Effects of Counselling on In-School Adolescents’ about HIV/AIDS in Malaysia

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Abstract: The study examined the effects of counselling on in-school adolescents about HIV/AIDS in Malaysia. A total of 100 male and female students were randomly chosen from three residential commercial areas located in Kuala Lumpur in Malaysia. A questionnaire on HIV/AIDS symptoms was administered. The findings of the study indicated that two thirds of the interviewed adolescents have high desires to live longer on the earth. Also, adolescents do not associate high death rates of youths with HIV/AIDS symptoms. This report has implications for HIV/AIDS counselling in the Malaysian school system. This is supported by the fact that with the success of retrovirus therapy, many of the infected now live healthier lives and are pursuing a wider range of activities. Many HIV/AIDS infected people today can participate in undergoing their daily life activities, with a significant chance of living longer on the earth. The authors conclude that collaborative partnership between HIV/AIDS services and HIV counselling as part of the integrated system will provide early intervention services to boast relief of anxiety for the young people in Malaysia who already live with HIV/AIDS.

Key words: Adolescents, in-school counselling, HIV/AIDS.

1. Introduction

Acquired Immune Deficiency Syndrome (AIDS) is a serious and deadly disease caused by a virus that attacks and destroys the body’s defence system, thereby leaving the body vulnerable to any disease. The body becomes open to infection and disease which the body could normally fight off. It is expedient that AIDS poses a serious public health problem in South-East Asia. Malaysia has one of the fastest growing AIDS epidemics in the South-East Asia and Pacific region [1], and thus far, more than one-third (35.9%) of total 87,710 reported infections registered in the country were those who detected in younger people between the ages of 13-29 years. Mesweeney [2] pointed that AIDS is the greatest scourge of modern times, hence the most important new threat to the world health body. On the other hand, the Human Immunodeficiency Virus (HIV) according to Achau [1] is the causative organism which is the newest and most deadly virus. As Unachukwu [3] posited that, it was first identified in 1981 in the United States of America and 1982 in Uganda (East Africa). The intensive research and scientific activities conducted in various laboratories world-wide in 1983-1984 have led to the identification of a virus which causes AIDS. This virus which was previously given diverse types of names and has been officially named the Human Immunodeficiency Virus. The findings of the study will help the adolescents to understand that AIDS is a human disease that ravages the immune system undermining the body’s capability to defend itself against certain diseases leading to death. It will also help the counsellors to curtail the spread of HIV/AIDS among the teenagers through their counselling education programme. More importantly, the
government would help to assist trained counsellors in providing adequate information on HIV/AIDS. The adolescents could also understand that they are at high risk of HIV/AIDS because of their attitude towards sex.

This year, the Malaysian Ministry of Health [4] divulged a growing incidence of new HIV/AIDS cases through sexual transmission, with an increase in the number of new infections detected among young people (Table 1). In 2004, sexual transmission accounted for 20% of total cases; in 2008, this rose to 27% and the latest statistics shows that it is now 32%. There is a cause for concern as it is likely to rise, bearing in mind the estimated gestation period of 10 years of the virus, that new cases detected in persons below the ages of 30 would have been infected in their twenties and sometimes even during their teens.

Although HIV/AIDS was first associated with gay (homosexual) behaviour, in Malaysia the infection rapidly progressed into a phenomenon associated with intravenous drug use (IVDU). The main mode of HIV transmission today still is via drug-injecting equipment but this has been decreasing steadily and currently accounts for slightly over half (55%) of new infections last year.

Past nationwide surveys revealed that young Malaysians have been found to have uneven knowledge on HIV/AIDS and sexual reproductive health [5, 6] and even where knowledge is high, it was not being practiced [7, 8]. This has resulted in advocacy calls for a step-up in HIV/AIDS awareness campaigns targeted to educate the adolescents in Malaysia. Even a two-hour lecture campaign carried out at a college in the state of Perak, Malaysia, reiterated that perceptions, knowledge and attitudes of the adolescents increased after the intervention [9].

As in many Asian societies like Malaysia where traditional and conservative prevail, issues dealing with sex and sexually transmitted diseases are not discussed openly as it is considered impolite, taboo and sensitive. Zulkifli and Wong [5, 7, 8] on their part related that the era of the 1990s was strongly coloured by relaxation of social mores, social experimentation and juvenile and adolescent behavior dubbed as “lepak” (“hanging out”) and “bohsia” (which in the Chinese-Hokkien dialect means “nothing to do”). From “loitering” at public places such as malls and theatres, Zulkifli and Wong [5, 7, 8] submitted how this degenerated to activities in streets and secluded places which led to sexual contact. While these behaviors were highlighted in the press, the major concern are for parents and the government, they were also the social effects that come with liberalisation and modernisation.

### Table 1  Results of premarital screening in 2009.

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th></th>
<th></th>
<th>Female</th>
<th></th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. Screened</td>
<td>No. confirmed</td>
<td></td>
<td>No. Screened</td>
<td>No. confirmed</td>
<td></td>
<td>No. Screened</td>
<td>No. confirmed</td>
</tr>
<tr>
<td>&lt; 10</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10-14</td>
<td>2</td>
<td>0</td>
<td></td>
<td>61</td>
<td>0</td>
<td></td>
<td>63</td>
<td>0</td>
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<tr>
<td>15-19</td>
<td>2,027</td>
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<td></td>
<td>7,115</td>
<td>0</td>
<td></td>
<td>9,142</td>
<td>0</td>
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<tr>
<td>20-24</td>
<td>22,643</td>
<td>1</td>
<td></td>
<td>31,823</td>
<td>7</td>
<td></td>
<td>54,466</td>
<td>8</td>
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<tr>
<td>25-29</td>
<td>39,796</td>
<td>14</td>
<td></td>
<td>31,632</td>
<td>3</td>
<td></td>
<td>71,428</td>
<td>17</td>
</tr>
<tr>
<td>30-34</td>
<td>13,407</td>
<td>14</td>
<td></td>
<td>8,546</td>
<td>5</td>
<td></td>
<td>21,953</td>
<td>19</td>
</tr>
<tr>
<td>35-39</td>
<td>5,715</td>
<td>12</td>
<td></td>
<td>3,724</td>
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<td>9,439</td>
<td>12</td>
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<tr>
<td>40-44</td>
<td>2,907</td>
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<td>4,939</td>
<td>9</td>
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<td>45-49</td>
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<td>1,167</td>
<td>0</td>
<td></td>
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<tr>
<td>50-54</td>
<td>1,199</td>
<td>1</td>
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<td>0</td>
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<td>1</td>
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<tr>
<td>55-59</td>
<td>819</td>
<td>1</td>
<td></td>
<td>406</td>
<td>0</td>
<td></td>
<td>1,225</td>
<td>1</td>
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<tr>
<td>60+</td>
<td>1,366</td>
<td>0</td>
<td></td>
<td>337</td>
<td>0</td>
<td></td>
<td>1,703</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>91,517</td>
<td>42 (0.05%)</td>
<td></td>
<td>87,751</td>
<td>17 (0.02%)</td>
<td></td>
<td>179,268</td>
<td>67 (0.04%)</td>
</tr>
</tbody>
</table>

Source: Ministry of Health (2010)
on a society dominantly bound by traditional family values and societal sanctions. So, despite a predominantly Islamic society in which pre-marital sex is unlawful, adolescents in Malaysia’s multi-religious and multi-ethnic population do date, have “steadies” and many engage in unsafe sexual intercourse [10].

The incidence of adolescents engaging in sexual intercourse also increases with age [11]. Even in an earlier study [5, 7, 8], it was estimated that 20% of 1,181 unmarried respondents aged 15-21 years old reported having had sexual activity. What is more alarming is that most sexual encounters are unsafe, with no protection against sexually transmitted diseases and unwanted pregnancy [12]. Unsafe sex is a major threat to the health and survival of adolescents. In 2005, over 70,000 adolescent girls were admitted to public hospitals in Malaysia with close to 37% for pregnancy and related problems [13]. Hence, with their vulnerabilities towards drug-taking and sexual relationships, there is no doubt that In-school adolescents are at greater risk of acquiring HIV/AIDS than other age groups. With no specific cure for HIV/AIDS, preventive measures based on information and education programs remain crucial for tackling HIV/AIDS and its associated problems [14-16]. Thus, communication and intervention strategies play important roles in educating the public, especially the young adult, on the prevention and control of HIV/AIDS.

Recent studies have shown that many infected adolescents in Malaysia do not know about the pandemic, which is the important implications for the prevention of ailment through information. The risk of HIV transmission among individuals is likely to increase. Infected individuals choose to have sex without considering the implications so that it is certainly necessary to educate the young people who are prospective leaders of tomorrow.

Consequent upon the stigma attached to HIV/AIDS and the victims in Malaysia, there is no national demographic survey for the purpose of examining the impact of HIV/AIDS as it affects the youngsters and the counselling implications. This work will provide an insight into such trends in Malaysia.

No one could have thought 25 years ago, when the first cases started to make its ugly appearance that HIV prevention would be as difficult as it has proven to be. Malaysia is no exception, and especially when it comes to HIV prevention advocacy for adolescents (14-19 years). As prevention is better than cure, the Health Ministry in its strategic planning efforts for HIV programmes in 2009 top-listed as priority the issues of adolescent vulnerability in sexual transmission of HIV affecting school going and out-of-school youth. The subject of sex education or reproductive health (under which HIV prevention comes), however, is still virtually non-existent to adolescents in educational institutions, with Malaysian Ministry of Health [4] statistics revealing only a 0.2% penetration of such programs, and that too, a pilot project in schools. This is owing to a number of issues including cultural taboos and religious norms regarding matters related to sex-education, political will in what is considered a “sensitive” issue, parental objections, the lack of resources (manpower and finance) and the competency (training) of available resources. In fact, there is no specific budget set aside by the government for the education sector, for the ministries involved in education and even for young people for the multi-sectoral activities towards HIV/AIDS prevention.

Most programmes targeted at youth are done on an ad-hoc basis and such is the situation despite studies having shown that school-based HIV programs are effective in reducing risk-taking behaviors [17]. Adolescents in this country, after all, are a “captive” audience as schooling is compulsory in Malaysia from the age of six, and albeit a small proportion of those who for some reason cannot attend school or drop out, majority remain in school until forms five, between 17 and 18 years old. Most programmes addressed at adolescents thus far have either been carried out by non-governmental organisations and, as mentioned
earlier, are considered ad-hoc and are very seldom conducted on school premises.

Most recently in July this year, following a spate of social problems “besieging youth such as teenage pregnancies, abandoned babies, unsafe abortions and sexually transmitted diseases” [18], the Malaysian Government announced its intentions to formally introduce Reproductive and Social Health Education (which includes HIV/AIDS awareness) as a core subject in the school curriculum. Hopefully this will get off ground in view of the fact that HIV/AIDS poses a serious threat to young people. Thus far, there have been very few specific studies targeted solely on in-school adolescents in the Federal Territory of Kuala Lumpur. Most researches in this area has been on a nationwide basis or on a different target population group.

What are the effects of counselling on the in-school adolescent as to avert the HIV/AIDS pandemic ravaging the world population? How can the stakeholders in all spheres of human endeavour be meaningfully mobilized in the scourge of this disease? How can the in-school adolescents who dwell in the more modern, urban setting of the capital city of Kuala Lumpur where there is better infrastructure and easier access to information via technology and development be educated about sex?

2. Materials and Methods

This study was carried out in Kuala Lumpur, Malaysia, with the purpose to improve the quality of life of in-school adolescents. It consists of providing counselling services to young people using a variety of qualitative research approaches including semi-structured interviews and short questionnaires. We conducted a qualitative questionnaire survey in three areas of Kuala Lumpur, and in handing out 50 modified questionnaires. Based on those validated in previous studies [5-8, 19], we received 43 fully completed survey forms. The randomly-selected respondents were between 14-19 and surveyed in three residential-commercial areas of Kuala Lumpur, Bangsar, Taman Tun Dr Ismail and Desa Hartmas, all in the vicinity of fast-food establishments. These surveys and interviews were carried out at both private and public spaces depending on the respondent’s request. The questionnaires were both in English and Bahasa Malaysia, the main languages used in schools, and consisted of 25 main questions on:

- General HIV/AIDS knowledge (5),
- Modes of HIV infection (5),
- Prevention of HIV infection (6)
- HIV testing (2)
- Self-efficacy (7)

Ranging from “Yes/No” answers to ticking of boxes for correct/incorrect answers as well as to indicate preferences on the four open-ended questions. Responses were scored 1 if correct and 0 if incorrect or unanswered. The overall score was calculated by adding the scores from each of the 5 sections of the test. Possible overall scores ranged from 0 to 32. The knowledge of availability of HIV/AIDS-related health services in the country was also queried, whereby respondents were asked where to seek HIV/AIDS related testing, treatment, and counselling or advice. The survey took between 15 and 20 minutes to be completed.

3. Results and Discussion

Of the 50 survey questionnaires handed out, we received 43 fully completed ones i.e. 86% response rate. Demographically, there were 23 from females and 20 from males. Ethnically, the respondents were Malays (16 professing Islam), Chinese (12 Buddhist and Christian), Indians (nine Hindus and Christian) and others (six Christian and Buddhist). Majority came from families earning RM3,000-RM4,000 monthly. All 43 respondents had heard of AIDS and while most of the older respondents (16 to 19 years) cited first learning about it from newspapers and Television, the younger ones (14 to below 16 years) cited the Internet as their first source. In fact, majority
subsequently cited the Internet and friends as the “other sources” they had learnt more about HIV/AIDS.

However, when asked about Question 5 (Do you know the difference between HIV and AIDS?), 28 of the respondents (65%) knew the difference between the virus which leads to the disease. As to whether it was possible for a healthy-looking person to be infected, 38 of the respondents (88%) of them were well aware, and quite a few cited the recent case of popular German girl band singer Nadja Benaissa, 28, who was found guilty for causing bodily harm to her ex-boyfriend by having unprotected sex with him despite knowing she was infected with HIV. On August 26 this year, Benaissa was given a two-year suspended prison sentence and 300 hours community service. She had faced a possible 10 years behind bars [20].

Over 88% (38 participants) knew there was no cure for AIDS, and knew about blood-testing for the virus and were aware that early detection could prolong life. However, most of them—40 respondents (93%) were not aware or had heard of anonymous HIV testing, which has been made available in the country. Majority received their information from the Internet followed by TV and the newspapers. This is consistent with findings in the other countries [5, 7, 8] where the majority of young people appeared to rely on the public media (television and newspapers) as their primary source of HIV/AIDS information. However, our survey revealed that Internet has overtaken these media [9, 21]. Also consistent with other studies [22] it was that a relatively high percentage of young people did not receive information from family members and medical professionals.

Most of those surveyed knew sharing injecting needles, having sexual intercourse with an infected person or with multiple partners with unknown HIV status and receiving a transfusion of infected blood could cause the HIV virus to be passed on. However, 40% were unsure that receiving an organ from an infected person (91.9%) was a mode of transmission while many did not know that the virus could be passed from an infected mother to her foetus (85.6%). Most were aware that casual contact, toilet seats and swimming pools cannot transmit the virus. However, a smaller majority were aware that tattooing and piercing (63.3%) and the sharing of personal items (60.8%) are mode of transmission.

About 38 of the respondents (88.3%) believed that HIV/AIDs could be prevented, listing the most well-known modes of prevention as:
- to avoid taking drugs,
- not share injecting needles and syringes, and
- to have sex with only one faithful uninfected partner.

However, a smaller majority, i.e., 27 respondents (62.7%) were aware that HIV/AIDS could be prevented by using condoms.

Majority of the respondents knew that blood tests (94.7%) could be used for detecting HIV infection, but fewer were aware that DNA tests (68.3%), urine tests (63.0%) and oral fluid tests (48%) can also be used for testing. Again the majority noted that they could obtain HIV testing (94.6%), and treatment from government hospitals but nearly half were not aware of HIV-related counselling (50.2%).

As to the question: How much are you at risk of contracting HIV/AIDS, all 43 felt ticked the box “No risk at all”. This was backed by all also saying “Yes” to Question 24 on “Would be useful to develop a personal game plan” of what to do to avoid getting infected with the HIV/AIDS virus? However, on the elements to be included in the game plan, 16 respondents (37%) did not tick the “use of condoms” while 38 respondents (88%) did not feel it necessary for both partners go for HIV voluntary testing.

The present study has shown the persistent increase in the rate of promiscuity among the adolescents. For instance, Onyemelukwe [23] reported high sexual permissiveness among adolescents and Enemuo [24] reported the same high permissive attitudes among adolescents which show no change in behaviour. But the situation would have been a different thing if the adolescents have real knowledge of the HIV/AIDs.
Ignorance is really a disease. The much they know could not make them think towards the avoidance of this scourge. It is necessary to state here that healthy carrier may exist and will continue to share the disease with other uninfected people. The overall scores revealed that slightly more females had more knowledge about HIV/AIDS than the males. This is in tandem with findings in other studies on gender differences in AIDS knowledge [5, 7, 8, 25]. Of the ethnic groups, the Malays (16) respondents were found to be more knowledgeable [5, 7, 8, 26]. On the whole, results from this qualitative survey indicated that the respondents had high knowledge of HIV/AIDS with a mean score of 26 (81.25%) out of a maximum 32 points (calculated by adding the scores from each section of the questionnaire). There was also a significant correlation that those with lower household incomes had lower scores while those with the highest incomes had the highest scores. Generally, knowledge on HIV/AIDS transmission and prevention was inaccurate. However, there were some misconceptions about condom use as well as an indication of not wanting to go to the Government institutions or health clinics for further information, as in the case of other studies [5, 7, 8]. This situation of young person’s being “overconfident” has also been found in other studies [8, 26]. Of concern is the finding that high knowledge score is independent of sexual behaviour and practices, that is, knowing all about HIV/AIDS may not necessarily be protective against infection [7, 8]. Similarly, gender differences in perceptions, beliefs and attitudes, particularly with regards to sexual behaviour, are also important findings.

Our extrapolation is that the adolescents in Kuala Lumpur may have a high theoretical perspective of the virus and disease but a more in-depth “realistic” perspective is lacking. None of the respondents had ever seen or known a HIV/AIDS patient personally or seen local pictures of victims, only foreign ones. In fact, many of the respondents mentioned identifying with the popular HIV/AIDS awareness MTV “Staying alive” campaign (http://www.staying-alive.org/en/) which can be watched over television as well as the Internet as an ideal programme which could be “localized” in content. Also for example, what of the situation posed by migrant workers of which there is a large population in Malaysia? Naturally, there are bound to be relationships between the mainly male foreign workers and local partners. As an indication that the adolescents would like to know more, all respondents again felt that Reproductive and Social Health Education should be part of the school curriculum (as in Question 22) with most ticking the answers (Question 23) that it promoted responsible behaviour and was a child’s right.

The general view of adolescents interviewed was that knowledge tends to be more “academic”, bordering on the superficial. For example, while aware of general modes of transmission, many said they were not aware of specific modes of transmissions (such as tattooing). A good number also expressed confusion over myths and misconceptions about the disease which perpetuates stigma and discrimination against those who have contacted HIV/AIDS (such as not having a meal with an HIV-infected person). Hence, there is the obvious need to educate adolescents and teach them life skills such as negotiation, conflict resolution, critical thinking, decision-making and communication, and improve self-confidence and the ability to make informed choices, such as postponing sex until they are mature. In other words, putting knowledge into practice, adolescents interviewed said that it was time for the issue of HIV/AIDS to “really come out of the closet” so that those at-risk populations like themselves could have easy access to accurate knowledge through schools, communities and the media.

Some aspects of HIV/AIDS are not known or understood by adolescents and neither do they have access to any informative nor training materials on the disease. Hence, there is a need to improve materials in terms of content easily digestible by the adolescent
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age-group and these should be widely available. For example, printed materials could be in the form of comics, contain humor, be entertaining, and be produced indicating youth sections of newspapers or magazines for young people in our school system. As for electronic media, video games are already making inroads with positive results achieved from the use of interactive games in educating youth on health behaviours such as HIV/AIDS prevention [1, 5]. This, after all, is an extremely “mobile” generation where the Internet is accessible via mobile phones and other new-technology gadgets.

Generally, professionals involved in HIV/AIDS advocacy are of the opinion that while general knowledge of adolescents in the urban areas such as Kuala Lumpur can be high, especially in comparison with those in the rural areas, there is no reinforcement of these perceptions in “real life” situations. Calls have been made to promote “life skills” into the school curricula. Increasing services and coverage and reinforcing coordination among government, community and international agencies and NGOs will undoubtedly strengthen and help win the fight against HIV/AIDS in our country [27].

HIV/AIDS advocacy programs are apparently not as effective as hoped for and this is shown by not a single respondent having ever heard about the Ministry of Health’s PROSTAR program (Healthy Living without AIDS for Youth). The Malaysian AIDS Council (MAC) has continuously been advocating reducing the vulnerability and infection among young people (age 15-24) by the creation of a supportive environment for HIV prevention. Malaysian AIDS Foundation chairman Prof. Dr. Adeeb Kamarulzaman said that prevention, stigma and discrimination are the three main issues for Malaysia in dealing with HIV/AIDS. On projects specially targeted at youth, the MAC’s goals are to:

(1) establish the MAC Youth Wing to focus on youth issues.
(2) empower youth leaders to coordinate and sustain HIV/AIDS programmes
(3) increase youth access to life skills-based education and accurate information on HIV/AIDS.

Adeeba reported that HIV infection among women had increased from 9.4% in 2000 to 19.1% in 2008, indicating a need for HIV/AIDS advocacy to be addressed towards adolescent females. However, in our opinion, these programmes as well as others by various NGOs have limited reach as attested to by the growing incidences of young people being new detected with HIV [4].

Founder and past president of MAC, Marina Mahathir in her fortnightly “Musings” column in the Star Newspaper [28] reiterated that calls for comprehensive sex education in our schools had long been made but to no avail, despite the rise in teen pregnancies and in sexually transmitted diseases, including HIV.

In 2009, there was an increase in marriages involving underage Muslims in Kuala Lumpur; 49 Muslim girls under 16 years of age and 39 boys under 18 tied the knot [29]. This goes against the assumption that child marriages are now on the decline due to changing cultural trends. According to the statistics provided by the Federal Territory of Religious Department, this number was higher compared with the previous year (Under Islamic family law, only girls and boys aged at least 16 and 18 and above respectively, can marry but the syariah court can grant permission for younger children to marry). What is more about pre-marital screening for HIV/AIDS? The table gives a statistical indication of the situation in Malaysia.

It is appropriate to go a long way as to introducing an effective sex education module in school, but we should all start thinking about it not only in the light of the risk posed by HIV/AIDS, but also to educate our adolescents about the risk of teen pregnancies, STDs, as well as coping with the challenges that emerge from the shaping of one’s sexual identity.

The question is that, can behavioural change alone affect the future HIV scene. Undoubtedly, the answer
lies in understanding the fact that HIV/AIDS is a complex involving meshed factors at individual, group, societal and country level [7, 8].

The Malaysian Ministry of Health’s Public Health Institute has developed a training module for counsellors involved in the management of the HIV infection. They include health care workers, counsellors working in prisons, drug rehabilitation centres and the religious departments.

Counseling in this arena is an active process of communication and dialogue between a trained counsellor and a client with a problem related to HIV or AIDS, and with a view to dealing with the issue adequately and appropriately. Among the various objectives of counselling are:

1) Prevention of infection through promotion of healthy life styles, behaviour, moral and spiritual values.

2) Prevention of transmission through modification of risky lifestyles and behaviours.

3) Provision of psychosocial support to those infected and/or affected by HIV/AIDS to achieve optimum level of functioning and satisfactory quality of life.

4) To complement health education and correct misconceptions or myths about HIV/AIDS

Adolescents are a special focus group for counselling for the following reasons:
Many think that they are not at risk of HIV and that HIV testing is for sick people; Young people do not want others, especially their parents to know that they have been tested for HIV;

• Peer pressure, lack of assertiveness, low self-esteem, poor sexual identity, risk taking, boundary-setting and limitations, substance abuse, sexual exploration, poor family relationships, sexual abuse and domestic violence, pregnancy and unsafe abortion, STI/HIV disclosure, and lack of family planning are all issues that affect young people making them vulnerable to getting infected with HIV.

There are some general principles that should be observed when counselling adolescents. Counsellors should try to ensure that all the information given during the sessions, especially regarding their sexuality is understandable and appropriate to the mental and emotional development of the adolescent. In maintaining confidentiality, the adolescent client should also be given an explanation as to its limits in regard to sexual abuse, suicidal tendencies among others. This means that at some point, depending on the severity of the problem, the counselor may have to discuss it with someone else, especially if the situation is life threatening or outside the law.

HIV/AIDS counsellors are trained to discuss the aspects of normal growth and development, how they affect an adolescent’s view of life, the influence of risk-taking behaviour and the tendency to rebellion. They remain open to dialogue around the adolescents’ current issues of concern and areas of misinformation while exploring the teenager’s skill levels, especially in such areas as decision-making, using vocabulary that they will understand.

Counselors must be aware of appropriate community practices (i.e., what the community does when they have addressed a problem beyond their present means, e.g., dealing with a violent drug-addict or a person who makes a young girl pregnant), and when appropriate, to make referrals to someone who has more knowledge or expertise on specific issues that come up in the counseling sessions.

Adherence to (or in some cases, compliance with) either medical or psychological plans that have been set up during the sessions are strengthened if there is an ongoing, trusting adolescent-counselor relationship. Adolescents should have a mandate to know their HIV status. They should be fully informed to appreciate consequences for many aspects of their health, including sexual behaviour. The approach to all should be in line with culturally acceptable practices. Health care workers should also encourage adolescents to involve their parents in their care, if this is culturally appropriate.
4. Conclusion

From the analysis and the discussion of the findings, the following conclusions could be made: It is obvious that adolescents are not aware of the aetiology of HIV/AIDS.

It is also now clear that most of the adolescents are not aware of the epidemiology of HIV/AIDS and the adolescents are not aware of the clinical presentations of HIV/AIDS.

There is serious and urgent need for psychologists, the guidance counsellors, medical practitioners and social workers to mount a grassroots campaign on the existence of HIV/AIDS for children and adolescents. Psychologist and Guidance counsellors in Kuala Lumpur in particular should start organizing group guidance programmes to educate the adolescents on HIV/AIDS pandemic in Malaysia.

The timely challenge is therefore to establish an efficient teaching-learning procedure, including counselling module geared towards imparting HIV/AIDS preventive knowledge to adolescents. As Zulkifli [7, 8] stated that, there remain gaps and misconceptions which need to be addressed.

Counselling services should definitely be an integral part in the management and prevention of HIV/AIDS and this has been suggested to be available in schools by a counsellor or even a health care nurse, at least three times a week [30-31].

There is also a need to expand the telephone counselling services at the national, state, and local levels to help those wanting to know more about the virus and disease, especially adolescents.

These young people, such as our survey respondents, may have a high level of theoretical knowledge but they also have the right to realistic and practical youth-friendly information, skills and services for HIV prevention at all stages of their formative years. Only with a positive attitude towards managing their lives will these adolescents stand a better chance of avoiding the pitfalls of a society where drug addiction and casual sexual relations lurk.

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