

Correlates of Peer Influence and Resistance to HIV/AIDS Counselling and Testing among Students in Tertiary Institutions in Kano State, Nigeria

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Abstract—The psychological impact of peer influence on its individual group members, can make them resist HIV/AIDS counselling and testing. This study investigated the correlate of peer influence and resistance to HIV/AIDS counselling and testing among students in tertiary institutions in Kano state, Nigeria. To achieve this, three null hypotheses were postulated and tested. Cross-Sectional Survey Design was employed in which 1512 sample was selected from a student population of 104,841. Simple Random Sampling was used in the selection. A self-developed 20-item scale called Peer Influence and Psychological Resistance Inventory (PIPRI) was used for data collection. Pearson Product Moment Correlation (PPMCC) via test-retest method was applied to estimate a reliability coefficient of 0.86 for the scale. Data obtained was analyzed using t-test and PPMCC at 0.05 level of confidence. Results reveal 26.3% (397) of the respondents being influenced by their peer group, while 39.8% showed resistance. Also, the t-tests and PPMCC statistics were greater than their respective critical values. This shows that there was a significant gender difference in peer influence and a difference between peer influence and resistance to HIV/AIDS counselling and testing. However, a positive relationship between peer influence and resistance to HIV/AIDS counselling and testing was shown. A major recommendation offered suggests the use of reinforcement and social support for positive attitudes and maintenance of safe behaviour among students who patronize HIV/AIDS counselling.

Keywords—Peer influence, HIV/AIDS counselling and testing, Resistance.

I. INTRODUCTION

PEER group may be defined as a group of people who share similarities such as age, background, and social status, which are likely to influence the beliefs and behaviour of group members [1]. Peer group influence is the social influence a peer group exerts on its individual members, which makes them conform to the expectations of the group and ways of thinking of their peers [2], [3]. Peers, particularly group members, become important social referents for teaching other members customs, social norms, and different ideologies [4].

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Peer groups can consist of all males, all females, or both males and females. A Study [5] shows that the majority of peer groups are unisex. Peer groups' cohesion is determined and maintained by such factors as group communication, group consensus, and group conformity concerning attitude and behaviour [6]. As members of peer groups interconnect and agree on what defines them as a group, a normative code arises. This normative code can become very rigid, such as when deciding on group behaviour and clothing attire [2].

Member deviation from the strict normative code can lead to rejection from the group [7].

A study [8] suggested that an individual's peer group significantly influences his intellectual and personal development. Peers can also influence individual members' attitudes and behaviours with respect to many cultural and social issues, such as drug use, violence, academic achievement, access to HIV/AIDS counselling and testing services, and even the development and expression of prejudice [9]. Studies have shown that many adolescent girls equate sex with love and/or peer acceptance and suffer undesirable consequences as a result of their actions, such as HIV infection, other sexually transmitted diseases and pregnancy [10], [11].

Although the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) epidemic is in its fourth decade, many more new infections continue to occur [12]. HIV transmission in sub-Saharan Africa is predominantly heterosexual [13] and as such a lot of prevention efforts have focused on sexual behaviour change [14]. However, for behaviour change to happen, it is important that individuals know their HIV status so that they can take informed and appropriate action [15]. HIV/AIDS Counselling and Testing has been recommended as an effective entry point to prevention and care [16].

In Nigeria, Current estimate shows that over 33 million people live with the virus worldwide, and the prevalence rate and death toll hits 3.6% and 220,000 respectively [17]. The official government position for HIV testing since the early days of the epidemic was premised on the client-initiated testing and counselling (CITC) model, which entails a client taking the initiative to be tested for HIV [12]. The process involves provision of pre-testing counselling, testing and post-testing counselling with a lot of emphasis on maintaining client confidentiality [14]. However, several years into the epidemic, the uptake of counselling and testing remained low [10]. For example, in an earlier survey in 2002, it was

estimated that approximately 6% and 14% of females and males respectively, in Nigeria, had ever been tested for HIV and 3% and 6% respectively have received results [12]. Record from HIV sero-prevalence conducted in 2000 shows that Kano state had about 25,000 cases of infections [18]. This prompted the State through its Ministries of Health and Education to extend its campaign (HIV/AIDS counselling and testing) to educational institutions. Unfortunately, the services being rendered in Kano state educational institutions had received low patronage of clients (students).

This form of behaviour can lead to Psychological Resistance; a personal automatic ways of reaction in which clients refuse to reveal hidden aspects of themselves to the therapist by way of boycott and total aloofness [19]. Psychological resistance is an automatic and unconscious process, which can either be for a certain period of time (state resistance) but it can also be a manifestation of more longstanding traits or character (trait resistance) [19]. In counselling psychotherapy, state resistance can occur at a certain moment, when an anxiety provoking experience is triggered, while Trait resistance on the other hand occurs repeatedly during sessions and interferes with the task of therapy [20]. By implication, the client shows a pattern of off-task behaviors that makes the therapist experience some level of negative emotion and cognition against the client. Therefore the maladaptive pattern of interpersonal behavior and the therapist's response interfere with the task or process of therapy. As used in this study, psychological resistance refers to refusal to patronize or access HIV/AIDS Counselling and testing programmes.

Studies conducted elsewhere reveal significant findings on Peer Influence and Psychological Resistance to HIV/AIDS counselling and testing. Reference [21] reported that about 89 percent of the students examined had misperception and discomfort for the services. He added that half of the males and 42.9% of the female respondents were influenced by their peers with a significantly higher mean age among males compared to females (mean age \pm SD = 14.6 \pm 1.4 vs. 12.5 \pm 0.5, respectively, $P < 0.001$). Another study conducted [22] on effects of peer pressure on acceptability of VCT among secondary school students in Fagge Local Government Area of Kano State revealed that, approximately 31% of all respondents had ever been tested for HIV through Client Initiated Testing and Counselling (CITC), and 42% had never been tested but indicated willingness to test. The researchers pointed that while Pressure from peers had significant effect on acceptance of HIV test, a significant difference also existed between peer pressure and willingness to test.

A study [23] investigated the factors predicting uptake of VCT in a real life setting in a mother and child centre in Lagos, Nigeria. It was found that less than 20% of the sample accepted VCT. The HIV seroprevalence rate was 10.6%, while the uptake rate was independently associated with peer influence. A similar study [24] examined factors influencing acceptability of voluntary counselling and HIV-testing among pregnant women in Northern Nigeria. Results obtained revealed 41.7% of women's willingness to accept VCT while

59.3% were unwilling. Barriers related to peer (partner) influence, perceived high personal susceptibility to HIV/AIDS and religion were all shown to be associated with willingness to accept VCT.

A study [25] on HIV risk perception, peer pressure and acceptability of VCT among adolescents in Kano State, revealed a strong relationship between peer influence and HIV risk perception and between peer pressure and refusal to accept VCT. In a related study on peer pressure and sexual risk behaviour among young adolescents in South Africa, result [15] revealed that, peer pressure have been found to undermine healthy social norms and HIV prevention messages to abstain, be faithful, use condom and delay sexual debut.

Several studies [9], [22], [23], [25] have been conducted on peer pressure, HIV risk behaviours, attitudes to VCT, and factors hindering the acceptance of VCT, but not much focus have been on peer influence and Psychological Resistance to HIV/AIDS Counselling and Testing among students in tertiary institutions in Kano state. In addition, prior studies have not adequately discerned determinants of Psychological resistance to HIV/AIDS counselling and testing. This study is therefore designed to bridge the gap. It is hoped that the results from the study would help inform HIV prevention and care advocates to adjust their activities to reach people who do not know their HIV status.

The objectives of the study therefore include the following:

1. To reveal gender difference in peer group influence among students in tertiary institutions in Kano state.
2. To determine the differential in peer group influence and psychological resistance to HIV/AIDS counselling and testing among students in tertiary institutions in Kano state.
3. To find out whether peer group influence correlates with Psychological resistance to HIV/AIDS counselling and testing among students in tertiary institutions in Kano state.

In line with these objectives, the following null hypotheses were postulated for the study:

H₀₁: There is no significant gender difference in peer group influence among students in tertiary institutions in Kano state.

H₀₂: There is no significant difference between peer group influence and psychological resistance to HIV/AIDS counselling and testing among students in tertiary institutions in Kano state.

H₀₃: There is no correlation between peer group influence and Psychological Resistance to HIV/AIDS Counselling and testing among students in tertiary institutions in Kano state

II. RESEARCH METHODOLOGY

A. Research Design

Cross-sectional Survey Design was employed in the study. To achieve this, the 15 conventional tertiary institutions in the state were regrouped into four subsections, i.e. University (36,559), College of Education (27,817), Polytechnic (19,658)

and Monotechnic (20,807). Thus, a total of 104, 841 was estimated as student's population in the tertiary institutions as at 2012/2013 session. In line with a conventional procedure [26], a total of 1,512 students were drawn. Simple Random Sampling technique was used to obtain samples that are representative of the population [27].

TABLE I
STUDENTS POPULATION (N) AND SAMPLE SIZE (S) OF TERTIARY INSTITUTIONS IN KANO STATE

| SN | Tertiary Institutions | No. | N | S |
|--------------|-----------------------|-----------|---------------|-------------|
| 1. | Universities | 2 | 36559 | 380 |
| 2 | Colleges of Education | 3 | 27817 | 378 |
| 3 | Polytechnics | 4 | 19658 | 377 |
| 4 | Monotechnics | 6 | 20807 | 377 |
| Total | | 15 | 104841 | 1512 |

Table I above presents the summary of student's population (N) in the various institutions and their respective sample sizes (S) based on a conventional sampling procedure [26].

B. Instrumentation

The instrument used for data collection was a self-developed and harmonized 20-item scale known as Peer Influence and Psychological Resistance Inventory (PIPRI) whose average reliability coefficient of 0.86 was measured using the Pearson Product Moment Correlation Coefficient (PPMCC) procedure. The pretested instrument (PIPRI) was distributed to 1,512 students via Research Assistants. The inventory is provided with Likert scale at the right side of each item, with rating ranging from 1 (Strongly Disagree), 2 (Disagree), 3 (Agree), and 4 (Strongly Agree) category. The PIPRI scores were obtained by summing the circled values and the total scores were derived by summing the subtotals in the four columns to give a raw score, and the raw score percentile was calculated in order to determine Peer group influence and Psychological Resistance to HIV/AIDS Counselling and testing. Data obtained was analyzed using two statistical procedures. The first and second hypotheses were tested with t-test statistic while the third hypothesis was tested with PPMCC at 0.05 confidence level.

III. RESULTS

A descriptive analysis of data shows that Peer group Influence (PGI) recorded 26.3% prevalence (397) while, Resistance (PR) to HIV/AIDS counselling and testing had 39.8% (601). The null hypotheses were thereafter tested and results are presented in tables:

TABLE II
T-TEST ANALYSIS OF GENDER DIFFERENCE BETWEEN PEER GROUP INFLUENCE AMONG STUDENTS IN TERTIARY INSTITUTIONS IN KANO STATE (N=397)

| Variable | N | Mean | SD | df | t-cal | t-crit. | P<0.05 |
|----------|-----|-------|-------|-----|-------|---------|-------------|
| Male | 262 | 17.47 | 22.39 | 395 | 1.899 | 1.645 | Significant |
| Female | 135 | 9.00 | 9.42 | | | | |

The figures in the table above is significant at $p < 0.05$. It shows that the calculated t-value of 1.899 is greater than the

critical t-value of 1.960, as such H_01 is rejected. This indicates that there was a significant gender difference in peer group influence among the students.

TABLE III
T-TEST ANALYSIS OF THE DIFFERENCE BETWEEN PEER GROUP INFLUENCE (PGI) AND PSYCHOLOGICAL RESISTANCE (PR) (N=998)

| Variable | N | Mean | SD | df | t-cal | t-crit. | P<0.05 |
|----------|-----|-------|-------|-----|-------|---------|-------------|
| PGI | 397 | 26.47 | 29.69 | 996 | 3.452 | 1.645 | Significant |
| PR | 601 | 40.07 | 41.62 | | | | |

The result in the table above shows that, the t-test value of 3.452 is greater than the critical value of 1.960, therefore the H_02 is rejected and the alternative hypothesis which says there is a significant difference between peer group influence and psychological resistance to HIV/AIDS counselling and testing among the students is upheld.

TABLE IV
PPMCC ANALYSIS OF THE RELATIONSHIP BETWEEN PEER GROUP INFLUENCE (PGI) AND PSYCHOLOGICAL RESISTANCE (PR) TO COUNSELLING AND TESTING (N=998)

| Variable | N | Mean | SD | df | r-cal | r-crit. | P<0.05 |
|----------|-----|-------|-------|-----|-------|---------|-------------|
| PGI | 397 | 26.47 | 29.69 | 996 | 0.76 | 0.087 | Significant |
| PR | 601 | 40.07 | 41.62 | | | | |

* Correlation is significant at the 0.05 level (2-tailed).

The table above shows that the critical value (0.087) is less than the calculated r-value of 0.756 at $P < 0.05$. This means that there is a significant relationship between Peer Influence and Resistance to HIV/AIDS counselling and testing among students in tertiary institutions in Kano state. To this end the H_03 is hereby rejected and the alternative one which says that there is a significant correlation between peer group influence and psychological resistance to HIV/AIDS counselling and testing among students in tertiary institutions in the state is upheld.

IV. DISCUSSION ON FINDINGS

From the analysis of data on H_01 , result shows a significant gender difference in peer group influence among students in tertiary institutions in Kano state. This finding conforms to [21] in a study on attitude of students to VCT. The report shows that half of the males and 42.9% of the female respondents who had discomfort for VCT were influenced by their peers with a significantly higher mean age among males compared to females.

Finding in respect to H_02 shows a significant difference between peer group influence and psychological resistance to HIV/AIDS counselling and testing among the students. This finding corroborates [22] in which they found a significant difference between peer pressure and willingness to undergo HIV test.

Also, finding from the analysis on H_03 revealed a positive correlation between peer group influence and Psychological resistance to HIV/AIDS counselling and testing among students in tertiary institutions in Kano state. This finding concurs with [23] in their study on factors influencing acceptability of voluntary counselling and HIV-testing among

pregnant women in Northern Nigeria. They found that barriers related to peer (partner) influence, perceived high personal susceptibility to HIV/AIDS and religion were all shown to be associated with willingness to accept VCT. Another finding [23] in Lagos, Nigeria also showed that low VCT uptake rate was independently associated with peer influence. In the same vein, [24] revealed a strong relationship between peer influence and HIV risk perception and between peer pressure and refusal to accept VCT. In a related study on peer pressure and sexual risk behaviour among young adolescents in South Africa, [15] revealed that, peer pressure have been found to undermine healthy social norms and HIV prevention messages to abstain, be faithful, use condom and delay sexual debut.

V. CONCLUSION

The study concludes that although peer group influence was found to differ among gender, and from psychological resistance to HIV/AIDS counselling and testing, a positive relationship between the duo (peer group influence and psychological resistance) has been established by the present study.

VI. RECOMMENDATIONS

Based on the findings of the present study, the following recommendations are offered:

1. There should be broadened intervention efforts that would recognize, emphasize and enhance positive peer influence.
2. Peer leaders should be identified and trained as peer tutors, and charged with role of disseminating accurate knowledge of HIV/AIDS and its risk behaviour. This would help to disabuse the minds of peer members who may have wrong perception about HIV/AIDS counselling and testing.
3. Counsellors should employ reinforcement, praise and social support for positive attitudes, behaviour change or maintenance of safe behaviour among peers who patronize HIV/AIDS counselling.

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