

1 **Evaluation of Socio-psychologic factors that impede/promote**
2 **Voluntary Counseling Test (VCT) services among youths in**
3 **Anambra State**

4
5 **Keyword:** Social factors, psychologic factors, impede VCT, promote
6 VCT

7
8 **ABSTRACT:**

9 The socio-psychologic factors that impede/promote VCT services
10 among youths in Anambra State of Nigeria was evaluated. 400
11 youths were randomly selected using multi-stage method.
12 Questionnaire was used as the instrument. The split-half method
13 was used to test the reliability of the instrument with correlation
14 coefficient of .85. The result showed that socio-psychologic factors
15 that impede VCT as perceived by youths in Anambra state include
16 fear of stigma (mean score 2.8), fear of positive test result (mean
17 score 2.8), Abandonment and rejection (mean score 2.7), fear of lack
18 of care and support if test is positive (mean score 2.6) while those
19 factors identified to promote VCT include desire to know how to
20 remain uninfected (mean score 3.5). It was concluded that since
21 socio-psychologic factors impede/promotes VCT as perceived by the
22 youths, public should be made to understand that going to access
23 VCT services does not mean that the individual is already infected
24 and want to confirm it in order to be receiving treatment rather it
25 mean going to acquire information that will help one remain

26 uninfected or reduce transmission of HIV and live healthy life if
27 found infected.

28

29 **Introduction:**

30 Human immune deficiency virus (HIV) counseling is the confidential
31 dialogue between individuals and their health care provider to help
32 clients examine their risk of acquiring and transmitting HIV
33 infection and to make informed decision based on information
34 available to them (Osman 2002). As stated by Centre for Disease
35 Control (2001) and WHO (2004), counseling was designed to help
36 persons interpret the meaning of negative and positive results, to
37 initiate and sustain behavior changes that reduce risk of becoming
38 infected and to assist HIV positive individuals in avoiding infecting
39 others. Maman and Mbiwambo (2001) opined that the overall
40 objective of VCT is preventive with emphasis on confidentiality and
41 voluntary. This includes individual decision, protecting the
42 individual's decision not to be tested or not to learn about the result
43 of the test. Because VCT has been confidential and non-
44 threatening, it has tended to attract those who might otherwise shy
45 away from HIV interventions.

46

47 Despite these benefits of VCT, many people especially young people
48 still do not access VCT services as supposed. This may be as a
49 result of factors which play detrimental role in the acceptance and
50 use of VCT services as posited by Gretachew, Isemuel and Beloimeh
51 (2002). Bronnon and Fiest (2000) opined that certain variables or

52 factors could influence compliance or adherence to preventive
53 measures and grouped these factors as socio-demographic, socio-
54 economic, socio-psychologic, ethnicity and structural factors.

55

56 Evaluation and understanding the socio-psychologic factors
57 associated with VCT utilization is important and timely since
58 identifying these factors may help in removing the barriers to
59 accessing VCT as well as promoting its use. Hence this study that
60 aimed at evaluation of socio-psychologic factors that
61 impede/promote VCT services utilization among youths in Anambra
62 state of Nigeria.

63

64 **Methodology**

65 A cross-sectional descriptive survey research design was used to
66 study the youths' knowledge of VCT in Anambra state of Nigeria
67 with youth population (15-29 years) of 1,307,637 (National
68 Population Commission (NPC) 2006).

69 Multistage, simple random and proportionate selection techniques
70 were used in selecting the subjects. This involved random selection
71 of two local governments from each of the three senatorial zones of
72 the state making a total of six (6) local government areas. The six
73 local government areas selected were Oyi, Ogbaru, Ihiala, Nnewi
74 North, Awka South and Idemili North. A community was selected
75 using simple random sampling from each of the selected local
76 government. The communities selected were Okpoko, Umunya,
77 Ihiala, Nnewi, Awka and Ogidi. The total population of youths in

78 these communities according to NPC (2006) is 137,074.
 79 Proportionate sampling was used to select a total of 400 youths that
 80 were used for the study.

81
 82 The instrument of data collection was questionnaire constructed by
 83 the researchers. The instrument was validated by two other people
 84 that specialized in test construction. Split-half method was used to
 85 test the reliability of the instrument and the correlation coefficient
 86 was 0.85. The researchers administered the instrument to the
 87 youth in various churches, football fields and in schools.
 88 Permission to carry out the study was obtained from community
 89 leaders verbally since there was no ethical committee in those
 90 communities. Individual informed consent were equally obtained
 91 from each participant. The data were analyzed using SPSS version
 92 17.

93
 94 **Results**

95 **Table 1:** Socio-psychologic factors that impede/promote VCT
 96 among youths in Anambra state

Question	Responses	SA Freq.	A Freq	D Freq	SD Freq	- X
Socio- psychologic factors that impede VCT	Fear of stigma/discrimination	115	129	105	48	2.8
	Abandonment and rejection.	112	128	92	65	2.7
	Lack of care and	91	121	131	54	2.6

	support if test result is positive.					
	Fear of a positive test result.	133	120	85	58	2.8
	Don't feel I can contract HIV infection	93	100	129	75	2.5
	Fear of disclosure of result.	73	153	107	14	2.6
	Fear of people finding out.	94	142	113	48	2.7
	Not of age	31	45	143	178	1.8
	Average %	93 (23%)	117 (30%)	113 (28%)	74 (19%)	2.6
Question 2	Responses	SA Freq	A Freq	D Freq	SD Freq	- X
Socio- psychologic factors that promote VCT	Desire to know HIV status	261	116	19	1	3.6
	To obtain counseling	227	146	19	5	3.5
	Availability of support services	115	173	83	26	2.9
	Lack of stigma & Discrimination	117	162	82	36	2.9
	Average %	180	149	51	68	3.2

		(45%)	(38%)	(13%)	(17%)	
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97 SA=strongly agree, A=agree, D=disagree , SD=strongly disagree

98 Table 1 shows that youths had average of 93 (23%) respondents, for
 99 strongly agreed that 117 (30%) responses for agreed, giving and
 100 average total of 210(53%) positive responses to socio-psychologic
 101 factors that hinder VCT while a total of 187(47%) responses
 102 represent negative responses to socio-psychologic factors that
 103 hinder VCT. As per individual socio-psychologic factors that hinder
 104 VCT, fear of stigma/discrimination had the highest mean score of
 105 2.8 indicating a positive response, likewise fear of a positive result
 106 with mean score of 2.8. Abandonment/rejection and fear of people
 107 finding out had mean scores of 2.7 respectively. Fear of lack of
 108 support if result is positive and fear of disclosure of result had
 109 mean scores of 2.6 respectively, all indicating positive responses.
 110 Not of age had a mean score of 1.8 indicating a negative response.
 111 For socio-psychologic factors that promote VCT, desire to know HIV
 112 status had 261 strongly agreed responses, 116 agreed while 19
 113 disagreed and 1 strongly disagreed to the item. Their responses to
 114 the item yielded a mean score of 3.6 indicating a positive response.

115
 116 To obtain counseling on how to remain uninfected had 227 strongly
 117 agreed responses, 146 agreed responses, while 19 disagreed and 5
 118 respondents strongly disagreed to the item. A mean score of 3.5 was
 119 got from the responses also indicating a positive response.

120

121 Availability of support services had 115 strongly agreed responses,
122 173 agreed responses, 83 respondents disagreed and 26 strongly
123 disagreed. This gave a mean score of 2.9 positive responses. For
124 lack of stigma/discrimination, 117 respondents strongly agreed to
125 the item, 162 just agreed, 2 disagreed and 36 strongly disagreed. A
126 mean score of 2.9 positive responses was got. The table above
127 further shows that youth had an average of 180 (45%) and
128 149(38%) responses representing positive responses to socio-
129 psychologic factor that promote VCT, while a total of 119 (30%)
130 responses represent negative responses to socio-psychologic factors
131 that promote VCT.

132

133 **Discussion**

134 The socio-psychologic factors that impede VCT as perceived by
135 youths in Anambra State include.

- 136 • Fear of stigma (means score 2.8)
- 137 • Fear of a positive test result (mean score 2.8)
- 138 • Abandonment and rejection (mean score 2.7)
- 139 • Fear of lack of care and support if test is positive (mean score
140 2.6)
- 141 • Lack of perception of being at risk (mean score 2.5)
- 142 • Fear of disclosure of result (mean score 2.6)
- 143 • Fear of people finding out that they went for HIV counseling
144 and test (mean score 2.7)

145

146 Fear of stigma/discrimination and fear of a positive test result were
147 discovered in many studies like Onabanjo (2004), Illiyasu (2006),
148 Mulugeta (2003) Zerihun (2003), Mcphail (2008) Lazare et al (2009)
149 and Na et al (2009) as major reasons for people to avoid VCT.
150 HIV/AIDS is still a stigmatizing condition in many communities
151 probably because it has got no cure and a positive test result often
152 indicates HIV infection hence the fear. Also some years back, many
153 HIV infected persons experienced rejection/abandonment, many
154 lacked care and support and were left to die as observed by Asian
155 Pacific Network of People living with HIV/AIDS (2004). This fear still
156 abounds in the heart of many youths today and this might be
157 reason why they would not want to be going for VCT regularly and
158 are afraid of disclosure of test result. However with the discovery of
159 antiretroviral drugs and with constant supply, this fear is expected
160 to reduce and may disappear completely with time and more people
161 will be accessing VCT more regularly without fear of anything.

162

163 Desire to know HIV status (mean score 3.6). This finding was seen
164 in many studies as previously discussed as youth's main reason for
165 accessing VCT services.

166 Obtain counseling on how to remain uninfected has a mean score
167 3.5 and people say that knowledge is power. When one is equipped
168 with the right knowledge, he/she will be able to make right
169 decisions/choice and live a more health life and this is what HIV
170 pre test and post test counseling services intend to help people
171 achieve.

172

173 **Conclusion**

174 Socio-psychologic factors like stigma, fear of positive test result,
175 abandonment and rejection as well as fear of disclosure were
176 identified by youths as factors that may impede their response to
177 VCT while factors that promote youth response to VCT services
178 include desire to know their HIV status and to know how to remain
179 uninfected.

180

181 **Recommendation**

182 It was recommended that parents/guardians should be made to
183 understand that VCT is a preventive health measure. It helps for
184 early detection of HIV infection and early initiation of treatment.
185 The services are free hence they should encourage their youths to
186 access the professional services in order to be equipped with the
187 right information that will help them to avoid contracting HIV
188 infection. This will go a long way in reducing youths sexual risk
189 behaviours which often expose them to STIs including HIV.

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