

**EFFECTS OF HIV- AIDS PREVENTIVE COUNSELLING
ON YOUTHS' ATTITUDES IN OYO BAPTIST
CHURCHES**

N.B.T.S.
Oye 3-e
P.H.D.

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**By
Helen Iyabo A. Oyekanmi.**

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ABSTRACT

This study was conducted mainly to examine the effects of preventive interactive counseling on the knowledge and attitudes of youths towards HIV-AIDS.

A quazi experimental design of pre-test, post-test control was employed. A total of 200 youths, ages 18 – 25 were randomly selected from 10 Nigerian Baptist Convention Churches in Oyo city and divided into two groups. 100 were put in the Experimental group and 100 in the Control group. There were 29 males and 71 females in the Experimental and 33 males and 71 females in the Control groups.

Two major instruments were used. The first one was the Preventive Interactive Counseling Education Programme (PICEP). This is a group counselling package standardized by experts in counselling. The package examined with the counselees education on human anatomy and reproductive organs, and discussed premarital sex. Other interactive sessions focused attention on awareness and consequences of HIV-AIDS. The second instrument was a combination of tests and questionnaires on knowledge and attitudes about HIV-AIDS. This instrument was used as pre and post-test. It was validated in terms of content and face faithfulness by experts. Its reliability was determined in a trial test re-test method. The reliability co-efficient obtained was 0.80.

Findings of the eight hypotheses tested are as follows.

1. The experimental group after the interactive counselling sessions significantly improved in their attitudes towards HIV-AIDS education more than the control group with $t = 2.15, df (198) p > .05$.
2. There was no significant difference in the level of knowledge of HIV-AIDS between the experimental group and the control group.
($t = 1.90, df (198) < .05$).

3. There was no significant difference between the level of knowledge of male and female youths towards HIV-AIDS preventive interactive counselling, hence, both performed equally $F = 0.035$, $df (1)$, $p < .05$.
4. Similarly there was no significant difference between the level of knowledge of youths of ages 18-21 and 22-25 years, both performed equally with $F = 0.034$, $df (99)$, $p < .05$.
5. Also, youths of only primary and secondary education and youths of tertiary education performed equally at $F = 1.090$, $df (4)$, $p < .05$.
6. There was no significant difference between parental level of education and their youths manifested knowledge of HIV-AIDS preventive counselling .
(Fathers' F ratio = 1.401, $df (4)$, $p < .05$.
Mothers' F ratio = 1.076, $df (4)$, $p < .05$) .
7. There was no significant difference among youths' attitudes and different levels of parental occupational background. (Fathers' F ratio = 2.075, $df (4)$, $p < .05$. While the mothers' $F = 0.85$, $df (4)$, $p < .05$) .
8. Hypothesis eight also declared no significant difference between youths from monogamous home and youths from polygamous home background, and their level of attitude towards HIV-AIDS preventive interactive counselling. ($t = 0.195$, $df (95)$, $p < .05$) .

Based on these findings, it was inferred that a systematic Non-directive group counseling with Biblical orientation will significantly improve the attitudes of the youths towards HIV-AIDS prevention. The interactive counselling sessions were also found to be effective considering the ages, gender and educational background of counselees used and the parental home background, education and occupations of their parents.

It is therefore recommended that, effective communication through one to one interaction and through group counselling strategies periodically offered by the counsellors parents, teachers, youth leaders, religious educators and Church clergies should be embarked upon for the prevention of HIV-AIDS transmitted disease. Churches in the Nigerian Baptist Convention can use trained counsellors who will provide information for the youths on issues such as dating, petting, premarital sex, abstinence, anatomy, pornography, raping, courtship, sex engagement, cultural wedding virginity, and all that makes for a happy family life.

Recommendations

Based on the findings from this research work the following are recommended

1. Prevention and control are the best way to handle HIV-AIDS disease because there is no found cure yet. Thus, active campaign against homosexuality, indiscriminate bisexuality, intravenous drug abuse and careless use of hypodermic needles as well as screening of all blood products remain for now the best way of controlling HIV-AIDS. Therefore, effective communication through one to one and group to group counselling strategies are highly recommended for the success of HIV-AIDS prevention campaigns among Nigerian youths .
2. Parents should give their wards necessary supports to be able to develop self-esteem, set goals and achieve them with little or no strains. Help teenagers to be well equipped in order for them to be self-actualised. This will in turn assist them to develop skill to negotiate properly sexual advances any one may make to them. Additionally, visit to youths that are living outside the home as a result of schooling or admission seeking period, should be on regular basis .
3. Parents should from time to time encourage sustenance of virginity and rejoice with their youths who remain sexually pure even before the on set of wedlock, and from which others could learn the need to remain chaste .
4. Parents should spend quality time with their children so that they can influence positively the thoughts and actions of their youths and guide their spiritual development instead of leaving them at the mercy of their peers and some times their teachers .
5. There should be provision for continuous interaction between the youths and church counsellors or youths leaders where discussion will flow and cover areas of dating, petting, virginity, abstinence, masturbating homosexuality, anatomy, condom,

- pornography, rapping, courtship, true love, misconceptions about sex engagement, traditional bride price, and wedding .
6. The church youths should be trained and mobilized to always speak and go against distribution of contraceptives in some schools. Youths should shun all appearances of pornography, provocative sexy dresses, and unwholesome friendship .
 7. Provision of Sex Education. The church should influence sex education in two ways: *Indirectly*, by encouraging and instructing parents what to teach and how to teach children at home. And directly through sermon hours, Sunday School and Training Union Classes, youth discussion groups which include Royal Ambassador, Girls Auxiliary, Lydias, Baptist Student Fellowship, Youth camp retreats and Church picnics. The message should include biblically based principles of morality. The teaching must be honest, practical and consistent .
 8. Provision of Recreation environment for youths leisure such as a small football field, table tennis court, library, reception hall and so on that are monitored buy appropriate persons .
 9. The church trained counsellors should find out about PLWHA both in and outside the church, help them focus on the future, educate family members on how to care for such, and encourage the congregation to provide support which may be material (in cash and in kind) and sometimes psychological (see page 111-114) .
 10. The Church should develop a policy in regard to HIV-AIDS testing and reporting for would be couple in the initial stage of their relationship and at least nine to six months before wedding in a recognized hospital or laboratory. This should cut across all members of the Nigerian Baptist Convention Churches. The HIV-AIDS test should be carried out after proper pre-test counselling session by a recognized minister of God. (see App. 6). Intensive dissemination of comprehensive and correct information on HIV testing including counselling should be undertaken in churches and social

