health (undated) other possible ways of transmission are:

- ❖ Sharing of needles as in intravenous drug users (most female adolescents share needle especially with the use of weave-on's).
- ❖ Re-use of unsterilized needles in health facilities.
- ❖ Re-use of unsterilized sharp instruments in traditional practice (i.e. tribal mark cuts, circumcision).
- ❖ Transplant of an infected body organ.

Also, counsellors are in a vantage position to change the belief of most adolescents and even adults on some misconceptions about the spread of AIDS. HIV virus and AIDS are neither spread nor transmitted by: hugging, handshakes, sharing of toilets, bathroom, sitting together in the classroom, office, bus, church or mosque, sharing eating utensils like spoon and fork and through mosquito bites. Through counselling, counsellors are expected to be at the vanguard when it comes to adolescent issue especially at the senior classes. Counsellors are expected to provide directions to students (adolescents) on the best way to protect themselves from contacting the dreaded virus. Also, there is the need for proper relationship between the counsellor and the school authority. The school authorities are expected to fund the counselling centers for efficient services to mankind. Funds and other logistics can be made available at short notice to organize campaigns, symposia, and health talks e.t.c. In doing this, professionals can be

brought in to help sensitize the students and to disabuse their mind of wrong impressions on issues bordering on HIV/AIDS.

Apart from the school setting, counsellors can carry their campaign to the outside community by liaising with youth clubs, associations, sports club and even religious group to try and educate their members on the ill effects of HIV/AIDS. This will go a long way in assisting adolescents acquire the necessary knowledge about HIV/AIDS. This will also enable them to be equipped to pass the necessary information to other unsuspecting and innocent individuals, family members and friends alike. Also, another way of preventing HIV/AIDS or to control its spread is to equip the help givers, various state chapters of Counselling Association of Nigeria can organize workshops and invite health professionals to further inundate counsellors on current happenings as regards HIV/AIDS. This type of discourse will further enable counsellors to be better equipped to face issues concerning HIV/AIDS in their various places of endeavour.

Another veritable means to prevent adolescents from contacting or spreading HIV/AIDS is through sex education. According to Fakunle (1986), sex education is a process of making the individual develop a positive and wholesome attitude towards sex. It is also seen as a process that will enable the individuals to lead a full life, enjoy his or her life fully and of developing to be a responsible member of the society to which he/she belongs. Ransome Kuti (1996) argues that it is “ traditional to protect adolescents from receiving education on sexual matters in the false belief that ignorance will encourage chastity yet, the terrible result of unprotected sexual activity among adolescents is glaring and devastating. Issues concerning sex or sexuality education have generated a lot of controversy such that some counsellors fail to justify its usefulness.

According to Guidelines for Comprehensive Sexuality Education in Nigeria (1996) sexuality education seeks to:

- ❖ Assist individual in having a clear and factual view of sexuality;
- ❖ Provide them with information and skills about taking care of their health; and
- ❖ Helping them to acquire skills to make decisions now and in the future.

Hence, counsellors are expected to provide sexuality education to young children before they become sexually active. Counsellors should be obliged by the school authority to show films, documentaries, still pictures in the course of discussing HIV/AIDS. This will help assuage the feeling of some adolescents who feel that AIDS is framed to scare them from having sexual intercourse. It will justify the claim that AIDS is real and that it kills.

Counsellors through the platform of the Parents Teachers Association (P.T.A) should solicit for the support of parents in preventing their children or ward from contacting the dreaded disease. Parents can do this by maintaining strict discipline at home, parent-child discussion group, ensuring that children put on moderate dress (especially the females) and discouraging keeping of late nights.

In reference to the Counselling Association of Nigeria at the National level and invariably to all state chapters, the researcher strongly feels there should be an attempt to incorporate teachings on HIV/AIDS into the General Studies Curriculum at all tertiary institutions in the country. This can be achieved by submitting a detailed proposal about the benefits of such to the Federal Ministry of Education, NUC, NCCE, NBTE and other relevant bodies. Another way to prevent HIV/AIDS among adolescents is to persistently warn them against having intercourse with casual acquaintances and prostitutes because there is absolutely no way to identify somebody with HIV infection at the initial stage.

Counsellors can further help by campaigning against the use of unsterilized hospital equipment in school clinics, as this can be a source of spreading the virus. Also, counsellors can help by enlightening parents and teachers alike about the dangers posed by the transfusion of unscreened blood as this serves as a veritable means of transmitting the dreaded virus. Finally, counsellors are expected to sound it loud and clear that the HIV virus affect people in different ways and that, the basic underlying fact is ONCE CONTACTED, IT IS A CONTRACT FOR LIFE, which either partner cannot withdraw from.

Summary and Conclusion

This paper has brought to light the need to maintain sexual discipline especially among our adolescents who due to increased freedom are vulnerable to contacting HIV/AIDS and the paper went on to give very simple but concise meaning of AIDS as a disease. Issues bordering on adolescents were thoroughly discussed because they constitute the high-risk group. The paper went further to discuss the correlation between counselling and HIV/AIDS- that is to prevent the scourge, a lot is expected from counsellors and health practitioners through the instrumentality of counselling. The attitudes of people especially adolescent towards HIV/AIDS were also highlighted.

Lastly, the paper discussed the preventive measure of HIV/AIDS and basically relates this to the roles expected of counsellors. Counsellors are very important in the fight to prevent HIV/AIDS or to reduce its spread. Hence, every support and encouragement should be given to counsellors by the authorities concerned. In conclusion, it will be apt to state categorically that too much emphasis is placed on sex-related causes of AIDS efforts should also be made to sensitize the public on other means of contacting it. It should be borne in mind that not all AIDS cases are sexually caused. The mere fact that AIDS has no drug yet for its cure shows clearly the danger it poses to humanity. All hands must therefore be on deck to collectively fight this deadly disease that stares us in the face.

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