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Attitudes and practices of students towards HIV/AIDS voluntary counselling and testing at the University of Limpopo, South Africa

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Abstract

The purpose of this study was to determine the attitudes and practices of students towards voluntary counselling and testing (VCT) for HIV/AIDS at the University of Limpopo. A qualitative, exploratory, descriptive and contextual research design was used to describe the attitudes and practices of students towards VCT at the University of Limpopo, Limpopo province. The population consists of all students who visit the University of Limpopo health centre to meet their health needs including voluntary counselling and testing for HIV/ AIDS. A non- probability purposive sampling method was used to obtain a sample size of fifteen (15) participants. Semi-structured interviews were used to collect data until data saturation was reached. Data were analyzed using Tesch's open coding method of qualitative data analysis. The following themes emerged from the data analysis: knowledge of VCT, importance of VCT and attitudes of health professionals. Fear of stigmatization was one of the most important barriers to VCT uptake. The study also revealed that health care professionals exhibited non-caring behaviours towards participants who sought VCT services. It was recommended that more emphasis should be placed on sensitizing students about HIV/AIDS so as to erase the stigma attached to HIV/AIDS VCT.

Keywords: Attitudes, voluntary counseling and testing, HIV/AIDS.

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Introduction

According to the World Health Organization (WHO) (2011) there are about 34 million people living with HIV and about 1.8 million deaths around the world. UNAIDS (2011) indicated that in 2010 about 68% of people living with HIV were from Sub-Saharan Africa. In 2010, 70% of new HIV infections and almost half of the deaths from AIDS related illnesses were from the Sub-Saharan region (UNAIDS, 2011).

Voluntary counselling and testing (VCT) is recognized worldwide as an effective and important public health strategy for both prevention and care of HIV (Donkor, 2012; Addis et al.,2013). Nwokocha and Eyango (2009) state that VCT

is not only one of the most efficient strategies for preventing HIV, it is also a cost-effective means of preventing the transmission of HIV as well as getting early access to care and support (Addis et al., 2013). VCT is also instrumental in bringing about behavioural change, reducing unprotected sex and helping to reduce the incidence of HIV and STIs (Addis et al., 2013). It is a confidential process whereby an individual's HIV status is ascertained. It includes pre and post-test counseling that is aimed at helping individuals make informed decision about being tested for HIV (Addis et al., 2013). Individuals who test HIV negative are motivated to guard their sero-status while those that test positive can be counseled on how to protect their partners from infection or they can be referred for anti-retroviral treatment where necessary (Mwangi, Ngure & Thiga, 2012).

Mwangi et al. (2012) are of the opinion that institutions of higher learning constitute a potentially fertile breeding ground for HIV /AIDS. Such institutions bring together young adults who are at their peak years of sexual activity and experimentation away from parental supervision. Addis et al. (2013) assert that almost a quarter of people living with HIV are under the age of 25 years. They further indicate that young people between the ages of 15-24 years account for 45% of all new HIV infections. In Sub-Saharan Africa, nearly 3.3 million young people live with HIV yet only a fraction of them know they are infected (Addis et al., 2013). In Nigeria 60% of those infected with the virus were young adults who constituted the most vulnerable group because of the likelihood of engaging in high-risk behaviour (Nwokocha & Eyango, 2009). Baggaley (1997) cited by Hara (2007) indicated that a study conducted among university students in Zambia and the United Kingdom (UK) found that 35% and 15% of students in these countries were willing to get VCT. The study also revealed that only 10% and 7% of Zambian and UK students, respectively had actually tested for HIV.

Arthur and Pool (2001) assert that although it is a good idea for people to know their HIV sero-status, it is also evident that in South Africa there is a lack of trust in the public health system which becomes a hindrance in the provision of comprehensive VCT. Van Dyk (2008) also maintains that people are reluctant to go for VCT because the programme is conducted by the nurses they know and some are their relatives. Kalichman and Simbayi (2003) in their survey found that 26% of respondents would not be willing to share a meal with a person living with AIDS, 18% were not willing to sleep in the same room with a person living with AIDS and 6% would not talk to a person whom they knew had AIDS. The purpose of this study was to describe the attitudes and practices of students towards VCT for HIV/AIDS services at the University of Limpopo, Limpopo Province.

Methodology

Research design

A qualitative, exploratory, descriptive and contextual research design was used to describe the attitudes and practices of students towards VCT at the University of Limpopo. The descriptive research design enabled the researchers to describe in–depth the attitudes and practices of university students towards VCT at the university. The contextual research design also enabled the researchers to describe the attitudes and practices of students towards VCT at the University of Limpopo within the context where they receive VCT.

Population and sampling

The population for this study included all students who visit the University of Limpopo health centre to meet their health needs including VCT for HIV/ AIDS. Non- probability purposive sampling was used to obtain a sample size of 15 participants who receive VCT at the University's health centre. Sampling was continued until saturation was reached. The inclusion criteria consisted of all students consulting at the University of Limpopo health centre to receive VCT for HIV/AIDS.

Data collection method

Semi-structured in-depth interviews were conducted with the aim of determining the attitudes and practices of students towards VCT for HIV/AIDS services at the university. Open- ended questions were asked during the interview sessions in which an interview guide that enabled participants to speak freely and give detailed descriptions about the phenomenon being studied was also used. One central question that guided the in-depth interviews was: "Can you please share with me your attitude towards voluntary counseling and testing for HIV /AIDS that is offered at the university?" Probing strategies was used throughout the interviews for further clarification and explanation. Field notes and a tape recorder were also used during the interviews to complement each other thus maximizing the quality of data collected and to reduce the chances of bias by the researchers. Data collection was continued until saturation was reached (de Vos et al., 2007; Burns & Grove, 2009).

Ethical considerations

Ethical clearance was obtained from the University of Limpopo Medunsa Research and Ethics Committee (MREC). Approval to conduct the study was obtained from the Limpopo Provincial Department of Health and Social Development. Permission to conduct the study was also obtained from the nurse

manager of the university's health centre. Informed consent was obtained from the participants after a thorough explanation of the purpose and the objectives of the study. Permission to take notes and to use a tape recorder during data collection was requested from the participants who were also informed that participation in the study was voluntary. Participants were also told that they could withdraw from the study at any time without victimization (Polit & Beck, 2012). Confidentiality and anonymity were ensured by the use of codes instead of the real names of the participants.

Trustworthiness

The following strategies were used to ensure trustworthiness as indicated by (Polit & Beck, 2012): Credibility was ensured through in-depth interviews until data saturation was reached (prolonged engagement).Dependability was achieved through a dense description of the methodology used to conduct the study and a thick description of data analysis that was organized into themes and sub-themes. Transferability was achieved through purposive sampling and a thick description of data. Confirmability was achieved through prolonged engagement with participants, observing them during data collection without allowing biases of the researchers' own perspectives to influence the conversation.

Data analysis

Tesch's open coding method of data analysis as described in Cresswell (2009) was used to analyze data. The researchers read through the transcribed scripts and wrote down ideas that came to mind. The most interesting transcript was picked out and was read and thoughts were written in the margin. A list of topics was written and information was clustered together based on similarities. The most descriptive wording for the topics were used and turned in to themes and sub-themes.

Results and Discussion

Three themes emerged during data analysis as presented in Table 1.

A narrative description of the themes and sub-themes, supported by excerpts from the participants are provided below. The excerpts are written in italics.

Theme 1: Knowledge of voluntary counselling and testing

The study found that the majority of the participants lacked knowledge of the benefits of VCT. However, some of the participants had knowledge of VCT, but were reluctant to utilize the service.

Table 1: Themes and sub-themes reflecting attitudes and practices of students VCT at the University of Limpopo

Themes	Sub-Themes
1. Knowledge of voluntary counselling testing and testing	1.1 Understanding of the process of voluntary counselling and testing
2. Importance of voluntary counselling and testing	2.1. Attitudes towards voluntary counselling and testing
	2.2. Fear of stigma and discrimination
3. Attitudes of health professionals	3.1. Confidentiality
	3.2 .Negative attitudes of health professionals
4. Previous practices of unsafe sexual Behaviour	4.1. Multiple sexual partners

Sub-Theme1.1: Understanding of the process of voluntary counselling and testing

The majority of the participants indicated that they did not undergo VCT because they did not have sufficient information about the whole process. These sentiments were expressed as follows: "I *do not know much about VCT so that is why I have never tested for HIV." "I do not sleep around that is why I do not see the reason for me to test."* Another participant said: "*VCT is not important to me because you might test today and be negative and test the following day and become positive."* These findings are similar to those of Meda (2013) who reported that university students in KwaZulu –Natal, South Africa (Edgewood campus) also lacked comprehensive knowledge about benefits of HIV testing.

Some participants understood the process but did not utilize the services. One participant said: "*I know about VCT and its importance but I have never tested because I am practicing safe sex and there is no way that I can get infected with HIV."* These findings are similar to those of Iliyasu et al. (2006) who earlier found that lack of knowledge can result in students not undergoing VCT. Hara (2007) in her study on the perceptions and attitudes of first year student nurses towards VCT at the Western Cape College of nursing had earlier found that first year student nurses who had gone for VCT had a good understanding of the process. They were able to describe the process of HIV pre-counselling and post –counselling.

Theme 2: Importance of Voluntary Counselling and Testing

The majority of students understood the benefits of knowing one's HIV status even though they did not undergo VCT for fear of receiving positive results.

Sub-Theme 2.1: Attitudes towards Voluntary Counselling and testing

The majority of students seemed to have positive attitudes towards VCT services at the university and most of them were also aware of the importance of VCT even though the majority of the participants did not undergo VCT. One participant

said: "I am *aware that there is VCT services at the University. I also know the importance of being tested for HIV/AIDS."* These findings are similar to those of Addis et al. (2013) who found that university students in North West Ethiopia had positive attitudes towards VCT service. Hara (2007) in her study of first year student nurses had earlier also found that those student nurses who knew the benefits of VCT ensured that they took the necessary steps to prevent being infected. Peltzer, Nzewi and Mohan (2004) in their earlier study of university students in South Africa, United States of America (U.S.A.) and India reported that generally the intention to go for testing was moderately higher among American and South African students and significantly lower among Indian than American students.

Few of the students had undergone VCT within 3-6 months. However, the majority of students did not undergo VCT because they did not have boyfriends/girlfriends and were therefore not sexually active. These sentiments were expressed as follows: *"I am not sexually active and so I do not see the need to test for HIV."* Another said*:" I don't have a boyfriend."* Other participants were sexually active but were afraid of HIV positive results and one participant said*: "I am afraid of testing for HIV in case the results are positive. I would not know how to cope if I am HIV positive"*. The study conducted by Peltzer, Mpofu, Baguma and Lawal (2003) in four African countries revealed that few students had tested for HIV and those who went for the HIV test did not get the results of the last test.

Meiberg, Bos, Onya and Schaalma (2008) also indicated that participants expressed that fear of knowing ones positive status was the main barrier to VCT. Hara (2007) also found that the majority of first year student nurses at the Western Cape College of Nursing did not go for VCT because they were afraid of positive results.

Mwangi, Ngure and Thiga (2012) assert that it is unfortunate that students' positive attitudes do not seem to influence positive behavior towards HIV testing. Mwangi et al. (2012) further indicated that there are factors that may hinder the expected behavior towards VCT and these include that HIV testing could be extremely threatening and frightening. This therefore, becomes a barrier to seeking VCT and eventually participants might end up not going for VCT for HIV even though they know its importance (Mwangi et al., 2012).

Sub-Theme 2.2: Fear of stigma and discrimination

The majority of the participants indicated that they did not go for VCT because they were afraid of the stigma associated with positive results. One participant stated: *"I do not go for VCT because of the stigma. I am afraid of people knowing that I went for testing and I tested HIV positive"*.

These findings are similar to those of Meda (2013) who found that students at Edgewood campus of the University of KwaZulu –Natal, South Africa did not want to go for VCT because of fear of testing HIV positive. Addis et al. (2013) also revealed that 84.1% of university students in North West Ethiopia did not utilize the VCT services because they had fears of positive results, stigma and discrimination. Nwokocha and Eyango (2009) also found that students at the University of Ibadan, Nigeria did not go for VCT because they were afraid of HIV positive results. Similarly, Mwangi et al. (2012) revealed that University students in Kenya did not utilize VCT services because of fear of stigma and discrimination. Donkor (2012) also reported that 90%of University of Ghana students were of the view that once a person tested HIV positive there would be a break of relationships and had fears of discrimination. He further indicated that most of the participants 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. Kalichman and Simbayi (2003) have shown that individuals who were not tested for HIV exhibited greater AIDS related stigma, guilt, shame and disapproval of people with HIV.

Earlier Hara (2007) in her dissertation on perceptions and attitudes of first year student nurses towards VCT at the Western Cape College of Nursing found that nursing students did not go for VCT because they were afraid of positive results, stigma or believed that they were not infected. She also found that some of the students were not concerned about stigma as they felt that it was better to know one's status and get treatment early if one is positive. These students had tested before and so they had good knowledge of HIV/AIDS and VCT prevention and treatment strategy.

Ntombela (2002) had previously indicated that if people were worried about their HIV status and finding out through testing that they were HIV negative will put their minds at rest. He further argued that positive results may lead to emotional problems which when not properly addressed may be stressful. At the same time knowledge of positive results can make one to choose a healthy life style, to seek counseling and medical treatment and thus delay the progression of HIV to full blown AIDS (Ntombela, 2002). Kgole and Mothiba (2013) found that patients who were newly diagnosed with HIV/AIDS experienced rejection that led to stigmatization and discrimination. The present findings agree with those of Gebremariam, Bjune and Frich (2010) that stigma and stigmatization are potential barriers that lead to non-disclosure of HIV positive status.

Theme 3: Attitudes of health professionals

The majority of the participants did not believe that health professionals would keep their positive statuses confidential. The negative attitude of the majority of health professionals was also a deterrent to many students undergoing VCT.

Sub-Theme 3.1: Confidentiality

The majority of participants expressed that they did not trust that health professionals would keep their HIV results confidential. They were concerned that health professionals may disclose their statuses to other people. These sentiments were expressed as follows*:"I have no trust of the health professionals. I am afraid that they may reveal my status to other people"*. Meda (2013) found similar results that students did not undergo VCT services because they were not sure about confidentiality. Mwangi et al. (2012) also expressed that 47.8% of University students in Kenya had no confidence that HIV counsellors would maintain the highest standards of confidentiality. They further indicated that the lack of trust in the counsellors seemed to be a hindrance to the utilization of the VCT services. Nwokocha and Eyango (2009) also expressed that some students at the University of Ibadan in Nigeria were fully aware of the importance of VCT, but they preferred not to undergo VCT to facing the stigma that may arise from publicizing their test results.

Sub-Theme 3.2: Negative attitude of health care professionals

Most of the participants stated that they did not undergo VCT because of the negative attitudes of health care professionals, particularly nurses. These sentiments were expressed in the folowing excerpts: "T*he nurses tested me without my permission and told me that if I do not test I was going to die and that is why I will never test"*. These results affirm Mulaudzi, Pengpid and Peltzer's (2011) findings that though most nurses agreed with non-stigmatizing attitudes and caring for AIDS patients, a sizable minority had stigmatizing attitudes and non-caring behaviours for AIDS patients. Andrewin and Chien (2008) also reported the existence of stigmatization of patients with HIV/AIDS among doctors and nurses working in public hospitals in Belize, Taiwan. Hara (2007) indicated that some first year student nurses at the Western Cape College of Nursing believed that health professionals treated people with HIV/AIDS badly. Therefore, this discouraged them from seeking VCT services. Effa-Heap (2007) argued that the majority of nurses are willing to take care of HIV/AIDs patients but, are unwilling to take the risk more so when the basic material they need are not provided by hospital despite the grim reality that HIV/AIDS patients are growing at a high rate. She further asserted that nurses have the right to protection during the course of their professional duties and the right to a working environment that minimizes work- related infection (Effa-Heap, 2007).

Shabani (2011) found that the behavoiur of the majority of the participants in their study was very positive, though there were still few nurses who exhibit negative behaviour towards HIV/AIDS patients. She further indicated that nurses behave positively towards HIV/AIDs patients and they are also aware of the risk involved in caring for HIV/AIDS patients. Nurses also practice universal

precautions when caring and treating their HIV positive patients (Shabani, 2011). However, Shabani (2011) also stated that there are still nurses who are not satisfied with their job and they subsequently exhibit negative attitudes and also behave negatively towards HIV/AIDs patients under their care.

Theme 4: Previous practices of unsafe sexual behavior

The majority of participants did not utilize the VCT services for fear of testing HIV positive because they had previously engaged in risky sexual behaviours. The following sub-themes express these sentiments.

Sub-theme 4.1: Multiple sexual partners

The majority of the participants indicated that they did not undergo VCT because of their previous sexual practices. The following excerpt explains these sentiments: *"I do not want to test because I had unprotected sex in the past with several partners"*. Bhebhe (2013) in a study of knowledge and attitudes of university students in Tunis, Tunisia towards HIV prevention strategies, found that participants acknowledge that there is some risky sexual behavoiur both among single and married people. Most of the participants felt that condoms should be made available to university students. Contrary to the findings of this study, Meda (2013) citing Zacharia (2003) asserts that the main reason why people accept VCT is because they engage in unprotected sex. Some people undergo HIV testing because a condom broke while having sex (Meda, 2013).

Mwangi et al. (2012) were also of the opinion that some of the university students in Kenya felt that they may be at risk of contracting HIV because they have had sex with someone who was at risk of HIV/AIDS. Earlier, Peltzer et al. (2004) revealed that majority of American and South African students and only a minority of the Indian students were sexually active. The sexual active Indian students reported having more sexual partners in the past 12 months than South African and American students. Peltzer et al.(2004) also found that American students did not use condoms during sexual intercourse and that such behavior could mean that they considered themselves as being in committed relationships and felt a sense of trust that their partners were faithful (Peltzer et al., 2004).

Recommendations

The present study found that most students were knowledgeable about the importance of VCT though they did not utilize such services for fear of positive HIV results and stigmatization. It is recommended that more effort should be put towards educating the youth about HIV/AIDS prevention and to improve VCT uptake and also reduce stigmatization of people living with HIV/AIDS. Students should be encouraged to use the VCT services available at the university. This

study also recommends that more emphasis should be placed on sensitizing students about HIV/AIDS so as to break the fear attached to VCT. Peer education should also be encouraged. More HIV/AIDS programmes such as roadshows, workshops and seminars related to VCT should be done at universities. All tertiary institutions should introduce compulsory HIV/AIDS course in their curricula that is taken by all students so as to sensitize them towards HIV/AIDS VCT.

Conclusion

The study revealed that fear of stigmatization is still the most important barrier to VCT uptake and has negative consequences for AIDS prevention and treatment. Students are still afraid of being identified as HIV positive hence, many students do not undergo VCT for HIV (Peltzer et al., 2004; Meiberg et al., 2008). It is important to reduce the stigma associated with HIV/AIDS at the university and to encourage students to seek VCT services within and outside the campus. The study also revealed that there were only few health care professionals who discriminated against HIV positive patients and exhibited non-caring behaviours towards them. However, such negative attitudes had a negative impact towards utilisation of VCT services. Since university students are classified as the most vulnerable group, it is suggested that concerted effort be made to change the negative attitudes and perceptions of students towards VCT services so that they are able to utilize the available VCT facilities adequately.

Limitations of the study

The findings of this study may not be generalized to other tertiary institutions because the study was conducted in one institution with a small sample. Further studies are needed using larger samples so that the trends in the utilisation of VCT services for the prevention of HIV/AIDS could be determined.

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