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Effect of Client Centred Counselling On Commercial Sex Workers' Knowledge of HIV/AIDS in Numan Local Government Area of Adamawa State, Nigeria

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Abstract.
The study investigated the effect of Client –Centred Counselling on Commercial Sex Workers knowledge of HIV/AIDS in Numan Local Government Area of Adamawa State, Nigeria. The objectives of the study were to determine the CSWs during the pre-test, and the effect of the client centred counselling on their knowledge of the infection. One research question was answered, and a hypothesis was tested in the study. A quasi-experimental design was adopted. Purposeful sampling was carried out with all four brothels in Numan Local Government Area. Twenty (20) CSWs volunteered for the study. There was no control group due to the number and willingness to participate in the study. The hypothesis was tested using t-test at 0.05 level of significance. The findings revealed that the CSWs had good knowledge of HIV/AIDS at post-test as opposed to the pre-test. It also showed a significant difference in the mean knowledge scores of CSWs from 4.40-5.35 (P=0.0001). This shows that client centred counselling has significant effect on the knowledge of CSWs of HIV/AIDS.
Keywords: Effect, Client-Centered Counselling, Commercial Sex Workers (CSWs), Knowledge, HIV/AIDS.

Introduction

HIV/AIDS are acronyms for Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome. The HIV/AIDS pandemic has spread over the last 30 years and has a great impact on health, welfare, employment and animal justice sectors, affecting all social and ethnic groups throughout the world. Recent epidemiological data indicate that HIV remains a public health issue that persistently drains our economic sector having claimed more than 25million lives over the last 3 decades. (WHO fact sheet, 2014). The estimated overall number of people living with HIV (PLWHIV) by the end of 2014 was approximately 36.9 (34.3-41.4) million and Sub-Saharan Africa was the most affected region having (24.0-28.7) million PLWHIV and 66% of all people with HIV infection living in the region. (Joint United Nations Global Fact Sheet, 2015).

Of all the PLWHIV globally, 9% of them live in Nigeria (UNAID, 2014). The country already burdened by political instability and ethnic and political corruption as a result of about 33years of military rule, now seems prepared to (wipe out) the virus within a few decades (Nigeria National Aid for Control of AIDS (NACA), 2012). According to Awofala, (2016), Nigeria realizes the devastating effects of HIV/AIDS people's health, economic and social progress fairly recently. A recent estimation of PLVHIV is 3,229,757 in Nigeria and about 220,393 new HIV infections occurred in 2013 and 210,031 died from AIDS related cases.

The results of Modes of Transmission Study (2008) indicate that about 40% of new HIV infections occur among couples considered to be engaged in (low-risk sex), while about 20% occur among 'Most at Risk Population (MARPS), which comprise of CSWs, Men that have sex with men (MSM) and the Intravenous Drug Users (IDUs). These together constitute about 1% of the population of the nation. The 20% new infection rate in this group of individuals connotes a higher infection burden compared to the general population.

As at 2014 in Nigeria, the HIV prevalence rate among adults ages 15-49 was 3.7%. Nigeria has the second largest number of PLWHIV. The epidemic in Nigeria is complex and varies by region. Youths and adults are particularly vulnerable to HIV, with young women at higher risk than young men. Many risk factors contribute to the spread of HIV which include, prostitution, high-risk practices among interenant workers, high prevalence of sexually transmitted infections (STIs), clandestine high risk, heterosexual and homosexual practices, international trafficking of women, and irregular blood screening.

National HIV Response Review (NAHIVRR, 2005-2009) asserted that despite the concerted effort of the Federal Government of Nigeria, International and Local organizations to combat this disease, the high burden of the infection and associated mortality and morbidity has increased, thereby making it a major public health concern. Major drivers of the epidemic include poverty, which is very high in Nigerian communities, multiple sex partnering, commercial sex work and polygamy.

Commercial Sex Work and Knowledge of HIV

The issue of CSW is a complex and dynamic one. Our reluctance to come to terms with the harm that commercial sex does to the entire community does to the entire community comes with a lot of associated costs. Sex work is provision of sexual services for money and good. Sex workers are women, men and transgender people who receive money or good in exchange for sexual services and who consciously define those activities as income generating even if they do not consider sex work as their occupation. It involves a sex work worker

and a client. The term, "Sex Worker" was coined by sex workers themselves to re-define commercial sex, not as the social or psychological characteristics of a class of women, but as an income generating activity or form of employment for women and men (Leigh, 1997). Since HIV is mostly contracted sexually, it is important to talk about it any time commercial sex is the subject matter. What role does commercial sex play in the global HIV epidemic? CSWs and other groups like MSM and IDUs are often labeled high risk group in the context of HIVAIDS. This study however focused on female sex workers.

A Behavioural Survey (2005) reported a gap between awareness and comprehensive knowledge of HIV prevention on one hand and between knowledge and behavior change on the persistent HIV risk behavior in spite of the high level of HIV awareness campaign. This requires continous and concerted focus on effective preventive interventions that will address specific needs of key population segments and stipulate adoption of appropriate behavior that reduces the risk of HIV transmission (MOT 2009). Counselling on CSWs knowledge of HIV/AIDS related issues are paramount because the general public is their patron.

Client-centered counselling is a kind of talking therapy that allows a person to talk about his/her problems and feelings in a confidential and dependable environment. Counselling is an activity freely entered into by the person seeking help. It offers the opportunity to identify things for the client themselves that are troubling or perplexing. It is clearly and explicitly contracted, and the boundaries of the relationship identified. Client-centered Counselling was developed by Carl Rogers, and it is more concerned with the client's present situation rather than his past. The counselor functions with open-mindedness, neither interpreting nor directing the client (Egbochukwu, 2008). Counselling here aims to help one deal with and overcome issues that are causing pains or making one feel uncomfortable. It can provide a safe and regularspace for one to talk and explore difficult feelings.

Knowledge is the state or ability to perceive, to feel or to be conscious of events, objects or sensory patterns. It is the state or quality of being aware of something. Free dictionary defines awareness as having knowledge or cognizance. To be aware implies knowledge gained through one's own perception or by means of information. The CSWs need to be informed in order to be conscious and aware of the happenings around them with regard to their health, that of their children and of the society at large which is intended to be achieved through the client-centered counselling therapy.

Mode of Study

The study adopted a quasi-experimental design which is a non randomized, pre-test intervention design. It was used in order to assign the subjects to treatment not based on chance. The population of the study was made up of CSWs in Numan Local Government area of Adamawa State, Nigeria.

Twenty (20) female CSWs volunteered for the study from four(4) brothels in the area of study. There was no control group due to their number and willingness to participate in the study. The instrument for data collection was a modified questionnaire from Training of Trainers Manual for HIV Prevention, compiled by Network on Ethics/Human Rights laws, HIV Prevention, Support and Care (NELA,2009), and Society for Family Health and Action Aid International Nigeria (2006). More questions were added to form the HIV/AIDS knowledge questionnaire.

Reliability of the Instrument

The reliability of the instrument was estimated using test-re-test method. It was administered to fifteen (15) non-brothel based CSWs in Numan Local Government Area of Adamawa state, who volunteered for a pilot study. They were given the questionnaire at a pre-test, which was repeated at a post-test. The reliability of the instrument was estimated using Kuder Richardson (K-R 15). The reliability coefficient obtained was 0.60, which shows that the instrument is reliable.

Results

From data collected, the following results are presented:

Table 1: Result of CSWs knowledge of HIV/AIDS at pre-test and post-test using client-centered counselling approach.

Knowledge Score	Pre-test	Post-test	Total	Evalue
Poor Knowledge Score	1	0	1	0.0001
Fair Knowledge Score	10	0	10	
Good Knowledge Score	9	20	29	

The CSWs Knowledge of HIV/AIDS was graded into poor, fair and good based on whether they scored 1-3, 4-6 or 7-10 points correctly on their responses to the knowledge questions. This table shows that at pretext, nine

(9) persons had good knowledge of HIV/AIDS as opposed to twenty (20) of them that demonstrated good knowledge at post-text. This difference in knowledge is statistically significant (P=0.0001).

Table 2: Result of t-test on comparison of the mean knowledge scores of commercial sex workers' at pre-test and post-test using the client-centered approach

Knowledge	N+	Mean	Std. Deviation	Std. Error Mean	Tvalue	Pvalue
Knowledge 1						
Pre-test	20	4.40	0.821	0.184	4.790	0000
Post-test	20	5.35	0.489	0.109		
Knowledge 2						
Pre-test	20	4.05	2.460	0.550	0.276	0000
Post-test	20	7.70	0.801	0.179		

The table above shows a statistically significant difference in the mean knowledge score of the CSWs from 4.40-5.35 in the first knowledge test and 4.05-7.70 in the second knowledge test. This is supported by the P=0.000 which implies that client-centered approach significantly improved the CSWs knowledge on HIV/AIDS

Discussion

The findings of this study in relation to the research question one which sought to determine the knowledge of CWSs of HIV/AIDS show that, though some had knowledge of the infection, but their knowledge was not good enough. Some of them still responded that AIDS meant American Idea to Discourage Sex. This is in conformity to the findings of Jacks (2009) which stated that knowledge of susceptibility to HIV/AIDS among University of Maiduguri undergraduate students was poor, irrespective of the educational background or social status of the general public therefore, poor knowledge of HIV/AIDS still exists. The finding also conforms with that of Asowo-Omorodion (2000), which reported that there was poor knowledge of commercial sex workers of HIV/AIDS in Benin-city. It is however contrary to that of Barrientos (2007) who found high level of knowledge of HIV/AIDS among female sex workers in Chile(Barrientos, et al).

Also, the findings revealed a significant improvement of the CSWs knowledge of HIV/AIDS after the client-centered counselling approach. At the end of the counselling intervention, all the 20 CSWs that were used for the experiment displayed good knowledge of HIV/AIDS. They could say the correct meaning of HIV/AIDS and tell the different ways HIC could be contracted. According to Sheen (2006), in response to mounting evidence of poor outcomes from Voluntary Counselling Testing (VCT), counselors were instructed to employ a personalized client-centered approach. With this approach, clients were to be engaged in more interactive discussions. With the client-centered counselling, each individual is endowed with an organic capacity for growth and change which is fed through empathy and unconditional acceptance. This approach was used during the counselling session which brought about the significant change in knowledge of CSWs of HIV/AIDS.

Conclusion

From the research findings it was concluded that client-centered counselling approach significantly improved the knowledge of commercial sex workers in Numan Local Government Area of Adamawa State. After the counselling intervention, the CSWs understood that one cannot tell if the other is HIV positive by mere looks unless tested. They also learnt that withdrawal method cannot prevent one from contracting HIV. Generally, modes of transmission and prevention became clearer to them. The one valid option against HIV contraction is abstinence or being faithful to ones partner. Since these women have chosen to be involved in CSW and a higher percentage