

# **KNOWLEDGE, ATTITUDE AND PRACTICES TOWARDS VOLUNTARY COUNSELLING AND TESTING FOR HIV AMONG RURAL DWELLERS IN KOGI STATE**

**A Case Study By DR OKEBUGWU ANDREW NWACHIMERE-EZE, Nigeria**  
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## **ABSTRACT**

One of the indispensable components in the war against HIV/AIDS is the voluntary counseling and testing and this has acquired global recognition.

This study was done to ascertain the knowledge, attitudes and practices of VCT among rural dwellers in Kogi State Nigeria. Data were obtained through questionnaires administered to 250 participants who were selected through quota and convenience sampling and were analyzed manually.

Finding shows that the awareness of VCT in this area is 79% with the highest source of information as mass media (79%). 52% agreed to receive VCT if offered.. 14% have accessed VCT services before this study.

**KEYWORDS:-** HIV, Drugs, Disease, Virus, Cure, Testing, VCT

## **INTRODUCTION**

The Human Immunodeficiency Virus/ Acquired Immune deficiency Syndrome (HIV/AIDS) is a killer disease that affects all age groups and all cadres including the unborn. The disease is without a cure though some antiretroviral drugs and preventive strategies that could prolong life of the infected are available.

The first step in the control of the HIV epidemic, facilitate access to care and prevent further infection is knowledge of one's HIV status .One of the accepted methods of ascertaining HIV status is through voluntary counseling and testing. (VCT). VCT is recognized globally as an effective and pivotal strategy for both preventive and care of HIV/AIDS.

In spite of the critical importance of VCT, there are many challenges as many people are yet to accept and embrace it fully. The reasons for this are many and varied and include fear of stigmatization, loss of the love of loved ones, religious fanaticism “it’s not my portion syndrome”, fear of needle pricks during the sample collection, acceptance of the inevitability of death “something must kill a man syndrome”. Ignorance of even the educated ones.

It is based on the forgoing that this study was done to ascertain the uptake of the VCT services with a view of assessing the past, the present and help in public health policy making in HIV control by forecasting and fine-tuning available methods based on the critical analysis of the result especially as it regards rural dwellers using a rural settlement in Kogi State as a case study population.

## **AIMS OF THE STUDY**

The aim of this study was to investigate the knowledge, attitude and practices of VCT for HIV among rural dwellers in Kogi state.

## **OBJECTIVES OF STUDY**

The objectives of the study were to:

- Assess knowledge of rural dwellers in Kogi State on VCT services for HIV
- Determine their attitudes towards VCT.
- Ascertain their practices of VCT
- Identify challenges associated with VCT uptake

## **SIGNIFICANCE OF STUDY**

The findings of the study could add to existing knowledge nay literature. It would be useful in designing education materials to enhance the knowledge of students, medical practitioners and the government and hence contribute to strategies and policies that could enhance the uptake of VCT services.

## **STATEMENT OF PROBLEM**

HIV/AIDS is a highly prevalent disease with high mortality and high global burden. Situations will become worse if not controlled. The first step in the solution of any problem is identification of the problem. VCT services in identifying the problem of HIV/AIDS and its complications.

HIV infection is known for its associated stigma and this can be a hindrance for people to go for a test. In spite of all government and nongovernmental awareness campaign efforts, most people still show apathy to avail themselves of the services which is free in Nigeria.

What is the situation with rural dwellers in Kogi state?

## **LIMITATIONS**

- Language barrier.
- Difficulty in cutting down the number of volunteers to the sample size.

## **LITERATURE REVIEW**

VCT is recognized globally as an effective and pivotal strategy for both prevention and care of HIV/AIDS. Counseling and testing centers are places where people get to know more about HIV/AIDS and /or to check their serostatus so as to make informed decisions about their health and behavior. (GHS, 2009).

VCT is necessary to direct HIV infected people to antiretroviral therapy which is becoming increasingly available and accessible. 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. VCT services come to the knowledge of people by the following means.

In a study conducted among healthcare professional students undergoing 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, mosques, seminars and through visiting VCT centers. (Charles et al)

Manirankunda et al (2007) explored perception, needs and barriers of Sub-Saharan African migrants with respect to HIV/VCT. Data collected through group discussion showed that participants were in favor of VCT by principle. However, participants indicated that barriers of VCT outweigh advantages. The barrier included the fear of positive test results and is related to personal and social consequences, lack of preventive health behavior, denial of HIV risks and missed opportunities.

The fear of testing positive in the test itself was a common expressed psychological barrier. (Morin et al, 2006) Research indicates that people only accept VCT when planning marriage or when they want to travel abroad. (Alemeyehu, 2010). Holmes et al (2008) found out more educated women were less likely to accept VCT than the less educated. 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 VCT 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.

Denison et al,2006 discovered that adolescents delay in seeking VCT until they found a family member or friend who supported the idea of testing.

Morin et al(2006) carried out a study to evaluate a strategy to remove barriers of knowing ones 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 result same day. Reasons for not testing previously were convenience of location and low end cost. One could argue that participants could have potential problem with testing in public places or settings.

Cartoux et al (1998) undertook a study in which pregnant women of gestation age 7 months or less and aged 18 years and above attending antenatal clinic underwent VCT in Abidjan, Cote d'ivoire and Bobo Dioulasso, Burkina Faso. More of the women (22%) refused the test in Abidjan than in Bobo Dioulasso (7.6%)

The most common reason for refusal were to seek agreement of partner, fear of AIDS and the need to make a decision later at home In view of the indispensable role of VCT, this study is done to investigate the knowledge, attitude and practice of VCT for HIV among rural dwellers in Kogi State.

## **DESIGNS AND METHODS**

Research Design: A cross sectional study . A qualitative descriptive study was used.

Research setting: It was conducted in one of the rural areas in Kogi state. There are ten districts in the area and the population is made up of fishermen, traders, farmers, artisans, and few civil servants.

Target population: The target population was rural dwellers in the ten districts with an estimated population of fifty thousand and comprised both male and females of ages 11 to 60.

Sample size and sampling techniques: The quota and convenience sampling techniques were adopted to select 250 people; 25 from each of the villages. Only those seen in the fields were recruited.

Research instrument: A structured questionnaire which consisted of both open and closed ended questions was designed to capture the objective 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 June and July 2013. A prior letter was sent through the Chiefs and madakis (local chiefs) who gave their consent. The towns were informed through town criers announcing the VCT to the ten regions. This was done in conjunction with management science for health (MSH).

Prior to administration of the questionnaires, the purpose of the study was explained and participants informed that their participation was voluntary and that they could opt out of the study at any point without any need for explanations. Those who were willing were sort out and by simple random sampling the 25 respondents were selected.

The completed 25 questionnaires from each of the 10 districts were collected and collated.

Data analysis: It was done manually

Ethical considerations:

1. The chiefs of the districts were aware and permission was obtained.
2. Full disclosure of the purpose of the study was provided to each participant to enable them make an informed decision on their participation.
3. Individual consent was sought following addressing their questions.
4. They are informed that the process was voluntary.
5. Anonymity was assured by asking participants not to write their names on the questionnaire forms.
6. They were all also assured of confidentiality

## **RESULTS**

The results of the study done on the knowledge, attitude and practices of voluntary counseling and testing for HIV in the rural areas in Kogi state Nigeria are as shown below.

250 questionnaires were administered and analyzed based on the following parameters, age of respondents, gender, marital status, religion, educational level, awareness of VCT, means of awareness, views on importance of VCT services, who should undergo VCT, attitudes towards VCT, issues on confidentiality, reactions to a positive result. Below are the tables and bar charts representing the aforementioned parameters.

**TABLE 1. AGE DISTRIBUTION**

AGE RANGE	NO	%
11-20	27	11
21-30	83	33
31-40	54	22
41-50	47	19

51-60	39	15
TOTAL	250	100

Table 1 shows the age distribution of respondents and shows that the age range of 21-30 forms bulk of the respondents while the least was age 11 to 20.

**TABLE 2. GENDER DISTRIBUTION**

GENDER	NO	%
MALE	113	45
FEMALE	137	55
TOTAL	250	100

Table 2 shows the gender distribution and shows the females leading 55% while males were 45%

**TABLE 3 MARITAL STATUS**

MARITAL STATUS	NO	%
SINGLE	82	33
MARRIED	168	67
TOTAL	250	100

Table 3 shows the marital status of respondents and it shows that the married were 168 (67%) while the singles were 33%. The married were not divided into divorced, separated or widowed.

**TABLE 4 RELIGION**

RELIGION	NO	%
TRADITIONAL	41	16
MUSLIM	79	32
CHRISTIAN	120	48
OTHERS	1	4
TOTAL	250	4

Table 4 shows the religious caste of respondents which shows that the Christians to be 120 (48%) , Muslim 79 (32%).

**TABLE 5 AWARENESS OF VCT**

AWARE	NUMBER	%
YES	198	79
NO	52	21
TOTAL	250	100

Table 5 shows awareness of VCT. 79% of respondents were aware of the word VCT but many did not understand the concept. 21% were not aware.

**TABLE 6- MEANS OF AWARENESS**

MEANS	NO	%
MASS MEDIA	72	36
CHURCH	40	20
FRIENDS	52	26
HEALTH PERSONNEL	34	17
TOTAL	198	100

TABLE 6 Shows the means of awareness. Mass media ranks first with 72 respondents (36%) followed by friends. Health personnel has the lowest value (17%)

**TABLE 7- RESPONDENTS VIEWS OF IMPORTANCE OF VCT SERVICES**

VIEWS	NUMBER	%
IT IS IMPORTANT	197	79
IT IS NOT IMPORTANT	43	21
TOTAL	250	100

Table 7 shows views on importance of VCT services. 197 (79%) said it was important while the remaining saw no need for it.

**TABLE 8-WHO SHOULD UNDERGO VCT**

WHO	NO	%
EVERYONE	140	56
PEOPLE WITH MULTIPLE PARTNERS	30	12
ANYONE SEXUALLY ACTIVE	20	8
PEOPLE ENTERING INTO MARRIAGE	7	3
NOBODY	53	21
TOTAL	250	100

Table 8 shows who VCT is for. 140(56%) feels everyone should be involved. The 53 (21%) who said VCT is not important still insisted that no one needs the services.

**TABLE 9- ATTITUDE TOWARDS VCT**

ACCEPTANCE OF VCT	NUMBER	%
YES	130	52
NO	100	40
NEITHER YES NOR NO	20	8
TOTAL	250	100

Table 9 shows attitude to VCT. 130 (52%) respondents agreed to acceptance of the services. While 100 (40%) rejected the services.

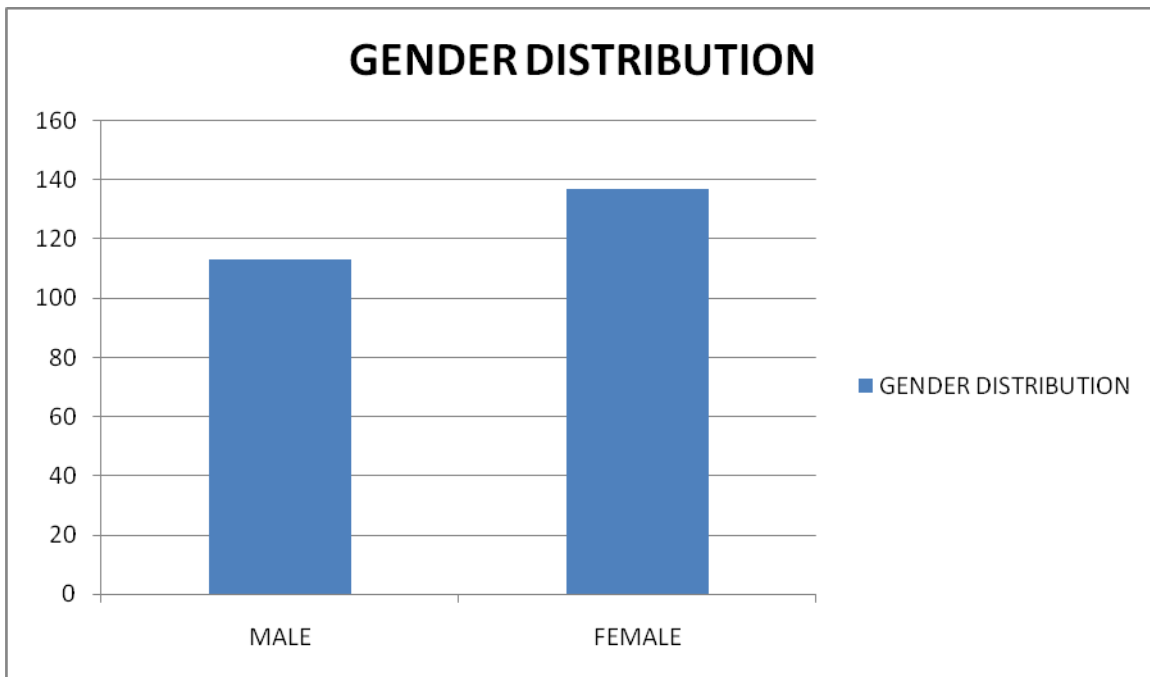
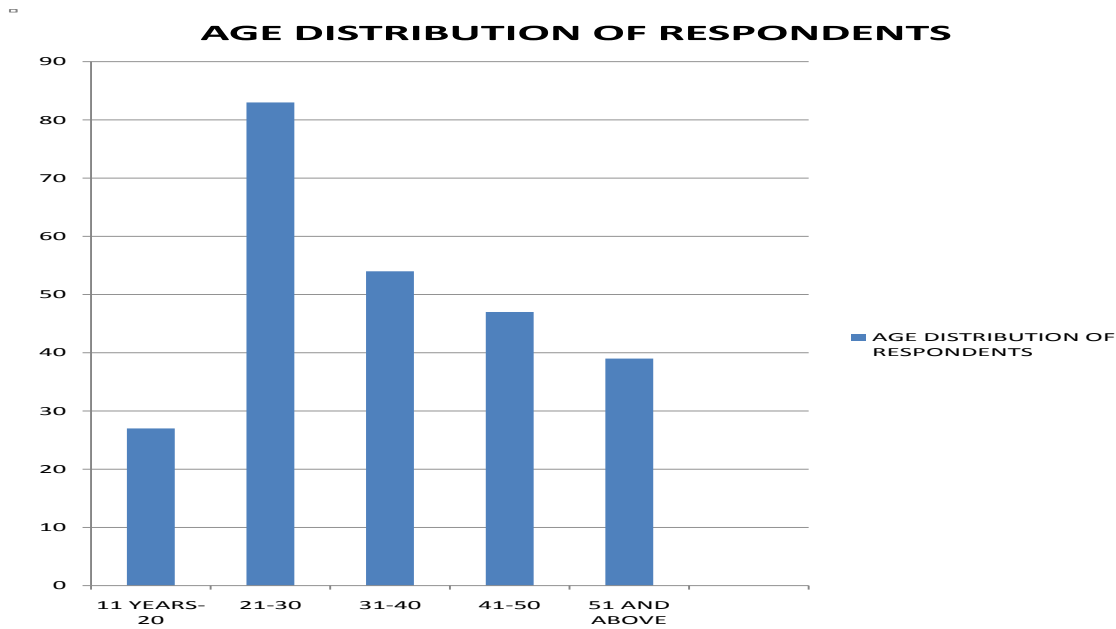
**TABLE 10 PREVIOUS VCT HISTORY**

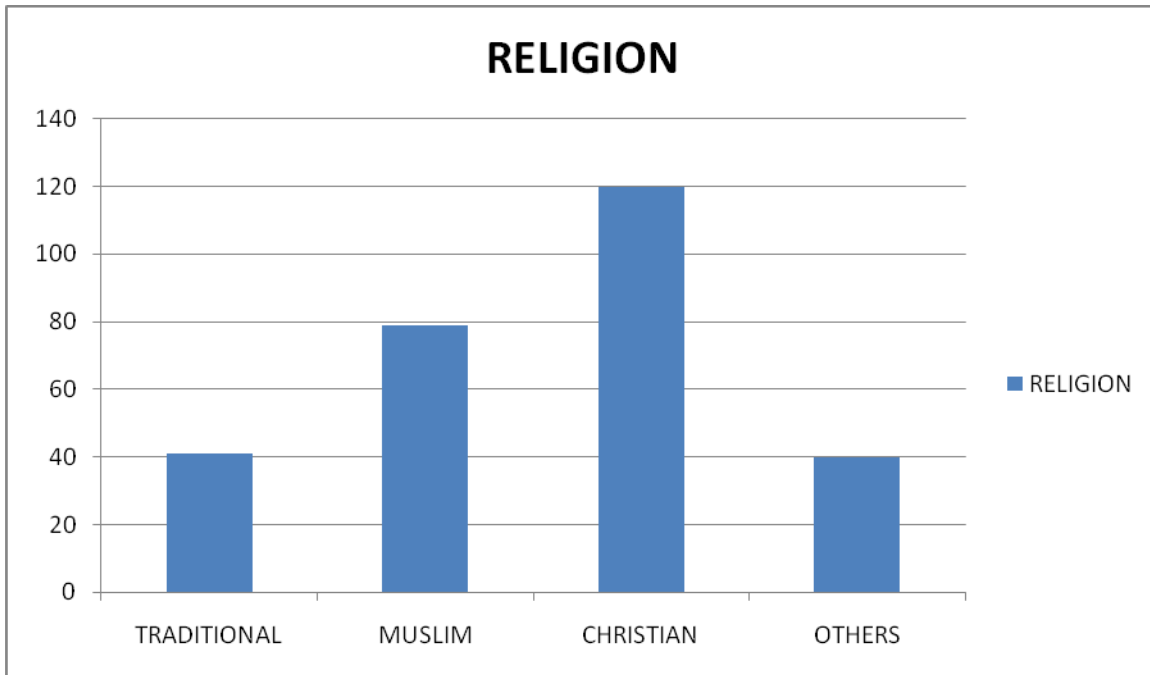
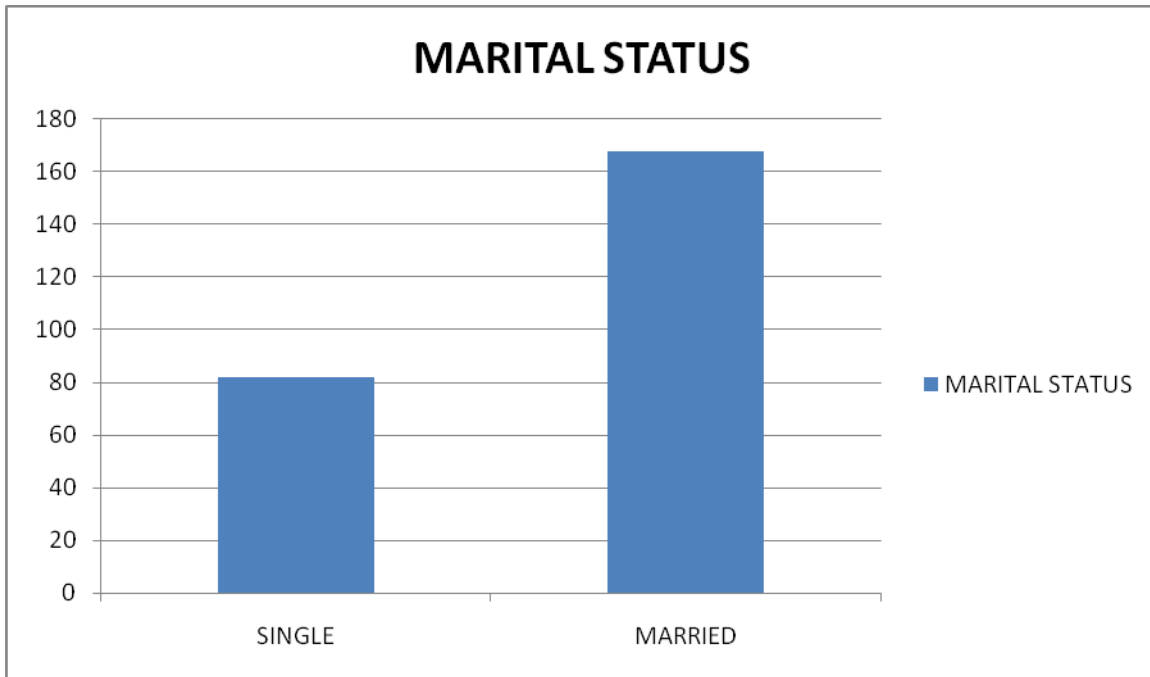
VCT HISTORY	NO	%
YES	30	14
NO	220	86
TOTAL	250	100

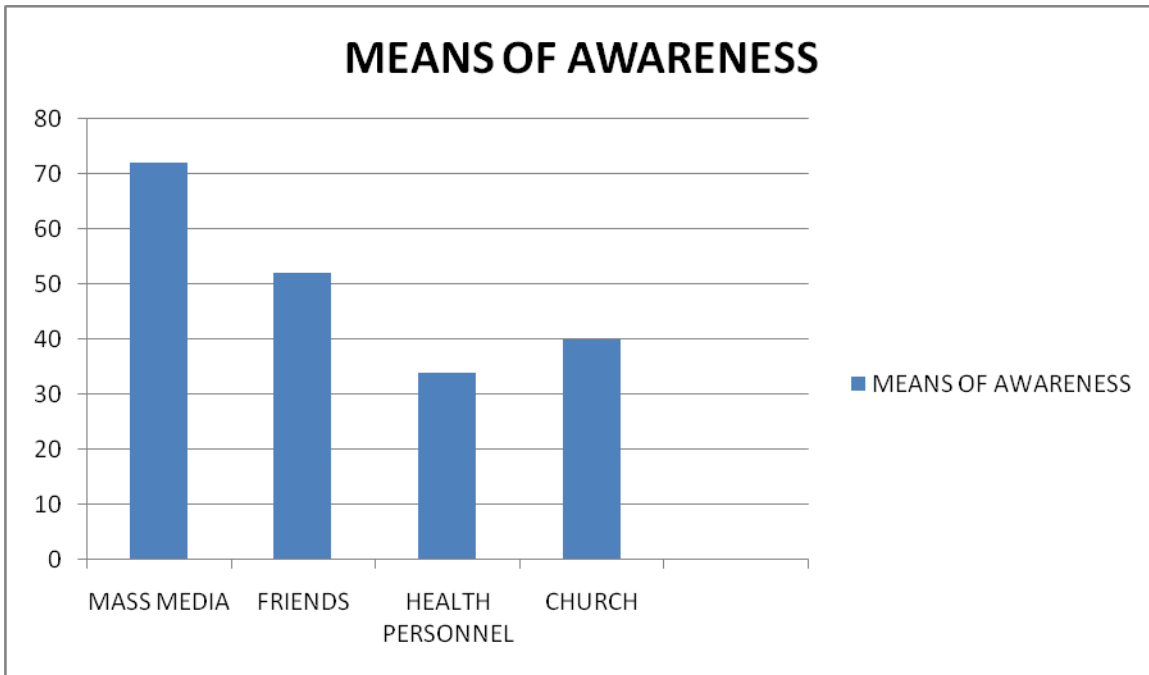
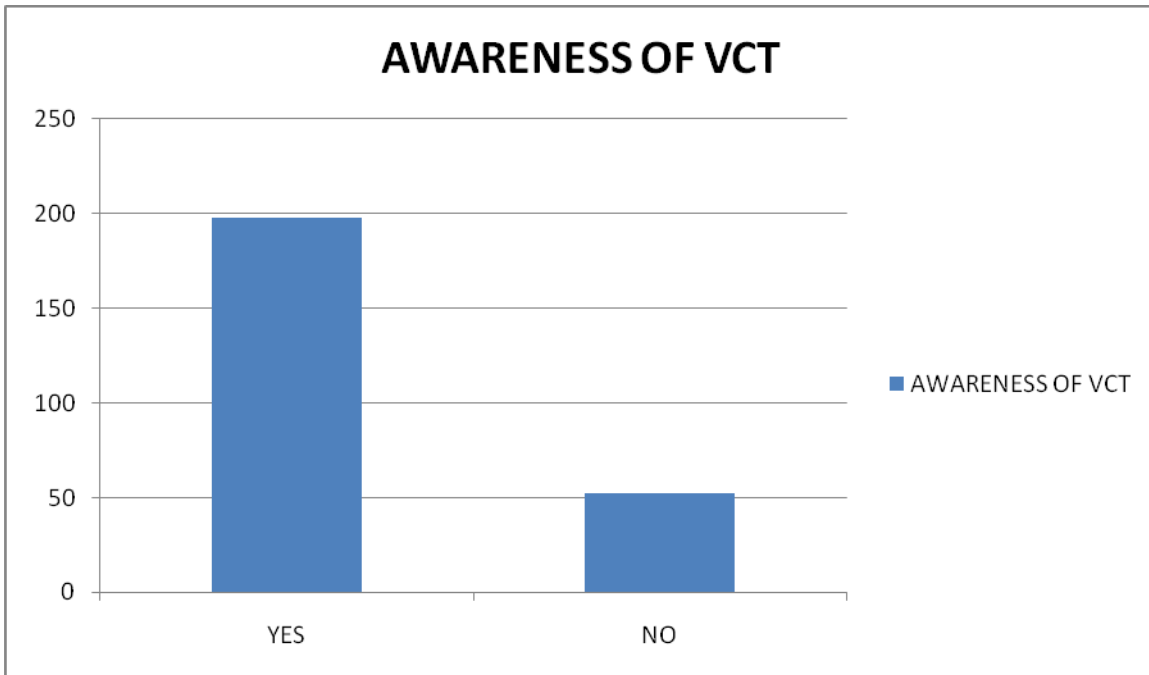


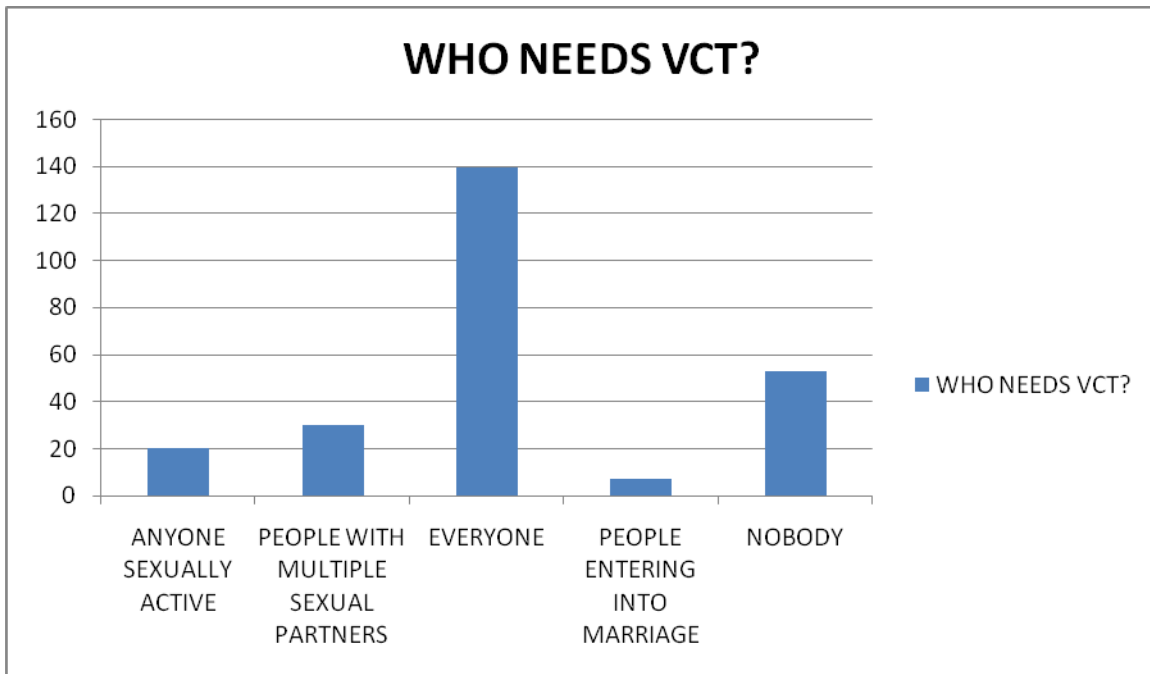
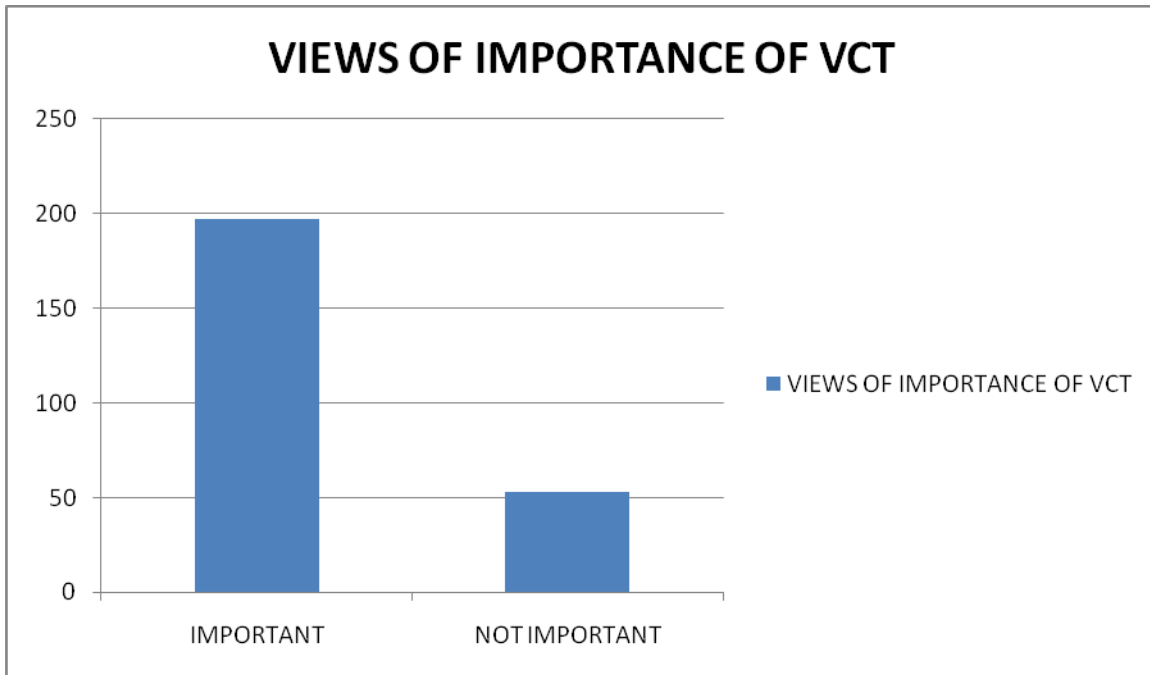
**BAR CHARTS**

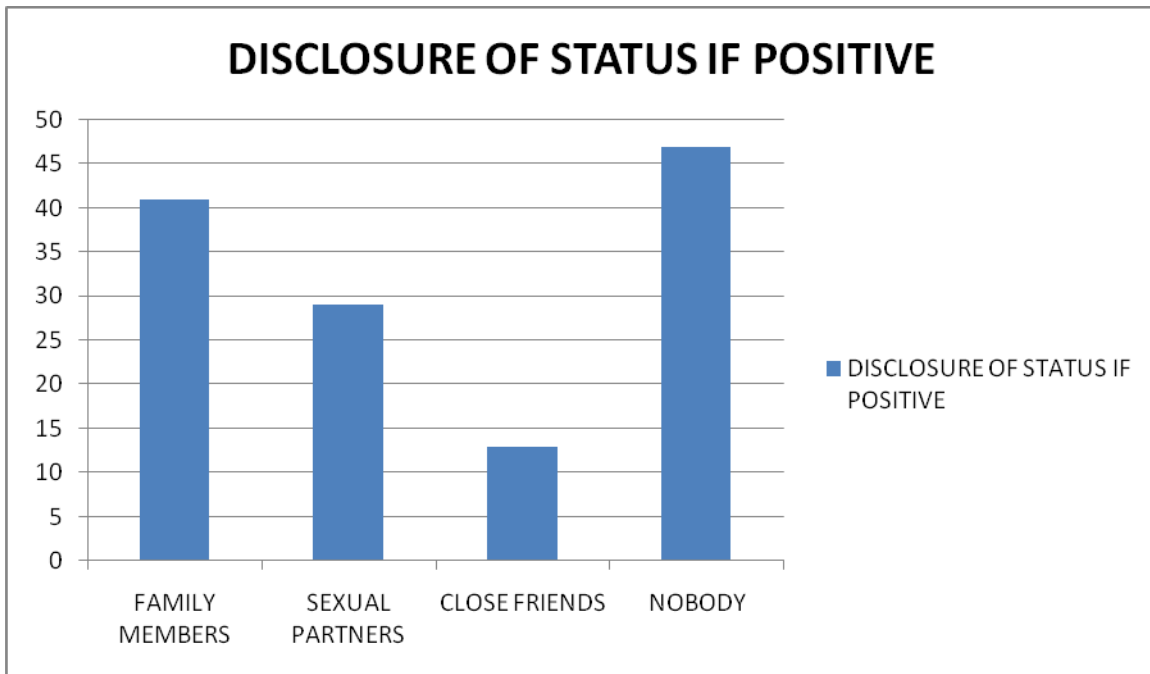
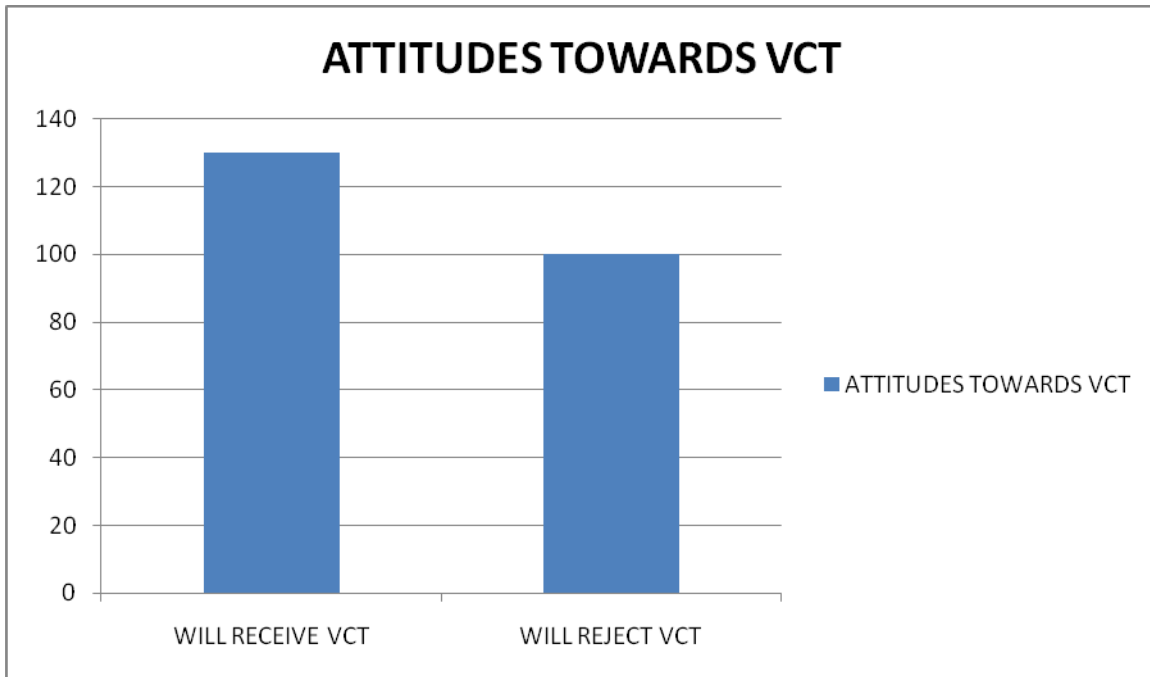
**AGE DISTRIBUTION**

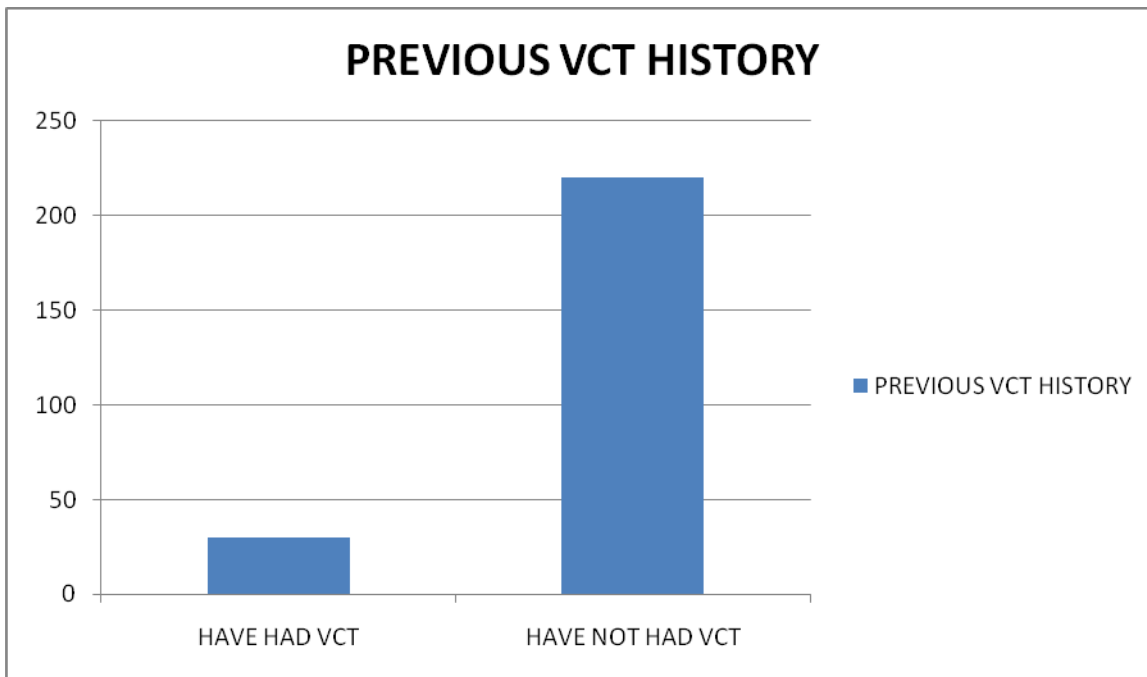












## DISCUSSIONS

In the present study, the awareness of VCT for HIV in Kogi state is 79% which is commendable but not satisfactory. This is because most areas do not have electricity or the terrain is such that radio waves do not permeate these areas. This is higher than a study done in Awka among under graduates in a polytechnic in south-east Nigeria where the awareness was 63.21. (ikechebelu et al(2006)

The mass media (28%) and health personnel (26%) were the highest source of information. This is in contrast to the Ikechebelu et al's study where the highest source of information is mass media and friends lying credence of the role of in HIV issues.

For those who have heard of it many do not really understand the concept of VCT.

About 79.1 (197) respondents agreed VCT was important and all agreed that the advantages includes;

- To know ones status
- Protect one from infection
- Seek medical attention
- Prevent transmission to others.

On the subject of who VCT is for, 140 (56%) agreed that it is every one, while a fraction went for anyone who is sexually actively, people with multiple partners and 53 (21%) said it was not necessary.

130(52%) agreed to receive VCT while 100 (40%) rejected. The percentage that accepted the project in this study is lower than what was reported in a previous study done at a polytechnic where the percentage that was willing to accept VCT was 72% (Ikechebelu et al 2006). The major reason for rejection was that those receiving VCT will be seen being promiscuous (55% of those who said no).

80% of those who accepted VCT services said they will take the result in good faith. 10% mentioned suicide while it was not the portion of 10%.

Those who accepted were asked who they will likely disclose their status to if they are positive. 31% chose family members, while 41% chose to keep it to themselves because of issues like, breaks in relationships and stigmatization.

14% have had VCT before. Of the 14%, 13 (43%) did it just to know their status, while 12 (40%) did it as a prerequisite for blood donation. The result is lower than that of a study conducted in South Africa by Kalichman et al 2003 where about 44% have been tested before.

Many other issues were raised by the respondents as to why they will not to be tested. These include;

1. Fear of outcome of results
2. Religion, for example, a Muslim is not allowed to see his/her blood during the holy month of Ramadan (which incidentally was the period of the study.)
3. Superstition some claimed that HIV is spiritually acquired.
4. Some claimed to be healthy and hence do not need testing.
5. Fear of pricks while collecting the samples.
6. HIV association with death, some believe that it is better not to know ones status than to know and die by piece meal.
7. Ignorance: some people ask for financial benefit before VCT claiming that the health workers are working for their money.
8. The single ones claim to be virgins even when it is clear that HIV has other means of transmission, though sexual transmission is the highest.

## **CONCLUSION**

Having come to the end of the study, I conclude that the level of awareness of VCT for HIV in Kogi state is impressive though a room for improvement exists because of the important role VCT has in the management and prevention of retroviral disease.

Information is the key word. People should be educated on the need to avail themselves of the opportunity to get tested. The government and nongovernmental organization have been trying by making the testing free but the consumption is still poor because of the myths and wrong information people have about HIV.

## **RECOMMENDATIONS**

Considering the health burden, social and economic implication of HIV/AIDS and the role that early detection plays in the pathogenesis, prevention of transmission and care, every effort should be geared towards effective and efficient VCT. I hereby recommend that:

1. More VCT centers be established in rural areas
2. More radio and television jingles with involvement of influential persons such as actors and actresses.

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