



Evaluation of Socio-psychological Factors that Impede/Promote Voluntary Counseling Test (VCT) Services among Youths in Anambra State

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Authors' contributions

This work was carried out in collaboration between all authors. Authors CNO and ECN designed the study and wrote the protocol while authors PNO, AE and CJM collected the data. All the authors managed the data analysis and literature review. All authors read and approved the final manuscript.

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ABSTRACT

The socio-psychological factors that impede/promote VCT services among youths in Anambra State of Nigeria were evaluated. 400 youths were randomly selected using multi-stage method. Questionnaire was used as the instrument. The split-half method was used to test the reliability of the instrument with correlation coefficient of .85. The result showed that socio-psychological factors that impede VCT as perceived by youths in Anambra State include fear of stigma (mean score 2.8), fear of positive test result (mean score 2.8), Abandonment and rejection (mean score 2.7), fear of lack of care and support if test is positive (mean score 2.6) while those factors identify to promote VCT include desire to know how to remain uninfected (mean score 3.5). It was concluded that since socio-psychological factors impede/promotes VCT as perceived by the youths, public should be made to understand that going to access VCT services does not mean that the individual is

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already infected and want to confirm it in order to be receiving treatment rather it mean going to acquire information that will help one remain uninfected or reduce transmission of HIV and live healthy life if found infected.

Keywords: Social factors; psychological factors; impede VCT; promote VCT.

1. INTRODUCTION

Human immune deficiency virus (HIV) counseling is the confidential dialogue between individuals and their health care provider to help clients examine their risk of acquiring and transmitting HIV infection and to make informed decision based on information available to them [1]. As stated by Centre for Disease Control [2] and WHO [3], counseling was designed to help persons interpret the meaning of negative and positive results, to initiate and sustain behavior changes that reduce risk of becoming infected and to assist HIV positive individuals in avoiding infecting others. Maman and Mbiwambo [4] opined that the overall objective of VCT is preventive with emphasis on confidentiality and voluntary. This includes individual decision, protecting the individual's decision not to be tested or not to learn about the result of the test. Because VCT has been confidential and non-threatening, it has tended to attract those who might otherwise shy away from HIV interventions.

Despite these benefits of VCT, many people especially young people still do not access VCT services as supposed. This may be as a result of factors which play detrimental role in the acceptance and use of VCT services as posited by Gretachew, Isemuel and Beloimeh [5]. Bronnon and Fiest [6] opined that certain variables or factors could influence compliance or adherence to preventive measures and grouped these factors as socio-demographic, socio-economic, socio-psychological, ethnicity and structural factors.

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

2. METHODOLOGY

A cross-sectional descriptive survey research design was used to study the youths' knowledge

of VCT in Anambra state of Nigeria with youth population (15-29 years) of 1,307,637 (National Population Commission (NPC) 2006).

Multistage, simple random and proportionate selection techniques were used in selecting the subjects. This involved random selection of two local governments from each of the three senatorial zones of the state making a total of six (6) local government areas. The six local government areas selected were Oyi, Ogbaru, Ihiala, Nnewi North, Awka South and Idemili North. A community was selected using simple random sampling from each of the selected local government. The communities selected were Okpoko, Umunya, Ihiala, Nnewi, Awka and Ogidi. The total population of youths in these communities according to NPC [7] is 137,074. Proportionate sampling was used to select a total of 400 youths that were used for the study.

The instrument of data collection was questionnaire constructed by the researchers. The instrument was validated by two other people that specialized in test construction. Split-half method was used to test the reliability of the instrument and the correlation coefficient was 0.85. The researchers administered the instrument to the youth in various churches, football fields and in schools using random sampling and the number selected each location were based on the predetermined number. Permission to carry out the study was obtained from community leaders, church leaders and school principals verbally since there was no ethical committee in those communities. Individual informed consents were equally obtained from each participant. The data were analyzed using SPSS version 17.

3. RESULTS

Table 1 shows that youths had average of 93 (23%) respondents, for strongly agreed that 117 (30%) responses for agreed, giving and average total of 210(53%) positive responses to socio-psychological factors that hinder VCT while a total of 187(47%) responses represent negative responses to socio-psychological factors that hinder VCT. As per individual socio-psychological factors that hinder VCT, fear of

stigma/discrimination had the highest mean score of 2.8 indicating a positive response, likewise fear of a positive result with mean score of 2.8. Abandonment/rejection and fear of people finding out had mean scores of 2.7 respectively. Fear of lack of support if result is positive and fear of disclosure of result had mean scores of 2.6 respectively, all indicating positive responses. Not of age had a mean score of 1.8 indicating a negative response. For socio-psychologic factors that promote VCT, desire to know HIV status had 261 strongly agreed responses, 116 agreed while 19 disagreed and 1 strongly disagreed to the item. Their responses to the item yielded a mean score of 3.6 indicating a positive response.

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

Availability of support services had 115 strongly agreed responses, 173 agreed responses, 83 respondents disagreed and 26 strongly disagreed. This gave a mean score of 2.9 positive responses. For lack of stigma/discrimination, 117 respondents strongly agreed

to the item, 162 just agreed, 2 disagreed and 36 strongly disagreed. A mean score of 2.9 positive responses was got. The Table 1 further shows that youth had an average of 180 (45%) and 149(38%) responses representing positive responses to socio-psychological factor that promote VCT, while a total of 119 (30%) responses represent negative responses to socio-psychological factors that promote VCT.

4. DISCUSSION

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

- Fear of stigma (means score 2.8).
- Fear of a positive test result (mean score 2.8).
- Abandonment and rejection (mean score 2.7).
- Fear of lack of care and support if test is positive (mean score 2.6).
- Lack of perception of being at risk (mean score 2.5).
- Fear of disclosure of result (mean score 2.6).
- Fear of people finding out that they went for HIV counseling and test (mean score 2.7).

Table 1. Socio-psychological factors that impede/promote VCT among youths in Anambra state

Question	Responses	SA freq.	A freq.	D freq.	SD freq.	- X
Socio-psychological 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 support if test result is positive.	91	121	131	54	2.6
	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-psychological 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 (45%)	149 (38%)	51 (13%)	68 (17%)	3.2

SA= Strongly Agree, A= Agree, D= Disagree, SD= Strongly Disagree
Freq. = Frequency

Fear of stigma/discrimination and fear of a positive test result were discovered in many studies like Onabanjo [8], Illiyasu [9], Mulugeta [10] Zerihun [11], Mcphail [12] and Na et al. [13] as major reasons for people to avoid VCT. HIV/AIDS is still a stigmatizing condition in many communities probably because it has got no cure and a positive test result often indicates HIV infection hence the fear. Also some years back, many HIV infected persons experienced rejection/ abandonment, many lacked care and support and were left to die as observed by Asian Pacific Network of People living with HIV/AIDS. This fear still abounds in the heart of many youths today and this might be reason why they would not want to be going for VCT regularly and are afraid of disclosure of test result. However with the discovery of antiretroviral drugs and with constant supply, this fear is expected to reduce and may disappear completely with time and more people will be accessing VCT more regularly without fear of anything.

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

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

5. CONCLUSION

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

6. RECOMMENDATION

It was recommended that parents/guardians should be made to understand that VCT is a preventive health measure. It helps for early detection of HIV infection and early initiation of treatment. The services are free hence they should encourage their youths to access the

professional services in order to be equipped with the right information that will help them to avoid contracting HIV infection. This will go a long way in reducing youths sexual risk behaviors which often expose them to STIs including HIV.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Osman NB. Is VCT and obstacle for adolescents and youth attendance. Presented at the 14th International AIDS Conference. Central Hospital Mozambique; 2002.
2. Centre for Disease Control (2001) young people at risk. Epidemic shift further towards young women and minerilies CDC; 2001.
3. WHO. Investing in a comprehensive Health Sector response to HIV/AIDS. Sealing up Treatment and Accelerating Prevention; 2004.
4. Maman S, Mbwambo JC. Challenges for HIV-1 voluntary counseling and testing AIDS Care. 2001;13(5):395-397.
5. Gretachew D, Isensual G, Belainmeh G. Seroprevalence on HIV-1 and possible factors affecting preventing of vertical transmission of HIV in antenatal care attendance. Jimma University Hospital; 2003.
6. Brannon L, Feist J. Health psychology: An Introduction to Behavior and H; 2000.
7. National Population Commission (NPC), Abuja; 2006.
8. Onubanjo O. Voluntary Counseling and Testing (VCT): Unwilling attitude of youths in the tertiary institution in Lagos state Nig. Int. AIDS. 2004;15(1):11-13.
9. Illiyasu Z, Abubaka IS, Kabir M, Aliya MH. Knowledge of HIV/AIDS and attitude towards VCT among Adults in Danbere village, Northern Nigeria. Journal of the National Medical Association. 2006; 98(12):1917-1921.
10. Mulugeta E. Sociodemographical characteristics sexual behavior and reasons for attending VCT services at Bethzotha. VCT project paper presented on the 14th EPH Annual Public Health conference Addis Ababa; 2003.

11. Zerihum R. Ethical principles of informed consent and confidentiality among youth in Geneva. Ethical Principles Report. 2003; 4(3):12-18.
12. Macphnial CL, Pettifor A, Coastes T, Rees H. You must do the test to know your status. Attitudes to HIV voluntary counseling and testing for adolescents among South African youths and parents. Journal of Health Education Behaviours. 2008;35:87-100. Paper presented on the 14th EPH annual public Health conference Addis Ababa.
13. Na H, Jinling Z, Jinjian Y, Xinhung T, Genming Z, Qingwu J, Detels R. knowledge, attitude and practice of VCT Among Rural Migrants in Shanghai, China. AIDS Education and Prevention. 2009; 21(6):570-573.

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