

Experiences of patients waiting for rapid HIV test results in Phela-o-Phedishe clinic at Mankweng hospital, Limpopo Province, South Africa

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Abstract

This study was aimed at determining the experiences of patients waiting for rapid HIV test results in Phela-o-Phedishe clinic at Mankweng hospital, Limpopo Province, South Africa. A descriptive, exploratory and contextual qualitative research design was used. Non-probability purposive sampling was used to select participants for this study. A total of 15 patients who took a rapid HIV test were included in the unstructured interview sessions. Tesch's (1990) open coding data analysis method. The findings revealed that participants had experienced negative feelings waiting for a rapid HIV test results and gave reasons for the feelings experienced during waiting period as well as reasons for taking the test. There is a need for patients taking a rapid HIV test to be given a chance to think through the decision of being tested. Awareness campaigns on the importance of a rapid HIV test should be initiated in which support groups in communities are encouraged to share ideas and views about HIV testing. The support groups should also include old and young people so that they support one another.

Keywords: Experiences, patients, rapid HIV test.

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Introduction

Rapid tests are an effective way of increasing the proportion of persons who receive their test results and clients who are not subjected to waiting for a long time but yet receive their results before leaving the consulting rooms. Therefore rapid testing should have a special consideration in terms of pre-counseling. South Africa and other African countries have found that a large proportion of persons who underwent rapid HIV testing did not return for their follow up counseling sessions as advised by healthcare professionals and the reasons thereof are not known (Appiah et al., 2009). The current South African nationwide push for routine rapid HIV testing has increased the number of HIV tests performed. It is therefore important to understand the experiences of receiving rapid HIV test results in order to create policies and counseling programmes that are responsive to the needs of those people who are tested and

get result within few minutes (Worthington & Myers, 2002). There are few researches conducted about the testing experience from the perspective of those receiving the rapid HIV test results. The majority of HIV testing research is qualitative and focuses on attitudes toward testing, reasons for testing, and behavioral outcomes following the test counseling session (Heinen, 2003).

Germano, da Silva, Mendoza and Sassi (2008) indicated that the report on the acceptability of HIV counseling and testing, and the uptake of results, before and after the introduction of rapid testing is not well researched and it needs to be considered. A cornerstone of HIV prevention in South Africa is voluntary HIV counseling and testing, but only one in five South Africans are aware of Voluntary Counseling and Testing (VCT) (Stringer & Zulu, 2006). Finding out about one's positive HIV status can be scary and overwhelming. These might be worsened if you are counseled for a short period and further get the results the same time. This might result in an emotional trauma if a person didn't even anticipate that positive results would be received (Kgole & Mothiba, 2013). Downing and Often (2008) further pointed out that people feel overwhelmed during testing and could feel that they might not receive proper help resulting in experiencing daunting feelings throughout. There are several aspects that should be known about HIV that may ease some of the stress or confusion. HIV positive status does not mean a person will die, but people are encouraged to live a positive life and adhere to all pieces of advice given by the healthcare professionals (Department of Health, 2002). The patients who are waiting for the HIV tests results in the HIV and AIDS clinics in the Capricorn District of Limpopo Province seem to be experiencing problems during the short waiting period for the rapid test results such as anxiety and fear. This motivated the researchers to conduct this study and determine the experiences of patients waiting for the rapid HIV tests results at the clinic.

Methodology

Design

The qualitative, descriptive, explorative and contextual research method was used in order to understand the phenomenon studied. This approach assisted the researchers to allow the participants' time to describe their experiences in the environment where it occurs (Brink, 2006).

Study area

The study was conducted at Phela-o-Phedishe clinic in Mankweng hospital situated in Polokwane Municipality in the Limpopo Province, South Africa. The Limpopo Province is one of the nine provinces of South Africa and is situated in

the far northern part of the country with Polokwane as its capital city. Mankweng tertiary hospital is situated approximately 30 km north-east of Polokwane City.

Population and Sampling

The population for this study comprised patients who consult at Phela-o-Phedishe (HIV and AIDS) clinic in Mankweng tertiary hospital who met the inclusion criteria regarding rapid HIV testing. A non-probability purposive sampling technique was used to include participants in the interview sessions (Brink, 2006). The sample size was determined by data saturation during the interview sessions. A total of 15 participants who had received rapid HIV results in the past three months in the clinic were interviewed.

Data Collection

Data were collected through unstructured one-to-one interviews whereby the researcher gave the participants freedom to describe their experiences with regard to the phenomenon studied (Brink, 2006; De Vos, Strydom, Fouche & Delport, 2006). The interviews were conducted using Sepedi which is the participants' native language. The researchers had to bracket what they know about the phenomenon studied which included putting aside preconceived beliefs and opinion that they might have related to the phenomenon studied (Brink, 2006).

Data analysis

Tesch's open coding method of qualitative data analysis outlined in Botma, Greeff, Mulaudzi and Wright (2010) was used to systemically organize the interviews' verbatim transcripts and field notes in such a way that they address the research questions and present the results whilst facilitating an understanding of the phenomenon studied. Themes and sub-themes emerged from data analysis which reflected the experiences of patients waiting for rapid HIV test results.

Trustworthiness

Trustworthiness was maintained by adhering to the criteria of credibility, transferability and dependability as outlined by Babbie and Mouton (2009). Credibility in this study was ensured by triangulation of data collection methods through capturing the interview proceedings by an audio recorder and writing of field notes. Prolonged engagement was ensured by collecting data over a period of four weeks. Transferability was ascertained by a thick description of the research method and purposive sampling method used to select the participants of the study (De Vos et al., 2006). Dependability was ensured by avoiding the researchers' biasness to influence any research steps that were used whereby the

results of this research are the product of the inquiry and not the researchers' bias (De Vos et al., 2006).

Ethical considerations

Ethical clearance was obtained from University of Limpopo Medunsa Research Ethics Committee (MREC). The permission to conduct the study in the healthcare facility was granted by the Limpopo Province Department of Health and Social Development and the Mankweng tertiary hospital campus management. The participants were informed about the aim and purpose of the study as well as all the processes that were to be followed. The 15 participants agreed voluntarily to participate and had to sign informed consent form prior to the unstructured interview sessions. To ensure confidentiality and anonymity the participants' names were not used but instead numbers were allocated.

Results and Discussion

Table 1 presents the themes and sub-themes that emerged during data analysis reflecting the experiences of patients awaiting HIV rapid test result.

Table 1: Themes and sub-themes

Themes	Sub-Themes
1. Feelings experienced during waiting period	1.1. Feeling during waiting period for HIV test results 1.2. Feelings of fear 1.3. Consolation attitude whilst waiting for test results 1.4. Readiness to receive test results
2. Reasons for the feelings experienced during waiting period	2.1 Reasons for the feelings experienced during waiting period for rapid HIV tests results 2.2 Fear of stigma and discrimination 2.3 Fear of disclosing HIV status
3. Attitudes during waiting period	3.1. Patients' reactions towards test results 3.2. Feeling of weakness and powerlessness 3.3. Acceptance of HIV test results
4. Reasons for testing	4.1. Reasons for undergoing rapid HIV tests 4.2. Being very sick 4.3. Influenced by a relative 4.4. Consultation with minor illness

The discussion of the findings are presented and supported with pertinent literature to develop and contextualise the findings. The results discussed are based on the themes that have emerged during data analysis. The sub-themes associated with each main theme were used to support the findings that reflect excerpts from participants' statements and literature to support the findings.

Theme 1: Feelings experienced during waiting period

The findings revealed that there are several feelings that patients have whilst still waiting for HIV rapid test results. The participants experienced feelings of fear and further had that consolation attitude which gave them hope that the results will not be positive. The discussion of the feelings is reflected below in the sub-themes.

Sub-Theme 1.1: Feelings during waiting period for HIV rapid test results

The findings point out that the patients have experienced negative feelings during that short time when they were waiting for their rapid test results in the consulting rooms with the counselors or nurses. This was indicated by the participant who said “...*I was scared, but I ended-up accepting*” Another participant who shared same feeling outlined that “...*that is why I was scared, I did not leave home going to test, but at the end I accepted*” These findings were consistent with those of Tighe and Charles (2004) who found that patients tend to have negative feelings during the waiting period for the HIV test result.

Sub-Theme 1.2: Feelings of fear

The patients had experienced feelings of fear during waiting period for rapid HIV tests results and this was confirmed by the participant who said “...*I was scared, but I ended-up accepting*” Another participant who had feelings of fear stated... “*You just have a fear of dying because many people are dying due to these diseases*” These findings were consistent with those of Tighe and Charles (2004) who found that when HIV results are ready, triggers feelings of fear and anxiety among the patient.

Sub-Theme 1.3: Consolation attitude whilst waiting for test results

The participants revealed that they had consolation attitude while waiting for HIV test results. A participant confirmed this by saying “...*I was telling myself that even if I'm positive, at least HIV is better than diabetes*” Another participants who supported the consolation attitude said ... “*I don't care even if people can say I am like this or like that, I am the same with every one who has a chronic illness*” These findings are consistent with those of Tuller and Dana (2000) who found that HIV positive people can live longer with this disease if they comply well with the treatment.

Sub-Theme 1.4: Readiness to receive test results

While waiting for their test results some of the patients indicated that they were ready to receive their test results. This was indicated by the participants who said “...*I was ready for what’s going to happen, is ok*” Another participant who was ready to receive test results said “...*I was ready that they will tell me, I will accept them*” These findings are consistent with those of Warner and Michael (2008) who found that during the waiting period the patient’s attitude is that of saying no matter what happens, whether they are positive or negative, family members will take care for them.

Theme 2: Reasons for the feelings experienced during waiting period

The findings revealed that there are several reasons for the feelings experienced that patients have whilst still waiting for HIV rapid test results. The participants’ reasons for the feelings experienced were outlined and are reflected in the sub-themes.

Sub-Theme 2.1: Reasons for the feelings experienced during waiting period for rapid HIV tests results

There are reasons for the feelings experienced by the patients during the waiting period for rapid HIV test results which led them to express such feelings. This was indicated by the participants who said “...*I just thought that if I tested positive it means that soon or later I’m going to die*” Another participant said “... *it was because I was unable to accept the situation in the short space of time which I was told the results here and then for me it was too difficult I must tell you*” These findings support those of Warner and Michael (2008) who outlined that patients who are waiting for results experience various feelings within that short waiting period and the consequences might be serious including depression.

Sub-Theme 2.2: Fear of stigma and discrimination

Participants who had to wait for the rapid HIV tests results expressed fear of stigma and discrimination while waiting in the consulting room because of the experiences they are having from the people they live with in the communities. This was indicated by the participants who said “...*when you are sitting with people at home they treat you unfairly, they talk bad about HIV positive people, then when I thought about knowing my status in the consulting room and I had many thoughts about them. I knew that if I am HIV positive after the rapid test that means they will know about my HIV status in one way or another and they are going to treat me badly*” Another participant who had fear of stigma and discrimination said “...*you know the stigma where people talking about you on*

the streets that you are HIV positive and the stuff it sometimes give you the mindset that HIV is a death sentence, although is not” Chesney, Morin and Sherr (2000) emphasized that a significant component of peer counseling work should focus on issues of eradicating stigma and discrimination related to HIV at the personal, family and societal levels.

Sub-Theme 2.3: Fear of disclosing HIV status

There were several reasons for patients to experience certain feelings during the waiting period for the HIV rapid test results because of fear of disclosing HIV status to family, friends and spouses. This was indicated by a participant who said: *“I was anxious because of the situation at home and what will people say”*. Another participant also stated: *“while waiting for the results you worry most about your friends on how they are going to react after knowing that you have HIV”*. This is consistent with the findings of Chesney et al. (2000) who indicated that most patients did not disclose their HIV status to relatives of the people they stayed with. This caused the patients to experience anxiety while waiting for the HIV rapid test results.

Theme 3: Attitudes during waiting period

The findings revealed that the patients had depressing attitudes whilst waiting for HIV rapid test results. For example, the participants had feelings of weakness and powerlessness resulting in thinking that they must accept any HIV results regardless of whether or not it is positive.

Sub-Theme 3.1: Patients’ reactions towards test results

The patients displayed several attitudes whilst waiting for tests results which were confirmed by the participant who said *“...’t’s really hard, and sometimes you just feel like screaming or crying or just feel like something can come and kill me and so forth. Therefore I will just keep quite when a nurse want answers from me because I am in deep thoughts”* Another participant said...*“I was thinking that being HIV positive means I was going to die and I am going to rest. Therefore this made me not to cooperate with nurses that day I was restless in that consulting asking what were results before the readings and I was rude and when they told me the results I was scolding the nurses that she was lying about the positive results”* Malema, Malaka and Mothiba (2010) reported that most patients who are HIV positive thought they were going to die and had literally planned their funeral when the lay counsellors attend to them.

Sub-Theme 3.2: Feeling of weakness and powerlessness

The patients expressed feelings of weakness and powerlessness during the time when they waited for rapid HIV tests results in the consulting rooms with the counselors and or nurses. One participant indicated that “....*I was weak and had a feeling of being powerless when I was waiting for the results and blaming myself why did I take the test I should have waited and return the following day after I have thought about it throughout the night*”. Another participant said “*You know it was like they have taken my strength within that short time while also piping thinking that it is taking long, you know I felt like I do not exist*”.

These findings are consistent with those of Van Gorder (2003) who found that patients who had previous relationships and whose partners have tested positive experienced feelings of weakness and powerlessness during the waiting period for the results, thinking that they might be positive too.

Sub-Theme 3.3: Acceptance of HIV test results

The findings pointed out that the patients accepted their results immediately they got them in the consulting rooms with the counselor or a nurse. This was indicated by a participant who said “....*ooh, is like, I just accepted when I got my results*”. Another participant who has accepted her tests results outlined that “*Aah! I have just accepted, because my husband was sick, and has been long that I was sleeping with him without condom*”. Similar findings have been reported by Tommasini and Anthony (2001) who found that some patients easily accept the news about being HIV-positive because they did not have high anxiety before the test. Whether because they had been tested previously or their sexual behaviour had been highly risky, some patients reported that a positive test result was often merely a confirmation of what they had suspected.

Theme 4: Reasons for testing

The findings indicated that patients had different reasons for undergoing an HIV rapid test. The participants indicated that they took the HIV test because they were very sick, whilst some indicated that they were advised by relatives to take the test. These reasons are outlined below in the sub-themes.

Sub-Theme 4.1: Reasons for undergoing rapid HIV tests

There are several reasons which lead patients to take an HIV rapid test as indicated in the following direct quotes: “*I came to the hospital by the time I was pregnant and they advised me to get tested and by then I was very ill I saw it being a good option because I wanted them to assist me based on the results as they have indicated*” Another participant indicated that “*I came from home not*

being ready to test, I was just going there to consult, they asked me if I want to test, then I just decided to test and I think this is what made me nervous whilst waiting for the results because I was not really ready to hear especially negative results. Amberbir et al. (2008) pointed out that people get tested due to ill health. Therefore, they go to hospital for consultation where they are requested to be tested so that a correct diagnosis is made and relevant treatment prescribed.

Sub-Theme 4.2: Patients' existing illness

The findings indicated that patients take a rapid HIV test because of the illness that they have and this assist health professionals to take care of them appropriately. This was indicated by a participant who stated that *"...I'm a survivor of pneumonia and you know that most of people who are attacked by pneumonia, are people that are positive and after being diagnosed with pneumonia I was advised to test"*. Another participant who tested because she was very sick said *"...I went to the clinic because I was having diarrhea, so I went to the clinic and get tested and the results were positive"*. Another participant who tested because of being very sick said *"...I was having sores all over my body, feeling sick, as if I'm smelling like a toilet because of this sores, therefore they advised me that I have to test the results turned positive and I had 33 CD4 count after my blood was send to the laboratory"*.

Contrary to these findings van Dyk (2012) outlined that people are encouraged to take an HIV test just to find out about their HIV status even if they don't feel sick.

Sub-Theme 4.3: Influence from relative

Some patients got tested because they were encouraged by their relatives to do so. This was indicated by a participant who said *"...my cousin came to my house and advised me about taking an HIV test so that I can receive maybe relevant treatment. She took me to the hospital to get tested"*. Another participant who was also influenced by a relative said *"...My father suggested that I should get tested because it was long that I was not feeling well in order to start the treatment if I can find being positive"*. Kgole and Mothiba (2013) pointed out that there was a relationship between improved health and social support because the relatives always seem to take care of the wellbeing of their loved once an HIV test result is positive.

Sub-Theme 4.4: Consultation with minor illness

The findings indicated that some patients went for the HIV rapid testing because they were going to the hospital or clinic to consult with minor illnesses. This was indicated by a participant, who said *"...no, I just said I'm going to consult in the*

hospital because I had a mere flu, when I arrive they said let's test you for HIV then the results was positive within seconds of taking a test". Another participant who underwent HIV rapid testing while consulting with minor illness said *"...I went to the clinic because I was having diarrhea and I was counseled and be tested"*. The findings are consistent with those of Jali, Mothiba, Maputle and Lekhuleni (2011) who found that people get tested for HIV when they consult for minor ailments in order to exclude other illness.

Conclusion

The findings revealed that patients who have rapid HIV test have unpleasant experiences whilst waiting briefly to hear their test results. The experiences reflected that participants had unpleasant feelings during the time when they were waiting for their rapid HIV test results. The participants also pointed out that there were several reasons why they do have such feelings. They further described their attitudes during a short waiting period for the results to show on the test kit. Reasons to take a rapid test were mainly influenced by relatives who advised patients to take the HIV test for further diagnosis in order to provide relevant care.

Limitations

The study was conducted in one HIV and AIDS clinic in the Capricorn district; therefore the results could not be generalized to the whole of Limpopo Province.

Recommendations

It is recommended that the patients who are taking a rapid HIV test must be given a chance to think through the decision of being tested which can include giving the patients a day or more before taking the test. There should be community awareness programmes which cover the area of educating the people about what a rapid HIV test. There must be billboards which are specific to a rapid HIV test. There should be support groups in the community where people will share ideas and views about HIV and rapid testing so that they are aware of all aspects related to testing. The support groups should also include old and young people so that they can support each other.

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