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Full Length Research Paper

Knowledge, attitudes and practices of voluntary counselling and testing for HIV among university students

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One of the major components in the fight against the spread of HIV/AIDS that has been recognised globally is voluntary counselling and testing (VCT). This study investigates the knowledge, attitudes and practices of VCT for HIV among university students. Data were gathered through the administration of questionnaires to 100 participants who were selected through quota and convenience sampling; and were analysed using the Statistical Package of Social Sciences (SPSS) version 16. The findings showed that most of the participants (81%) had heard about VCT and the information was obtained mostly through the mass media followed by health personnel and friends/peers. A few of the respondents (23%) had undergone VCT, and out of this 9% had it as a requirement for visa, blood donation and employment. Most of the participants held the view that individuals who undergo VCT could be viewed as being promiscuous or HIV positive. The findings of this study have implications for nursing by way of intensifying education on VCT, and establishing more centres that are accessible.

Keywords: Attitude, knowledge, practices, university students, voluntary counselling and testing.

INTRODUCTION

Background

The Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS) is a killer disease that affects all age groups including the unborn. No cure has been found yet. However, provision of antiretroviral drugs and preventive strategies that assist in prolonging the life of those who have been infected are available. Knowledge of one's HIV status is a first step to facilitate accessing care and preventing further infection, and thereby controlling the HIV epidemic. One of the strategies ascertaining one's HIV status is counselling and testing (VCT). VCT for HIV is recognised globally as an effective and pivotal strategy for both preventive and care in HIV/AIDS.

Counselling and testing centres are places where people get to know more about HIV and AIDS and / or to check their sero-status so as to make informed decisions about their health and behaviour (GHS, 2009). VCT is necessary to direct HIV infected people to antiretroviral therapy which is becoming increasing available. Research indicates that even though there is a high level (over 95%) of awareness of existence of HIV/AIDS, there is a lower level of in-depth knowledge especially on modes of transmission (NACP/GHS, 2010). This makes VCT services an important avenue to receive important information.

So how does one come to know about VCT services?

In a study conducted among healthcare professional students undertaking diploma, degree and certificate courses, all the participants indicated multiple responses with respect to sources of information on VCT. These sources included radio and television, friends, schools, church seminars, and through visiting VCT centres (Charles et al, 2009).

People held the view that VCT is important to enable individuals know their sero-status (Charles et al, 2009). In a comparative study conducted by Kalichman and Simbayi (2003), it was revealed that individuals who were not tested for HIV demonstrated significantly greater AIDS related stigmas, ascribing greater shame, guilt and social disapproval to people living with HIV.

Manirankunda et al (2009) explored perceptions, needs, and barriers of sub-Saharan African migrants with respect to HIV/VCT. Data were collected through focus group discussions. The findings showed that participants in principle were in favour of VCT. However, participants indicated that barriers of VCT outweigh advantages. The barriers included fear of positive test results and its related personal and social consequences, lack of preventive health behaviour, denial of HIV risks, and missed opportunities. The fear of testing positive of the test itself was a common expressed psychological barrier (Morin et al, 2006). Research indicates that a person would not necessarily accept VCT unless they are planning for marriage or to go abroad (Alemayehu, 2010). Holmes et al (2008) found that more educated women for example were less likely to accept testing than women with no or less education. In a study conducted in 35 districts of the 10 regions of Ghana among adults, in-school and out-school youth and military personnel and their families revealed that there was a low uptake of counselling and testing services (NACP/GHS, 2010).

According to Charles et al (2009), participants were aware of the benefits of VCT. However, only a few (35%) had undergone VCT. On the part of adolescents, it has been established that they would often delay in seeking VCT until they found a family member or friend who supported the idea of testing (Denison et al, 2006). In a study conducted among Mckelle University students, the majority preferred the VCT service to be provided in youth clubs, followed by Government Institutions (Alemayehu, 2010). The author was of the view that this could be due to the free service given at the youth club and the cheap payment in Government hospitals, as well as fear of stigma and discrimination.

Morin et al (2006) carried out a study to evaluate a strategy to remove barriers of knowing one's HIV status by implementing a mobile VCT service that provided free, anonymous rapid testing in public market places in a rural community and a high-density community in Zimbabwe. The majority of the participants (99%) elected to receive HIV test results the same day. Reasons for not testing previously were convenience of location / hours and cost. One could argue that participants could have potential problem with testing in public places or settings. Morin et al's (2006) finding revealed that those who used same-day mobile testing services perceived themselves at higher risk for HIV infection.

Cartoux et al (1998) undertook a study in which pregnant women of gestation age 7 months or less and aged 18 years or more attending antenatal clinic underwent VCT in Abidjan, Cote d'Ivoire and Bobo-Diolasso, Burkina Faso. More of the women refused the test in Abidjan (22%) than in Bobo-Dioulasso (7.6%). The most common reasons for refusal were "to seek agreement of partner", fear of AIDS and the need to make a decision later at home. Some of the women took the test but failed to return for the test results for various reasons. However, in other studies, the majority (81%) of the participants returned for their test results following counselling and testing (GHS, 2010).

In view of the importance of VCT, this study set off to investigate the knowledge, attitude and practices of VCT for HIV among some university students in Ghana.

Problem statement

HIV/AIDS has become a prevalent disease that presents a global problem. Its impact could be profound if not controlled. The estimated adult national HIV prevalence in Ghana is 1.9% (n=267,069) persons (NACP, 2010). According to NACP (2010), the number of persons living with HIV and AIDS will continue to increase in view of the combined effects of population growth and an increasing number of HIV infected persons that are living on ART (antiretroviral therapy).

VCT has been identified as one of the essential components of a comprehensive strategy of preventing new infections (GHS, 2010). To ensure universal access to counselling and testing services as a means of reducing transmission of HIV, the National Aids Control Programme (NACP) scaled up sites across the country (Ghana) from eight in 2003 to 422 in 2007. The cumulative number of persons who had accessed counselling and testing services since 2003 stands at 278,746; and there were more females than males for both testing and HIV positive (NACP Bulletin, 2008). In 2009, the NACP supported and supervised the establishment of 284 counselling and testing centres across the country (Ghana). In all, this brought the number of people who had got to know their HIV sero status in 2009 to 865, 058. The NACP aims at encouraging people to know their HIV sero-status. Further, funds were given to all regional and district hospitals, health directorate of the Ghana Police, some mission hospitals and other faith based organisations to

embark on comprehensive campaign to get more people to know their HIV status (GHS, 2009).

HIV infection is known for its associated stigma and this can be a hindrance for people to go in for the test. Despite all the campaign efforts, are people on their own accord patronising counselling and testing services? What is the situation of university students?

Aim of study

The aim of this study was to investigate into the knowledge, attitudes and practices of voluntary counselling and testing for HIV among university students.

Objectives of the study

The objectives of the study were to:

- assess knowledge of university students on VCT services for HIV
- determine their attitudes towards VCT
- ascertain their practices of VCT
- identify challenges associated with VCT uptake

Significance of the study

The findings of the study could add to existing literature. It would be useful in designing education materials to enhance the knowledge level of students, and contribute to strategies to be adopted in increasing the uptake of VCT. It could also help direct health policy makers in decision making process on VCT services.

DESIGN AND METHODS

Research Design: It was a cross-sectional study. A quantitative descriptive study was employed.

Research setting: The study was conducted in one of the universities in Ghana. There were five traditional halls on the main campus, and other private residential facilities. The academic programmes on offer included certificate, diplomas, degree, masters and doctoral degrees. There were various departments, faculties and colleges within the university. The halls of residence were normally a mixture of students offering various courses.

Target population: The target population was university students in five halls numbering 6,549 and comprised both males and females.

Sample size and sampling technique: The quota and convenience sampling techniques were adopted to select 100 students, 20 students from each of the five halls. Only students who were available were recruited.

Research Instrument: A structured questionnaire which consisted of both open and closed ended questions was designed to capture the objectives of the study. It covered demographic details of respondents, their knowledge, attitudes and practices of VCT for HIV.

Procedure for data collection: The data collection took place between September and November 2009. Letters seeking permission to access students were sent to the hall tutors in the five halls. Each hall was visited and the researcher approached available students to enquire if they were resident in the halls. Prior to administering the questionnaire, the purpose of the study was explained to them. Participants were informed that participation was voluntary and they could opt out of the study at any point in time without needing to offer any explanation. Once they agreed to participate, a consent form was signed and the questionnaire was administered. The completed questionnaire forms were collected. Twenty participants made up of both male and female respondents from each of the halls responded to the questionnaire.

Data analysis: Data were analysed using the Statistical Package for Social Sciences, version 16.0. Descriptive statistics of frequencies and percentages were used to summarise information.

Ethical Consideration

Permission to conduct the study was obtained from hall authorities. Full disclosure of the purpose of the study was provided to enable participants make inform decision on their participation. Individual consent was sought following addressing their questions. They were informed that the study was voluntary. Anonymity was assured by asking participants not to write their names on the questionnaire forms. They were also assured of confidentiality.

RESULTS

The findings focused on 100 participants and the demographic data were summarised in table 1. It was revealed that the majority of the respondents (68%) fell within the age range of 21-25 years and the minority (3%), in the range of 31-35 years. Most of the respondents were males (56%). Regarding ethnicity, the majority were Akans (53%). This is not surprising as the Akans form the largest group in Ghana. Most (89%) of them were single whilst a few were married. With regards to religion, the majority (88%) were Christians.

Table 1. Demographic details N=100

Variable	Frequency	percent
Age Group (years)		
Below 21	22	22%
21-25	68	68%
26-30	7	7%
31-35	3	3%
Total	100	100%
Gender		
Female	44	44%
Male	56	56%
Total	100	100%
Ethnicity		
Akan	53	53%
Ga / Adangbe	18	18%
Ewe	16	16%
Northerner	13	13%
Total	100	100%
Marital status		
Single	89	89%
Married	11	11%
Total	100	100%
Religion		
Christian	88	88%
Muslim	11	11%
Traditional	1	1%
Total	100	100%

Knowledge of VCT

From figure 1, the majority (81%) of the respondents indicated that they had heard of VCT whereas the minority (19%) had not. Of the 81% who knew about VCT, most (48%) of them had information through the mass media, and 11% had theirs through friends/peers.

Respondents were asked to give their views regarding the importance of VCT services. The majority of them (70%) indicated that the uptake of VCT helps one to know one's HIV status. Twenty-one percent (21%) of them indicated that it would help individuals who were tested HIV positive to seek medical attention as they would be offered directions, six percent mentioned to protect one from HIV infections, and the rest, three percent indicated in order not to transmit infection if one was HIV positive.

Attitudes towards VCT

Perceptions of undergoing VCT: Regarding people's perception of one undergoing VCT, various responses came up. It was revealed that people would have both negative and positive attitudes towards such an individual (88%). About 65% of respondents felt people would regard those who went for VCT as promiscuous; 49% thought people would assume such individuals were HIV positive and point fingers. With respect to social status, 91% did not think those who go for VCT would lose their social status.

Disclosure of HIV positive status: Respondents were asked to indicate how they would want their VCT results communicate to them. Sixty-eight percent (68%) of them preferred to receive it face-to-face, 25% said through secretive letter, and 7% wanted the results sent through

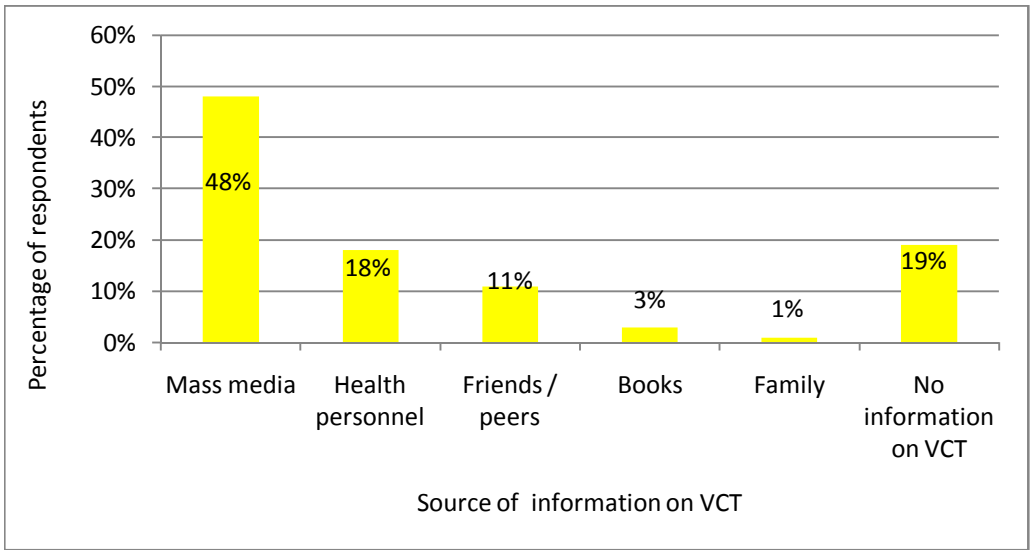

Figure 1. Source of information on VCT

Table 2. Who should undergo VCT?

Who should undergo VCT services	Frequency	Percent
Anyone sexually active	10	10%
People with multiple partners	7	7%
Everyone	80	80%
People entering into marriage	1	1%
Sex workers	2	2%
Total	100	100%

their e-mail address. They were further asked whom they would prefer to disclose their HIV positive status. Various responses were received. The majority stated that they would want their family members to know. This was followed by sexual partner, nobody, and close friends. The reasons assigned to such decisions were that such people are those who show concern, those they trust for care and support, and those they live with.

Reactions towards HIV positive status: The participants were of the view that once a person tested HIV positive, there would be a break of relationships (76%), friends (62%) and discrimination (90%). A small proportion felt there would be a neglect from family members (35%), and physical abuse by partner (29%).

Practices of VCT

The respondents were asked to indicate whether they would access VCT services if available, 40% said yes, 25% said no, 35% were undecided. A few of the respondents (23%) had undergone VCT. Out of this number, 14% had it voluntarily whilst 9% indicated it was a requirement for visa, blood donation or employment. When respondents were asked about who should undergo VCT, the majority (80%) indicated everyone, followed by anyone who is sexually active (10%). Other views were people entering into marriage, sex workers, and people with multiple partners (see table 2).

DISCUSSION

This study investigated into the knowledge, attitudes and practices of VCT for HIV among university students. Data were obtained by self administering questionnaires to one hundred university students. The demographic characteristics of the respondents revealed that the majority (68%) were within the age range of 21-25 years. Further, most (89%) of them were single and only a few (11%) were married. This suggests that a greater number of them were young adults. On the religious front, the

majority of them were predominantly Christians (88%) and a few belonged to the Islamic religion. Religion could impact negatively on students' knowledge, attitudes and practices towards VCT services as most religious groups refrain from discussing openly issues that borders on sexual health.

The findings revealed that the majority (81%) of the participants knew about VCT, and the knowledge was acquired mostly from the mass media, health personnel and peers/friends. This implies that the knowledge about VCT among the students was high. This finding is consistent with that of Charles et al (2009) where the participants' sources of information on VCT included radio/television and friends. However, only 23% participants had undergone VCT.

Most of the participants (65%) of this study were of the opinion that those who normally undergo VCT could be perceived as promiscuous and people could point fingers at them as being HIV positive. Holmes et al (2008) found in their study that the more educated were less likely to accept testing. This could be attributed to the stigma associated with HIV. Research has shown that individuals who were not tested for HIV exhibited greater AIDS related stigmas, guilt, shame and disapproval of people living with HIV (Kalichman and Simbayi, 2003).

The majority of respondents indicated that they would prefer to disclose their HIV status to family members and this was followed by sexual partners and friends. The reason attributed to this was that such category of people show concern, are supportive and trustworthy in times of need. This finding is in line with Denison et al's (2006) study where adolescents would often delay seeking even VCT until they found a family member or a friend who supported the notion of testing. However, it was revealed that once a person was tested HIV positive, there could be a break in relationship, friendship and discrimination might be encountered. These reactions would not encourage people from accessing VCT services despite their positive attributes and readiness to undergo the test.

In conclusion, the findings indicate that the participants had knowledge about VCT. However, their attitudes and practices were not encouraging. It is therefore recommended that a comprehensive training course on VCT be included in their training curricula in order to promote the services of VCT.

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