Strategies for Preventing the Spread of HIV Infections among Youths: Counselling Implications

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Abstract
The paper examined strategic approaches in counselling for managing and curbing the spread of HIV/AIDS among youth/Adolescents: implication for counselling. HIV which is the Human Immune Deficiency Virus is a disease mostly found in blood, semen and vagina discretion and it becomes AIDS when the immune body system of a person is very low and it takes a much longer time to develop into AIDS in the body of a person with a strong immune system. The paper examined the causes and ways in which one can be infected with HIV/AIDS such as contact with unscreened blood, unprotected sex with an infected person, through blood transfusion, sharing of sharp objects like razor, clipper, and also through breastfeeding and so on. Some strategic approaches on educating the youth/adolescent on preventive ways of contracting HIV/AIDS are: Religious, Medical, Psycho-social and Counselling approach by advising them to avoid fornication (pre-matured and extra marital sex), not to accept unscreened blood for blood transfusion, The society should discourage the youth from taking intoxicants, and should avoid dressing in the manner that exposes their sexuality that could appeal or excite the sex instinct. Conclusively, since HIV/AIDS has no cure yet, it is therefore recommended that youth/adolescents should keep away themselves from pre-marital sex, abstain themselves, avoid sharing any un-sterilized sharp objects, and avoid any contact with un- tested blood.

Keywords: Human Immune Deficiency Syndrome HIV, Acquired Immune Deficiency AIDS, Youths/Adolescents.

Introduction

Youths are one of the greatest assets that any nation or country can have. They serve as a good measure of the extent to which a country can produce as well as sustain itself. (Abubakar et.al. 2014). According to World Health Organization (WHO), Adolescents are persons between the age of 10-24years. This age is characterized by rapid physical growth and development as well as sexual maturation. Youth and adolescents are most at risk of contracting HIV/AIDS and other sexually transmitted diseases. It is a period that can be marked by the need to try out new things such as sex, experiments with injectable drugs as well as other drug types. As a result of engaging in these high risk behaviours there have been an upsurge in the prevalence of HIV/AIDS and other sexually transmitted diseases in adolescents

Taking into considerations that most adolescents became sexually addicted at this age and the attendant health risk, it is therefore paramount to provide sexual and reproductive health information and services to them. However, many adolescents and youth persons are limited by their social and economic status, therefore access to these information and services is constrain. To compound this estimate from WHO shows that majority of adolescents who are engaging in risky sexual behavior live in sub SaharanAfrican, a region with high burden of HIV.

HIV/AIDS remains a growing public health concern worldwide, over the past three decades, HIV has established itself. In every age group there is increasing concern in the growing disproportionate share of adolescent and young people living with HIV/AIDS worldwide. There are about 1.8 billion adolescents and young people worldwide which is a quarter of the world's population estimate from the United Nations Children's Emergency Fund [UNICEF] (2016) shows about 2.1 million adolescents between the ages of 10-19 were living with HIV worldwide. In 2015 alone, 2.1 million persons that were newly infected with HIV, 670.000 were young people between the age of 15-24 and 37% of these were adolescents between the ages of 15-19. Peer group counseling is becoming a viable treatment option when working with people living with HIV/AIDS especially during the diagnostic process. Research suggests that hope can help people living with HIV/AIDS to deal with HIV diagnosis and to improve their life style (Harris & Larsen, 2007).

Conceptual Meaning of HIV and AIDS

HIV/AIDS according to Rimfat (2006) HIV stands for Human Immune Deficiency Virus, the virus attack the body like any other viruses such as yellow fever, common colds, measles, chicken pox and so on. The virus develops and survives only in human beings and a person with HIV has a weak immune system that catches Aids in a short time while it takes a much longer time to catch a person with a strong immune system. While AIDS stands for Acquired Immune Deficiency Syndrome. It is a disease which is caused by HIV, the virus is mostly found in blood, semen and vagina secretions. Many people are affected with AIDS but are not yet aware becausethey have not been medically screened. According to Haruna (2015) HIV is a parasite that destroys human immune system, rendering it vulnerable to opportunistic infections a condition known as Acquired Immune Deficiency Syndrome (AIDS).

Ojikulu, Adeleke, Yusuf and Ajijola (2010) Examined knowledge, risk perception and behavior on HIV/AIDS among students of tertiary institution in Lagos state, Nigeria. The results from the study revealed that having multiple sex partners was found to have significant effects on decision about infection, prevention techniques as well as counseling and testing. Anderson, Beutel

and Maughan-Brown (2007) examined HIV/AIDS riskperception and first sexual intercourse and acceptability of Voluntary Counselling and Testing among youth in Cape Town, South Africa. The researcher used longitudinal data collected in 2002 and 2005 from 3,025 black, colour and white youth aged 14-22 (in 2002) in Cape Town, South Africa. The data were analysed using multivariate regression to examine correlates of perceived HIV/AIDS risk and one HIV/AIDS risk behaviour, (transition to first sex and acceptability of VCT of HIV/AIDS . independent variables taken from the 2002 survey were used to predict dependent variables taken from the 2005 survey. Results indicates that the most respondents viewed themselves at no risk or small risk of HIV/AIDS infection. Perceived risk of HIV/AIDS was positively associated with having had sex and knowing somebody with HIV/AIDS. Among those who were virgins in 2002, perceived HIV/AIDS risk knowing somebody with HIV/AIDS predicted entry in to first sex by 2005 for females only. Overall, risk behaviour of the youth was positively associated with refusal to undergo HIV/AIDS counseling and testing

In a study conducted by Sarker, Milkowski, Slager, Gondos, Sanou, Kouyate and Snow (2005) on the role of HIV related knowledge and ethnicity in determining HIV risk perception and willingness to undergo HIV testing among rural women in Burkina Faso, only one third of the women were aware that a person could have HIV without having symptoms and these women were significantly more likely to classify themselves to be at high risk for getting HIV. In the study, multiple partners, ethnicity and source of HIV information were significantly associated with perceived high personal risk. Although, perceived willingness to participate in voluntary counseling and testing was high. Despite the high level of perceived personal risk, many were still willing to participate in VCT of HIV/AIDS.

Emergence of Human Immunodeficiency Virus

According to Center for Disease Control (CDC), (2019) Scientists identified a type of chimpanzee in central Africa as the source of HIV infection in humans. They believe that the chimpanzee version of the immunodeficiency virus (called simian immunodeficiency virus, or SIV) mostly likely was transmitted to humans and mutated into HIV when humans hunted these chimpanzees for meat and cameinto contact with their infected blood. Studies show that HIV may havejumped from apes to humans as far back as the late 1800s. Over decades, the virus slowly spread across Africa and later into other parts of the world. The virus existed in the united state since at least the mid to late 1970s.

HIV/AIDS was first recognized in 1970s and was first investigated in USA in the year 1981, by 1983 over 350 people were already contacted and are suffering from AIDS in USA. HIV was noticed in Africa in the 1980s and was first identified in Nigeria in 1986 on a 3year old student (Amuda and Gwama, 2015).

How HIV/AIDS is contacted

Kaplan (2019) explained that people can get HIV when an infected persons body fluids including blood, semen, fluids from the vagina or breast milk get in to your blood that can happen through broken skin or the linings in your mouth, anus, penis or vagina. People commonly get HIV from:

1. Having unprotected sex with an infected person.
2. Sharing a needle to take drugs.

3. Dirty needles used for a tattoo or in body piercing.
4. Mothers with HIV also give the virus to their babies before or when they are born or through breast feeding.
5. It is possible to get HIV through blood transfusion from an infected person, although it is very unlikely in the US and Western Europe where all medical blood is tested for HIV.

Ways HIV/AIDS Cannot Be Spread

Google (2019) states that HIV cannot be spread through the following ways:

1. Air or Water
2. Mosquitoes, ticks or other insects
3. Saliva, tears or sweat that is not mixed with the blood of a person with HIV
4. Shaking hands, hugging, sharing toilets, sharing dishes, silver ware, or drinking glasses or engaging in closed mouth or social kissing with a person with HIV.
5. Other sexual activities that don't involve the exchange of body fluids e.g. touching and so on.

Signs of HIV Infection

Amuda&Gwama (2015:241) stated that, an infected person may show some signs of HIV/AIDS which includes:

1. Progressive weight loss
2. Chronic diarrhea
3. Prolonged fever
4. Persistent cough
5. General itching of the body
6. Swollen glands
7. Loss of memory and loss of intellectual capacity.

Others are nerve damage, painful sore from the skin, painful rashes on the face and genitals, general weakness of the body, loss of appetite and sweating in the night even during cold weather.Therefore, anybody with those symptoms should see a medical doctor for proper investigation and diagnosis. It is important to know that when someone is infected with HIV/AIDS, it is for the rest of his life: meaning that there is no cure for it. Many people may be infected with the virus and are unaware of it because the symptoms could take many years before it shows on others and as results they could spread the virus unknowingly.If a person is screened and diagnosed to be HIV/AIDS positive, medical personnel should offer advice and counsel the individual on what to do first to avoid spreading the virus and to prescribe the Anti-Retroviral Drugs that could boost the body immune system so that the patient can live with the virus with little or no problem.

AIDS Risk Reduction Model

The AIDS Risk Reduction Model (ARRM) by Boyer and Kegeles, (1991) is presented as an example of such a social-physiological model. The ARRM model characterizes why people persist in engaging in high risk activities or make efforts to alter those activities. Although relatively few teenagers have been diagnosed with AIDS and the extent of asymptomatic human immunodeficiency virus (HIV) infection among adolescents remains largely unknown, there is

cause for concern about teens' risk of contracting HIV disease. The incubation period (the time from initial infection to the development of full-blown AIDS) is estimated to average eight years, and therefore it is probable that most of the individuals in their twenties who have AIDS (20% of all the people with AIDS) contracted HIV during their teenage years. The sexual and drug use activities of many teenagers place them at increased risk for HIV transmission. Sexually transmitted diseases (STDs) are pervasive and a major cause of morbidity among sexually active adolescents. The rates of STDs have continued to rise even during the 'age of AIDS'. These rates are of concern since the behaviors associated with the acquisition and transmission of STDs is also the behaviors associated with HIV transmission. In addition, the presence of STDs may increase the likelihood of HIV transmission.

Although condoms reduce the risk of HIV transmission, their use remains low among sexually active teenagers. Reducing or eliminating high risk behaviors is the only way to limit further spread of HIV. Effective prevention programs should be based on models and theories of risk behavior so that the programs can be designed to change those factors which lead to the undesirable risky behaviors. The three stages theorized to be necessary to reduce risky sexual activities are:

1. Recognizing that one's activities make oneself vulnerable to contracting HIV.
2. Making the decision to alter risky sexual behaviors and committing to that decision.
3. Overcoming barriers to enacting the decision, including problems in sexual communication and seeking help when necessary to learn strategies to reduce risky behaviors.

Each stage includes a number of constructs identified in prior research as important for engaging in 'healthy' or low risk behaviors. Innovative strategies must be developed and implemented to reach all adolescents, ranging from teenagers who attend school and live with their families to those teens who are runaways, live in detention facilities or are otherwise 'disenfranchised'. To be most effective, HIV prevention programs must utilize strategies which combine cognitive and behavioral skills training. These programs must be designed to be age appropriate and sensitive to cultural values, religious beliefs, sex roles, and customs within adolescent groups. In addition, these programs should utilize a variety of communication strategies, and importantly, be evaluated for their effectiveness in preventing and reducing HIV risk behavior.

Social Learning/ Social Cognitive Theory

Social learning theory emerged from the theory of Behaviourism, several kinds of social learning theory emerged. The most influential being Bandura's theory (1977) which emphasized observational learning. Bandura later revised his theory and emphasized how the individual thinks about himself and other people (Bandura, 1989; & Bandura, 1992). Bandura then called his theory a social cognitive instead of a social learning approach. Melkote, (2000) consider social learning theory to be synonymous with Social Cognitive Theory (SCT). According to them, this theory explain human behaviour (behaviour change) in terms of continuous reciprocal interaction between cognitive, behavioural and environmental influences. Bandura (1990) contends that to engage in a certain type of conduct, the individual must possess the information about it and the skills to manage the self and others in relation to it. Two important elements of this theory are social modeling and self-efficacy.

The basis of social modeling is that individuals subconsciously do what is considered normal by observing other individuals actions. Thus, the importance of observing and modeling

the behaviours, attitudes and emotional reactions of others is emphasized. In addition, if role models are able to solve a problem successfully, observers will develop a stronger belief in their own abilities. Thus, if one observes significant others as being able to conquer obstacles then there will be no doubts as to one's ability to cope in similar circumstances (Melkote et al, 2000). Bandura contends that, learning would be difficult and dangerous if individuals had to rely on their own actions to inform them what to do. Fortunately, most human behaviour is learned observationally through modeling. Thus, by observing others one forms an idea of how new behaviours are performed and on the later occasions this coded information serves as a guide for action. Therefore, an individual is more inclined to evaluate his/her abilities by observing the coping mechanisms of his/her significant family members, role models and peers.

On the other hand, behaviour change is also influenced by the individual's level of self-efficacy. This means that an individual must be able to possess a self-belief in his/her ability to practice the behaviours which one is capable. Thus, the self-efficacy mechanism is essential in human activity. The self-perceptions of efficacy influence the individual's thoughts patterns, actions and emotional arousal. The importance of social influence factors is acknowledged in this theory. The influence of social factors on sexual behaviour is given secondary importance over the view that the individual decision maker largely determines the course of action.

Self-efficacy and social modeling have been used extensively in aids prevention campaigns (Mordaunt, 2003:44). Social Learning Theory (SLT) has been used by various researchers to investigate sexual behaviour. For example Buhbe (2001) determined whether a model based on Rotter's Social Learning Theory could predict self-report intention to engage in unprotected vaginal intercourse among young adults, women on the pill, the results indicated that alcohol had no impact on behavioural intent and that issues of relationship quality, gender socialization and STI knowledge were discussed. Basen-Engquist as cited in Moodley (2010) tested a model of safer sex behaviour using variables from SLT, HBM, TRA and theories of cognitive coping style on undergraduate university students. Cecil and Pinkerton (2000) determined whether magnitude and confidence represent operationally distinct dimensions in undergraduates university students, the study's findings indicated that an overlap between the dimensions of confidence and magnitude, but also substantial differences. Other researchers like Kennedy, Nolen, Applewhite, Waiters and Venderhoff (2007) developed, administered and assessed a brief male-focusd and behavioural driven condom promotion program for young adult African American males in an urban setting. Mitchell, Kaufman and Beals (2005) used Social Cognitive Theory to establish latent growth curve modeling with American Indian adolescents and young adults to explain the relationship between youths' confidence in resisting risk and the number of sexual partners they had.

Impact of HIV/AIDS on Youths

The attitude of the general public towards people living with HIV/AIDS is not good at all, this is because patients are been stigmatized which leads to discrimination. These attitudes worsen the condition of the patients emotionally/psychologically and may lead to death. More so, stigma prevent infected people from seeking counseling, obtaining medical and psychosocial care and taking preventive measures to avoid infecting others some patients out of anger may decide to spread the virus deliberately if not counseled well. Family of the affected HIV/AIDS may suffer to spend huge amount of money, their time, energy for the treatment and welfare of the HIV/AIDS patient. Apart from loosing huge resources for the

welfare of the HIV/AIDS patient, the society will also suffer in loosing workforce as most of workers are youth and most of the HIV/AIDS victims are youth (Gwama and Amuda, 2015)

Strategies for Preventing the Spread of HIV Infections

Rimfat (2006:96) suggest three major ways for the prevention of HIV/AIDS which includes:

(a) Religious Approach
(b) Medical Approach
(c) psycho-social Approach

Other method suggested by Amuda & Gwama (2015:242) includes Counseling Approach.

Religious Approach: Religious leaders can preach to the public and youth on the preventive ways of contracting HIV/AIDS:

1. To avoid fornication (pre-matured and extra marital sex)
2. Avoid the use of all kinds of intoxicants
3. Encourage moral uprightness.
4. Complete obedience to gods laws

Medical Approach: Health workers should advice youth and individuals on preventive way to avoid been infected with HIV/AIDS such as:

1. Do not accept unscreened blood for blood transfusion.
2. Stay with one faithful sex partner or abstain from pre-marital sex until one gets married.
3. Do not share un-sterilized needles, razor, syringe, and other sharp objects used for barbing, circumcision, tribal marking and more especially nail cutting

Social/psychological Approach: The society should also intervene through:

1. Public enlightment should be organized by the government and non- governmental organizations (NGOs) in schools particularly where most youth are found interacting with their peers in order to educate them on the dangers associated with HIV/AIDS virus.
2. The society should counsel the youth to avoid behaviours that can put them at risk of contracting HIV/AIDS.
3. The society should discourage the youth from taking intoxicants.
4. The society should promote practices and traditions that reduce risk of catching HIV.

Counseling Approach: Counselors should through their profession visit schools and hospitals as well as public organizations by:

1. Providing basic information about HIV/AIDS and educating them on its causes, dangers associated with it and how to prevent self from been infected.
2. Emphasis on casual sex before marriage. That is youth should avoid themselves from getting involved in pre-marital sex which may result to getting infected with HIV/AIDS.
3. Youth should avoid dressing in the manner that exposes their sexuality that could appeal or excite the sex instinct and also avoid body contact with opposite sex friend.
4. Youth should avoid listening, watching and reading pornographic materials
5. Youth should avoid taking intoxicant drugs which may lead to addiction, and addicts share needles for injecting drugs and could have unprotected sex under the influence of drugs.

6. Even though, youth are very much concern about their looks, counselors should enlighten them on the consequences of sharing nail cutters, razor blades, hair clippers and other sharp objects.

Implications for Counselling

Counseling as a profession in HIV/AIDS has become a core element in a holistic model of care in which psychological issues are recognized as integral to patient's management. HIV/AIDS counseling has two general aims (1) the prevention of HIV transmission and (2) the support of those affected directly or indirectly by HIV. In this regards counselors need to organize a forum example on media such as television, radio and even on social media networks, in schools and organizing seminars and workshops with the aim to educate and give more enlightenments about the disease, its causes, effects and preventive measures. Consequently, support should be shouldered for those that have been affected, and for them to accept it in good fate as well as encouraging them to adjust to the situation they found themselves and not to spread the disease to others. In addition, people should understand that people living with HIV/AIDS are normal people like any other person, therefore they should be loved, cared for and not be stigmatized or discriminated.

Conclusion

HIV/AIDS is real and can be transmitted from one person to another. Although, it is a deadly disease that has no cure unlike other diseases that can be cured. It can be contacted through sharing of un-sterilized sharp objects, contact with un- tested blood, pre-marital sex and unprotected sex under the influence of drugs and so on. The disease cannot be contracted through hand shake, hugging, drinking or eating together in the same container, sleeping or sitting in one room with a HIV patient. Therefore, youths should embrace and adopt strategies highlighted from the Religious, Medical, Psycho-social and Counselling awareness in order to prevent from contracting HIV/AIDS Infections. Even though, it has been observed that most of the victims of HIV/AIDS are youths, Patients living with HIV/AIDS should not be stigmatized, avoided or discriminated, but should be loved, cared for and supported so as to give them the courage to bear to live with the disease in a healthy and happy condition as well as strengthen their spirit.

Recommendations

1. Youths/ adults should undergo for HIV/AIDS test before they could engage themselves into any intimate relationship with their partners. Most importantly, they should keep away themselves from pre-marital sex, abstain themselves.
2. Avoid sharing any un-sterilized sharp objects, and avoid any contact with un- tested blood. Though, drinking, eating and sharing of drinking plates and container, sleeping in the same room, hugging handshake and so on cannot spread the virus.
3. HIV/AIDS patients are normal people like any other person. They need to be cared for, loved, supported and well understood. Therefore they don't deserve to be stigmatized, discriminated, and avoided; this may have a negative impact on their emotional and psychological behavior.

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