

HIV Voluntary Counselling and Testing: Knowledge, Beliefs, Concerns and Practices among Students

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ABSTRACT The study sought to explore university students' perceptions of the Voluntary Counselling and Testing (VCT) programme. Ninety-nine Black African students were randomly selected from a class of students majoring in psychology to take part in the survey. A questionnaire was used to gather data on the students' perceptions of VCT. Data were analysed in terms of response frequencies and percentages. The study showed that most of the participants knew about the VCT programme that was offered by both the government and private organisations. The students indicated that the VCT programme was important because they were vulnerable to HIV infection. However, most of the students in this study reported that they were not testing for HIV because of leakage of results, fear of knowing their status, stigmatisation and labelling. Participants reported that peer educators, radio and television were their source of information for HIV prevention. Further research with a larger sample is recommended to get generalisable results.

INTRODUCTION

Sub-Saharan Africa has the highest rates of new infections, people living with AIDS and deaths resulting from AIDS compared to other regions (UNAIDS 2010). Although the rate of new HIV infections has decreased, the total number of people living with HIV continues to rise. Approximately 68 percent of people infected with HIV worldwide live in sub-Saharan Africa, where the virus disproportionately affects women (Fustos 2011). In South Africa, more people live with HIV and AIDS than anywhere else and the country is currently implementing the largest antiretroviral treatment (ART) programme in the world (Human Sciences Research Council (HSRC) 2010). It is therefore befitting that South Africa has embarked on implementing the largest antiretroviral treatment (ART) programme in the world. According to HSRC (2009), South Africa is experiencing a maturing generalised HIV epidemic in which heterosexual sex is the predominant mode of HIV transmission followed

by mother-to-child transmission and other modes of transmission. Young adults, particularly females, are at greatest risk of acquiring HIV. The 2008 national estimate of HIV prevalence among South Africans of all age groups was 10.6%. Thus, approximately 5.2 million people of the total population were HIV-positive. Regardless of the increase in the number of people who test for HIV, testing very often occurs at a late stage of infection (South African National AIDS Council (SANAC) 2010).

Despite having the most advanced economy in Africa, with well-developed mining, manufacturing, an agricultural and financial sector (SANAC 2010), South Africa is plagued by a high prevalence of HIV and AIDS that threaten to derail if not reverse the achievements made. The most tragic part of the AIDS epidemic is that, at least 2.5 million people living with HIV and AIDS are less than 15 years of age (UNAIDS 2007). In South Africa, the scale of the AIDS epidemic among youth is enormous and it continues its deadly course (Hartell 2005). An estimated 3.4 percent of students in South Africa's higher education sector were HIV positive (Higher Education HIV and AIDS (HEAIDS) 2010). The affected students experience serious psychological, social, economic and educational challenges (HSRC 2010). The infections are not only found among adults but young people as

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well. According to Fustos (2011) and HSRC (2010) and SANAC (2010), young women tend to have higher HIV prevalence rates than young men in the country. A survey of university male and female students in Kwazulu-Natal showed an HIV infection rate among young people between the age range of 20 and 29 years. This is so as South African university students are reported to be sexually active (Peltzer et al. 2004; Meiberg et al. 2008) and the prevalence of sexually transmitted infections is high among the youth in South Africa. Nevertheless, the South African Medical and Research Council shows that new infections can still be prevented among young people if HIV and AIDS prevention programmes are directed at them.

South Africa employs a myriad of strategies to curb the spread of HIV among the youth. One of such programmes is Voluntary Counselling and Testing (VCT). VCT is the process by which an individual undergoes counselling enabling him or her to make an informed choice about being tested for HIV (Baggaley 2001; Mwamburi et al. 2005). VCT process involves pre- and post-test counselling as well as the maintenance of confidentiality about test results (WHO 2002). The decision to test for HIV is entirely the choice of the individual but he or she must be assured that the process will be confidential. VCT has many benefits. The potential benefits for the individual include improved health status through good nutritional advice and earlier access to care and treatment or prevention for HIV-related illness (UNAIDS 2001). The other potential benefits include emotional support, better ability to cope with HIV-related anxiety, motivation to initiate or maintain safer sexual behaviors and safer blood donation. The Government of South Africa (2007) reported that HIV testing is vitally important in order to access treatment, and knowledge of one's positive status can lead to sexual practices that protect other people from infection.

Studies across the globe show that literacy is important in that it helps people to understand the risk of HIV infection (UNAIDS 2008). Today, most health interventions are communicated through television, radio, and printed media (HSRC 2002). Although the South African government relies so much on the above three communication modes, Kelly et al. (2001) report that the impact of these mass media campaigns is moderate. They indicate that radio is the main

source to which South Africans are exposed to VCT information, closely followed by television. It was found that television is especially a resource for both urban and rural audiences (Schumm 2004). Thus, VCT communication has so far primarily been the task of printed media and radio and television. Schumm further argues that although the World Wide Web is a medium that could help to reduce the shortcomings of traditional media, it is under utilised.

There are major hurdles that militate against the effective implementation of the VCT programme. Stigmatisation and discrimination of HIV positive people is rife in the African society and HIV testing levels remain low (Fildes 2008). People are reluctant to go for HIV testing because of stigma. Stigma has been described as a dynamic process of devaluation that 'significantly discredits' an individual in the eyes of others (Goffman 1963). The qualities to which stigma adheres can be quite arbitrary, for example, HIV positive status or sexual preference. Fear of stigmatisation is an important barrier to HIV testing and has negative consequences for AIDS prevention and treatment. Interventions to reduce HIV-related stigma are needed in order to foster voluntary HIV counselling and testing in South Africa (Meiberg et al. 2008).

Fear of lack of confidentiality is one of the barriers for HIV testing (Bodibe 2009; Mannak 2009; Peltzer et al. 2004). Some South Africans believe that confidentiality is not safeguarded in testing sites (Schumm 2004). Despite the fact that many hospitals in South Africa have a special room for HIV counselling, many people prefer not to report for VCT in clinics or hospitals because of lack of confidentiality (Fawcett 2001). It should be underscored that Black communities have a closely-knitted community life and extended family systems. As a result, it is often inevitable for health care workers to be familiar with most of the clients that come for counselling, and their roles as counsellors, friends and family often become blurred (Van Dyk 2001). According to Van Dyk and Van Dyk (2003), individuals would be more likely to undertake VCT if they could do so in a location where they would be sure that no one knew them.

The HSRC (2002), Mwamburi et al. (2005) and UNAIDS (2006) indicated that among South Africans there is a belief that they are not at risk of being infected with HIV. Similarly, Bartholomew et al. (2001), report that most students believe

that they are invulnerable in contracting a serious disease. This means that in order to persuade students in South Africa to report for VCT, stress should lie on risk behaviour. The positive aspects of HIV are that they can identify people who are infected so they will not infect others; early diagnosis allows advanced intervention and prophylactic treatment. To make students aware of their high risk behaviour, risk information can be provided. Students' knowledge of their HIV status will help them to live positively. This will reduce re-infections and further spread of HIV among the student population and outside.

However, studies by Meiberg et al. (2008) and Pembrey (2009) found that fear of knowing one's HIV positive status was a barrier for HIV testing. When looking at individuals' likelihood of participating in VCT, two factors have to be considered. These include perceptions about testing and barriers to testing. According to Mwamburi et al. (2005), some individuals believe that there is not much that can be done about being HIV-positive and the ensuing death. In addition, the emotional need to 'trust' partners strongly contributes to lowered perceptions of risk and the belief that it is neither necessary nor beneficial to be tested for HIV (Kaizer Family Foundation 1999).

The provision of information is considered a cornerstone of HIV prevention, care and support around the world (Schumm 2004). Although South Africa has a highly developed mass media communications infrastructure, prevention programmes are not generating the effects needed. Emphasis has been placed on lowering sexual risks among youths (HSRC 2002). The South African government has put little attention to the nonsexual aspects of HIV response, such as VCT (Schumm 2004).

Aim of the Study

The aim of this study was to investigate the students' knowledge, beliefs, concerns and practices regarding HIV test taking.

METHOD

Research Design

The study employed a survey research design. According to the Colorado State University

(2011), a survey is useful in describing the characteristics of a large population. The survey collects data at one point in time from a sample selected to represent a larger population (Owens 2005). The present study used the survey because it is relatively inexpensive and allowed the researchers to ask many questions about VCT thereby giving considerable flexibility to the analysis (Colorado State University 2011).

Sample

Ninety-nine (63 females and 36 males) were randomly selected for the study. Their ages ranged from 21 to 31 years of age. All participants were of Black African ethnicity. The sample comprised third year students majoring in psychology at an institution of higher learning in Southern Africa. The institution is situated in a rural community. Most of its students came from the secondary schools in the area.

Procedure

The researchers sought informed consent from the participating students prior to the administration of the questionnaire. They clearly explained the purpose of the study to the potential participants. Participants were asked to complete the questionnaire within a day. They were asked to return the questionnaires on the following day. Thus, the participants were given one full day to reflect on the questions in order to give well thought responses.

Measuring Instrument

The researchers used a self-developed questionnaire to gather data. The questionnaire had five sections. The first section had items on demographic data. Section two had questions on the importance of Voluntary Counselling and Testing (VCT) while section three had items on the source of information on VCT. The fourth section gathered data on reasons for students' reluctance to get tested. Section five gathered information on strategies for raising VCT awareness among the students. The instrument was a self-developed questionnaire. It had a reliability coefficient of 0.74.

Data Analysis

Data were analysed using descriptive statistics. Descriptive statistics include the numbers, tables, charts, and graphs used to describe, organise, summarise and present raw data. They help summarise and support assertions of fact (Belli 2011).

Ethics

The researchers obtained informed consent from the participating students. The purpose of the research and the procedure were explained before consent was sought. Thus, participation in the study was voluntary. The participants were informed not to write their names on the questionnaire to maintain anonymous and confidential reporting. The researchers informed the participants that they had the right to withdraw from the study should they so wished.

RESULTS

Figure 1 shows that 95 (95%) reported that they knew about VCT. The other 4 (5%) possessed ignorance of VCT.

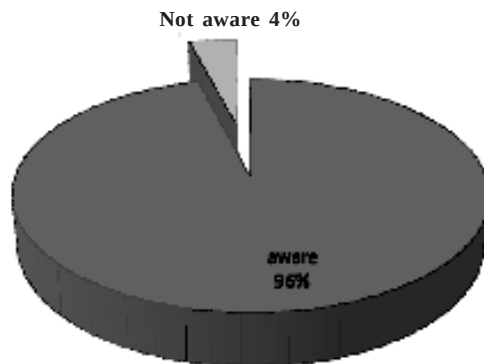


Fig. 1. Awareness of VCT facility

Table 1: Importance of HIV voluntary testing and counselling (n=99)

Item	Response frequencies			
	Yes	%	No	%
Is VCT important?	96	97%	3	3%
Students are more vulnerable to HIV	94	95%	5	5%
Lack of knowledge on status is stressful	92	92.9%	7	7.1%

Table 1 shows that most of the participants (97%) believed that VCT was important and they acknowledged that they were vulnerable to HIV infection (95%). In addition, most of them (92.9%) indicated that lack of awareness of one's HIV status made them anxious.

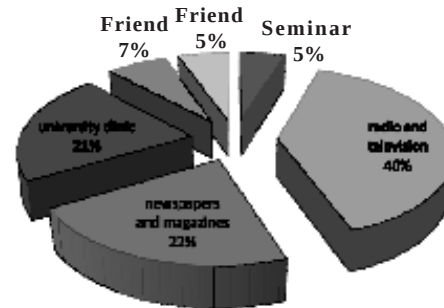


Fig. 2. Source of information on voluntary testing and counselling

Figure 2 shows that the major sources of VCT information among the participants were radio and television (40%), newspapers and magazines (22%) and university clinic (21%).

Figure 3 shows that fewer (33.3%) students took an HIV test while the majority (66.7%) did not.

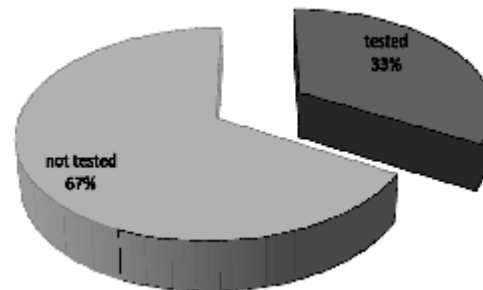


Fig. 3. Students' HIV test taking behaviour

Figure 4 shows that the participants were reluctant to test for HIV mainly because of fear of knowing their status (35.8%), stigmatisation (15%) and discrimination (27.7%).

Figure 5 shows that the most commonly suggested methods of raising VCT awareness among the student population were peer advo-

cacy (63.6%), university radio (59.6%) and posters (27.3%).

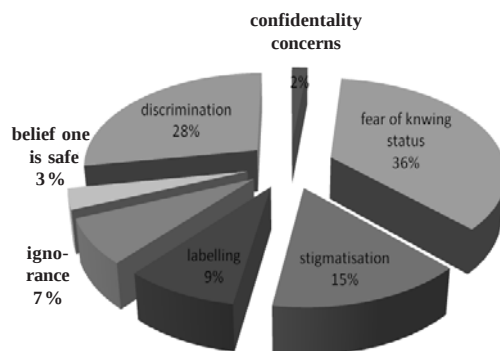


Fig. 4. Reasons why students were reluctant to be tested

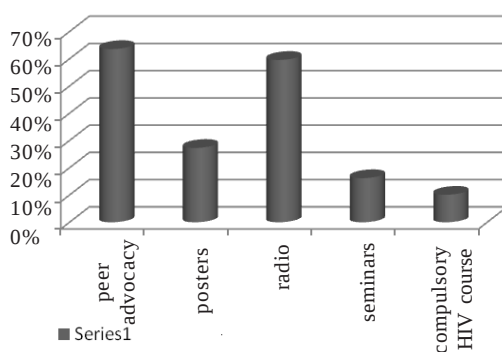


Fig. 5. Strategies for promoting voluntary testing and counselling (n=99)

DISCUSSION

The findings of the VCT survey suggest that the majority of the participants were aware of the existence of the VCT facility in hospitals and clinics. The results showed that students had access to VCT awareness programmes run by the government and its partners in HIV prevention programmes in the districts. The major sources of VCT information among the participants were radio, television, newspapers, magazines and university clinic. The finding is in line with HSRC's (2002) and Schumm's (2004) assertion that most health interventions are communicated through television, radio, and printed

media. Thus, the participants depended on the three communication modes that have a moderate impact (Kelly et al. 2001). However, it was surprising that there was no mention of World Wide Web, a medium that is widely used by many South Africans (Schumm 2004).

The study found that the participants reported that the VCT programme was essential. The findings support Peltzer et al. (2004) and WHO (2002) who reported that people believed that VCT is essential. Participants were aware that their age group was the worst affected by HIV and AIDS in the country. The participants also indicated that lack of awareness of one's HIV status causes anxiety.

Although most of the participants indicated that knowledge of their HIV status was important, their responses indicated that most of them feared taking an HIV test. This finding is consistent with Meiberg et al. (2008) whose study found that students fear to take HIV test. The fear could be based on reasons such as fear of knowing their status (Meiberg et al. 2008; Pembrey 2009), stigmatisation, labelling and discrimination (Fildes 2008; Meiberg et al. 2008; Mwamburi et al. 2005; Pandit and Mahajan 2005; Peltzer et al. 2004). Other participants were reluctant to test for HIV because of confidentiality concerns (Bodibe 2009; Fawcett 2001; Mannak 2009; Peltzer et al. 2004; Schumm 2004), belief that they were not at risk of HIV infection (Bartholomew et al. 2001; Meiberg et al. 2008; Peltzer et al. 2004; UNAIDS 2006) and ignorance. Confidentiality concerns were expected because the participants came from Black communities that have closely knitted life and extended family systems (Schumm 2004). People in the community know each other including the health care workers who run the VCT programme (Van Dyk 2001; Van Dyk and van Dyk 2003).

The participants suggested that the promotion of the VCT programme should be done mainly through peer advocacy and, radio and television. The preference for radio and television was popular possibly because they found it appealing. The finding is in line with previous studies that found that radio (Kelly et al. 2001) and television (Schumm 2004) were the main sources to which South Africans were exposed to VCT information.

LIMITATIONS OF THE STUDY

While these results give important information on students' perceptions of VCT, some of

limitations of the present study warrant consideration. First, the present sample was not cross-sectional. It was drawn from third year psychology students only. Thus, the findings of the study can not be generalised to all higher education students.

CONCLUSION

From the foregoing discussion, the level of awareness of the VCT facility was high. The participants viewed the VCT programme as important but the majority were reluctant to test for HIV. Testing for HIV was inhibited by factors such as fear of testing HIV positive fear of knowing their status, stigmatisation, labelling, discrimination, ignorance and the false belief that they were free from HVI infection. The participants preferred the use of peer, radio and television as vehicles for VCT advocacy.

RECOMMENDATIONS

Therefore, it would be important to replicate the present study with a larger sample of students selected from different institutions of higher learning. Focus of future research should be extended to sample demographics such as gender, age, socio-economic variables, degree programme, year of study and location of institution.

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