

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF HEALTH SCIENCES

FACULTY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



**ATTITUDE OF TRAINEE NURSES AND MIDWIVES TOWARDS VOLUNTARY
COUNSELLING AND TESTING ON HIV/AIDS: A STUDY AT HOLY FAMILY
NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM.**

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2022

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

HIV/AIDS is a threat to life; thus, individuals need to know their HIV status through testing. This is necessary because such a test helps to reduce transmission and involvement in risky sexual behaviors. The purpose of the study was to assess the attitude of trainee nurses and midwives towards voluntary counselling and testing on HIV/AIDS. A pertinent literature was reviewed done. A quantitative design was used to elicit responses from study participants. A convenience sampling technique was used to select participants for the study. A total of 50 participants was used for the study. Data was collected through the use of structured and semi structured questionnaires consisting of both closed ended and open-ended questions. Data was entered and analyzed using Microsoft excel and results were presented in the form of frequencies and percentages. Throughout the study, respect for persons, beneficence and justice as ethics principles were maintained. The study revealed that, majority of respondents believed that stigmatization and discrimination and doubt about confidentiality and fear of positive results are the leading factors affecting VCT utilization. In addition, respondents expressed positive attitude towards the VCT service since most indicated it is essential in the prevention of HIV. The study recommended that public education campaign by health-care professionals on VCT on television, radio and the internet should be maintained. Such sustained programmes are likely to clear some of the social and psychological barriers and perceptions about the usefulness of VCT.

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ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
HIV	Human Immune Virus
LMIC	Low- and Middle-Income Countries
MoE	Ministry of Education
MOH	Ministry of Health
MSM	Men Who Have Sex with Men
MTCT	Mother-to-child Transmission
NGO	Non-Government Organization
PLWHA	People Living with HIV/AIDS
VCT	Voluntary Counseling and Testing
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNPF	United Nation Population Fund
UNFPA	United Nations Fund for Population Activities
WHO	World Health Organization

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CHAPTER ONE

INTRODUCTION

This chapter covers background of the study, the problem statement, research objectives and operational definition of terms. subject- matter.

1.1 Background of the Study

Human Immune Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) is a worldwide problem and despite all efforts being made to control its spread, it is becoming the main cause of death among the highly productive and reproductive members of society (Gadegbeku, Saka, & Mensah, 2019). HIV/AIDS is a major source of concern all over the world as it constitutes a major source of death and a threat to national development. The virus has negative impacts on economic, social and political development of any nation (Yahaya, Jimoh, & Balogun, 2019).

HIV/AIDS is a dangerous virus which destroys the body's immune system. It leads to a progressive loss of a specific type of immune cell called T-helper, or CD4 cells. As the virus multiplies in the body, it damages or kills the cells and weakens the immune system leaving the infected person vulnerable to various opportunistic infections and other illnesses. Good health is an essential condition to meaningful national development. HIV/AIDS is a threat to life, thus individuals need to know their HIV status through testing. This is necessary because such a test helps to reduce transmission and involvement in risky sexual behaviors. It also promotes early treatment and adjustment (Yahaya et al., 2019).

Globally there were 36.1 million HIV infected adults alive as at December 2000; and by the end of 2005, worldwide HIV/AIDS infections were estimated to be about 40.3 million of which the highest rate of infection (25.8million) were found in Sub-Saharan Africa. At the end of 2010, an estimated 34 million people were living with HIV worldwide (Gadegbeku

et.al, 2019). In sub-Saharan Africa, an estimated 1.9million people became infected in 2010. This was 16% fewer than the estimated 2.2 million people newly infected with HIV in 2001 (Gadegbeku et.al, 2019). HIV/AIDS was first identified in Ghana in March, 1986 with a national rate of infection of 1.5%. In 2004, the infection rate had risen to 2.7%. Even though the infection rate reduced to 2.1% in 2011, it is estimated that over 225,000 people are living with HIV in Ghana, over 55% of which are females (Ghana AIDS Commission, 2018). These figures however may not reflect the actual situation in the country but account only for cases reported at health facilities (HIV Sentinel Survey, 2018).

Ghana has a generalized low prevalence epidemic. Ghana has slowly, but steadily made good progress in its response to HIV and AIDS. The National Prevalence is 1.69% with Regional HIV prevalence ranging from 2.66% in Ahafo, as the region with the highest prevalence to 0.39% in North East region, the lowest. HIV prevalence among the young population (15-24 years), a proxy for new infections, remained stable at 1.5% for 2017 and 2018. Overall, a linear trend analysis of ANC HIV prevalence shows a decline from 2.9% in 2009 to 1.6% in 2014. However, between 2015 and 2018 there was an observed increase in the ANC prevalence from 1.8% to 2.4% respectively. Since the first case of HIV was recorded, in 1986, the country has proactively responded to address it (Ghana AIDS Commission, 2019). Socially the pandemic is disrupting family ties, increasing the number of orphans and resulting in an increase in the number of street children. With this high prevalence rate and impact of the pandemic there is a need to implement preventive activities. The impact of the disease and its destructive effect is therefore having huge effect on development in Ghana and Africa as a whole. If this impact continues unchecked, HIV/AIDS would affect development in many countries, retard growth, weaken human capital, increase poverty and inequality and leave the next generation at risk of the impact of the pandemic (Gadegbeku et al., 2019).

Voluntary counseling and testing (VCT) is the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential (Addis, et al., 2020). Voluntary counseling and testing (VCT) is one among different approaches which have been implemented as an attempt to slow the spread of HIV infection and minimize its impact at the individual, family and society level (Addis, et al., 2020). VCT raises awareness of HIV and aims to reduce the HIV incidence rate by 50% by June 2011 (South African National Aids Council (SANAC), 2018). Through VCT, people receive care, support, opportunities to learn and accept their HIV serostatus in a confidential environment, adopt and sustain healthy sexual behavior that help improve their quality of life and prevent others from being infected by the disease (Fisher, 2018).

HIV/AIDS counseling involves educating a client or a group of clients on the control, management and prevention of HIV/AIDS. Counseling assists people to make informed decisions, cope better with life challenges, lead positive lives and prevent further transmission of HIV. HIV/AIDS counseling consists of three stages, which are pretest counseling, post-test counseling and follow up. Both HIV/AIDS counseling and testing aim at assisting clients/patients to understand themselves, adjust effectively to life challenges and contribute meaningfully to the development of the society. Several authors have noted that VCT is a key element to identifying HIV infected persons who could benefit from therapeutic interventions (Yahaya et al., 2019).

Despite its importance in reducing the spread of HIV/AIDS, VCT seems like a relatively un-walked path for most Ghanaians. Anecdotal evidence suggests several people could be HIV positive but may be unaware of their serostatus or may be afraid to mention it because of fear of stigmatization. Such people prefer to patronize traditional health services or prayer camps instead of recognized government or private health care facilities for health care. Others may

not even disclose their serostatus at all. These people may be HIV positive but unaware of their serostatus thus do not protect themselves or their partners from the disease and continue to spread it. Informal evidence further suggests that VCT centers are available to help people determine their serostatus but then in spite of its numerous benefits, patronage of these services is low. What contributes to the low patronage of this service is something worth finding out about. This study intends to assess the attitude of trainee nurses and midwives towards voluntary counselling and testing on HIV/AIDS at Holy Family Nursing and Midwifery Training College, Berekum.

1.2 Problem Statement

Voluntary Counseling and Testing (VCT) is important in controlling the spread of HIV/AIDS especially among the Youths (Ndwiga & Omwono, 2021). Tests performed at VCT centers can facilitate immediate reports on serostatus, early partner notifications, and, when combined with cross-sectional studies, yield estimates of HIV incidence. Improved technology such as rapid testing for HIV has also enhanced VCT efficiency. Rapid testing has proven to be of assistance in cases of rape, occupational exposure, and other high-risk groups where immediate use of ART can prevent HIV infection (Mkhabela, Mavundla, & Sukati, 2018). HIV counseling and testing (HCT) is a cornerstone among preventive strategies and is the gateway to treatment, care, support, and preventive interventions for persons infected with HIV and to provide referral for special care (Ghana AIDS Commission, 2014). Due to the low patronage of VCT the Ghana AIDS Commission as part of its report on current position on key issues emphatically stated that “Self-testing and peer-led testing in Ghana will provide additional avenues for providing HIV Testing Services (HTS) that will reach many sub-populations especially Men Who Have Sex with Men (MSM)” (Ghana AIDS Commission, 2019).

In Ghana, the disclosure by Apanga et al., (2020) revealed that only 7% of the total Ghanaian population has opted for HIV and AIDS Voluntary Counseling and Testing to know their HIV and AIDS status. In the Central Region of Ghana 96.5% of women had never tested for their HIV status. Surprisingly only 2.5% of the women in the region had tested for HIV and out of that only 1.1% went for their results.

A population-based descriptive cross-sectional survey conducted with 200 participants, aged between 18 and 55 years on factors influencing uptake of voluntary counseling and testing services for HIV/AIDS in the Lower Manya Krobo Municipality in the Eastern Region of Ghana concluded that more efforts need to be done in order to increase awareness and promote utilization of VCT HIV/AIDS educational campaign programs need to be strongly pursued, with emphasis on the benefits of VCT services. This has the potential of reducing stigma and increase utilization (Apanga et al., 2020).

Voluntary counseling and testing (VCT) also serves as the basis for accessing HIV treatment and care as well as emotional support that enable individuals to cope with HIV related anxiety and plan for their future. Despite its strategic importance, the VCT uptake has been low in Bono region (Djan, 2018). A national adult HIV prevalence of 1.47% and 0.07% incidence with 11, 356 new infections was reported in 2014 for Ghana. The Brong Ahafo region recorded a prevalence of 2.6% (Ghana AIDS Commission, 2018). Outcome of a national survey conducted by the Ghana AIDS Commission has identified the Bono Region to be the region with the highest HIV prevalence in the country as it recorded a 3.4 per cent rate in 2019 (Ghana AIDS Commission, 2020). It is clear from the above that patronage of VCT services in Bono region is low. Moreover, It is for this reason that the study focuses on assessing the attitude of trainee nurses and midwives towards voluntary

counselling and testing on HIV/AIDS at Holy Family Nursing and Midwifery Training College, Berekum.

1.3 General objective

Aim of the is to assess the attitude of trainee nurses and midwives towards voluntary counselling and testing on HIV/AIDS at Holy Family Nursing and Midwifery Training College, Berekum.

1.4 Specific Objectives

The study intends to:

1. to ascertain the knowledge among the trainee nurses and midwives about HIV/AIDS VCT services.
2. to assess the attitude of the trainee nurses and midwives towards HIV/AIDS VCT services.
3. to identify factors hindering the acceptance of HIV/AIDS VCT among the trainee nurses and midwives.

1.5 Operational definition of terms

Knowledge: Information about something or A persons practical understanding about a subject at hand.

Attitude: An individual's approach towards something.

Youth: Individuals between the ages of 15 -34years.

Voluntary Counseling and Testing: The process by which an individual undergoes confidential counseling, enabling him or her to make an informed choice about being tested for HIV. It involves pre-test and post-test counseling.

Pre-Test HIV and AIDS Counseling: This is a dialogue between a client and a health care provider aimed at discussing the HIV and AIDS test and the possible implication of knowing one's status, which leads to an informed decision to take or not to take the test.

Post-Test HIV and AIDS Counseling: This is a dialogue between a client and a health care provider aimed at discussing the HIV and AIDS test result and providing appropriate information, support and referral, and encouraging behavior that reduces the risk of transmitting HIV and AIDS on to others, if one is found to be infected.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter chronicles empirical reviews in the problem area under investigation based on the specific objectives. The sources of information include books, journals, online articles and research reports. The HIV and AIDS phenomenon has received a lot of attention in literature by politicians, researchers, and others concerned about the subject- matter.

2.1 Overview

Human Immuno Virus/Acquired Immune deficiency syndrome (HIV/AIDS) is a worldwide problem and despite all efforts being made to control its spread, it is becoming the main cause of death among the highly productive and reproductive members of society. Voluntary Counseling and Testing (VCT) is a tool recommended for the reduction of the spread of HIV/AIDS (Gadegbeku et al., 2019). It has therefore being suggested that all stakeholders in the fight against HIV/AIDS intensify their information, education and communication (IE & C) activities to increase awareness and use of the service especially by the youth (Chaponda et al., 2019).

Access to HIV testing is considered as a cornerstone to the strategic framework adopted by Ghana for HIV control. As a result the Government of Ghana has since introduced and implemented various programmes to increase testing. Notwithstanding these interventions, HIV testing uptake is still low and unknown to many Ghanaians (Asante, 2019).

A number of individual factors have been identified as strong predictors of demand for VCT. a strong education gradient with individuals with less years of formal schooling being less likely to take VCT. This implies that strategies to encourage VCT uptake should target the less-educated, with simple, appropriately tailored messages on the benefits of VCT

(Chaponda, Chirwa, & Kambewa, Factors determining the use of voluntary counselling and testing for HIV and AIDs among men and women In Malawi, 2015). Stigma toward People Living with HIV and AIDS (PLWHA) has been identified as a barrier towards HIV testing uptake (Berendes & Rimal, 2018).

2.2 Knowledge about VCT Services

Voluntary HIV Counseling and Testing (VCT) is the process by which an individual undergoes confidential counseling, enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential (Ghana AIDS Commission, 2018).

HIV prevention programs must be differentiated and locally adapted to the relevant epidemiological, economic, social, and cultural contexts in which they are implemented. HIV prevention is for life, therefore, both delivery of existing interventions as well as research and development of new technologies require a long term policies of prevention should be in place and have to address norms & beliefs, recognizing both the key role they may play in supporting prevention efforts and the potential they have to fuel HIV transmission (Alemayehu, 2019).

A cross sectional study was conducted in Tanzania among secondary school students in Arusha City to assess their knowledge on VCT services. The study reported that 79.1% had high knowledge on VCT services. Among 400 participants, 93.5% had heard about VCT services, mainly through television, health facilities and radio. Out of these, 82.6% knew the centres offering VCT services of which 35.3% reported to have visited VCT centres at least once in the last one year. Of these, 61.3% reported to have visited a health facility, 27.4% stand-alone VCT centre, 7.5% youth organization VCT centre and 3.8% a mobile clinic. Of 109 respondents who reported to have visited VCT centres in the last one year, 64.3% visited

the VCT centre purposely for HIV testing, 13.4% for counseling, 20.5% school admission requirement and 1.8% for other purposes (Sanga, Msuya, Kapanda, & Mwangi, 2019).

A descriptive study was conducted in a fishing community in Uganda to assess knowledge about VCT services. The findings of the study revealed that majority (89%) knew where they could be tested for HIV or seek for VCT on HIV. These sites include government hospitals, missionary hospitals, and a non-governmental organization. There was no mention of any private testing site. Additionally, Majority (100%) of the youth were aware about the VCT services and cited the sources of information as the print media, TV/Radio, VCT counselors, IEC materials and from the bill boards. It was found that 52% had visited the VCT while 48% had not. On rating the VCT services, 58% of the youth responded as not satisfactory, 23% good while 19% was fair. This study demonstrated that there is a high level of awareness with the majority being aware of the VCT service through print media, TV/radio and from the bill boards (Mugisha, Van Rensburg, & Potgieter, 2018).

A descriptive, cross-sectional study among conducted by Gadegbeku et al., (2019) in Accra, Ghana on knowledge on VCT services among the youth found that 37% had actually heard about availability of VCT services. The sources of information as reported in the study were from the mass media (31%), friends (4%) and church (2%).

A study was conducted in Makassar, Eastern Indonesia to analyse factors affecting the use of VCT services. The influence of knowledge toward the utilization of VCT was proven. The study clearly showed that there were 73.9% responded in the group of good knowledge using VCT and only 53.7% in the group low knowledge used VCT. It was proven that knowledge had a strong effect in influencing the utilization of VCT, because only respondents who know well about the significances and the functions of HIV-AIDS and VCT will use the VCT service (Darmawansyah, Rahmadani, Syafar, Balqis, & Arifin, 2019).

A cross-sectional study was conducted in Techiman among youth aged 15-24 years on acceptance of VCT services. A structured questionnaire was used to collect data from 200 purposively selected respondents. The study reported that more than a third of the respondents (82.5%) indicated to know a facility or place in the municipality for testing HIV, however less than half of them (45.5%) had ever tested for HIV (Asare, Yeboaa, & Dwumfour-Asare, 2020).

2.4 Attitude towards VCT Services

A descriptive and cross-sectional study was conducted on the attitude of VCT among University students, Tigray, Northern Ethiopia revealed that 20% of the respondents believed that if someone has tested HIV positive he/she should have to teach others about the condition followed by 18.5% whom they preferred to seek medical help. Many of the respondents prioritized the primary importance of VCT for HIV and agreed for everybody 59.6% to have the test followed by all adults 11.6% (Alemayehu, 2019).

A cross sectional survey to carried out among Ethiopian women to determine their attitude towards VCT services. The study found that among 370 respondents, 97.6% strongly agreed that VCT services are important for prevention of HIV transmission and 98.9% agreed that it is important to undergo VCT. Out of 370 respondents, 81.4% said it is important to undergo HIV testing so as to know their health status, protect from HIV infection and plan for future life (Erena, Shen, & Lei, 2019).

A descriptive study was conducted in a fishing community in Uganda to assess the attitude of participants towards VCT services in the area. The study reported that majority (97.6%) of respondents said that having VCT was a good idea and (2.4%) said it was a bad idea. More than half of the respondents (54.3%) felt they might be supported if their friends knew they had had an HIV test, but (19.7%) felt that they could be rebuked, and (26%) could not tell. More women (56%) than men (44%) indicated they would be rebuked if their friends knew they had

an HIV test. Despite this, (89.8%) of the respondents said they would find it easy to get tested for HIV, whereas (7.1%) would find it difficult, and (3.1%) could not tell.

A cross sectional study conducted about attitude among women of reproductive age in an Abuja suburb community, Nigeria revealed that seventy percent (70%) of the respondents showed positive attitude towards VCT, by agreeing to recommend it to family and friends. Twenty-eight percent felt they could not recommend to family and friends, while one percent of the participants did not provide any response (Babiana et al., 2018).

Donkor (2018) conducted a descriptive study among students of University of Ghana, Legon on people's attitudes of one undergoing VCT. It was revealed that people would have both negative and positive attitudes towards such an individual (88%). About 65% of respondents felt people would regard those who went for VCT as promiscuous; 49% thought people would assume such individuals were HIV positive and point fingers. With respect to social status, 91% did not think those who go for VCT would lose their social status.

2.5 Factors Hindering Acceptance of HIV/AIDS VCT

Understanding determinant factors affecting utilization of VCT helps policy makers in an effort to design effective strategies toward preventing and control of HIV/ ADIS including improving the uptake of VCT in general public. Although VCT is becoming increasingly available in the developing and middle-income countries, there is still great reluctance for many people to be tested. There are several possible contributing factors that must be addressed if VCT is to have an important role in HIV prevention and care (Erena, Shen, & Lei, 2019).

In Banyumas, Indonesia, a cross sectional study was conducted with 133 pregnant women. The results showed that pregnant women in Banyumas did not utilize VCT services at 83.5%, and utilized VCT services at 16.5%. Utilization of VCT services for pregnant women at health centers in Banyumas is free of charge. The study showed that factors related to the

utilization of VCT services to pregnant women are family size, attitude and clinical assessment (Kurniawan, Maqfiroch, Sistiaran, & Gamelia, 2019).

A cross sectional study was conducted in Makassar, Eastern Indonesia to analyse factors affecting the use of VCT services. The influence of knowledge toward the utilization of VCT was proven. The study reported that counselor support also affects the utilization of VCT as it was proven that 78% of all 100 respondents used VCT service due to good support of the counselor. While, there were 63.6% of 33 respondents did not use VCT dealing with a bad service of counselor. Family support was identified as an important factor in enabling respondents to access VCT services. 90.6% respondents used VCT owing to their family support (Darmawansyah, et al., 2019).

A cross-sectional study was conducted in Ethiopia. Using cluster sampling, 14,369 women aged 15-49 years were selected from all the nine administrative regions and two city administrations. HIV/AIDS related stigma and VCT uptake among women in Ethiopia was negatively and strongly associated in our study (95%). HIV/AIDS is the most stigmatized disease than any other health conditions and people living with HIV or the social groups to which they belong to have been suffering from stigmatization since the beginning of HIV epidemic. People living with HIV/AIDS (PLWHA) face not only personal medical problems but also social problems associated with the disease. Therefore, due to fear of stigmatization women would not be willing to use VCT services (Erena et al., 2019).

A descriptive cross-sectional study was conducted in Kenya among youth aged 18-34 years. The sample size of 50 youths was sampled of either sex using convenience sampling. On the challenges in accessing VCT services, 77% of the respondents highlighted that VCT sites were not privately located in the hospital and people will tell who enters the center. The respondent cited lack of privacy in the VCT centers as the youth and their parents might meet at the center. The study revealed that 52% had visited the VCT centre for various reasons.

The major ones being desire to know their HIV status, getting married, planning for the future and because of getting into unprotected sex (Ndwiga & Omwono, 2021).

A study conducted in Ghana by Apanga, et al., (2020) revealed that participants desire to know their HIV status (40%), referral by health workers (25%), and participants who wanted to get married (11%) were the main reasons for increased uptake. Participants who had formal education, primary or junior high school or senior high school and tertiary had increased chance of using VCT service compared with participants who had no education. Reasons for non-utilization of VCT service were lack of awareness of the VCT service in the area (32%), fear of being stigmatized (53%), and the belief that HIV/AIDS cannot be cured and therefore the lack of need (5%).

A study was conducted in Accra to examine the attitude of youth towards VCT in the nation's capital. It was a cross-sectional study, and the participants were between 18 and 23 years old. Majority of respondents (92%) were afraid to know their serostatus while a minority (24%) were afraid VCT staff would disclose confidential information about their serostatus to others. A reason for this fear according to most respondents was because HIV is highly stigmatized in Ghana and related to promiscuity and prostitution. People suffering from this disease experience social rejection and discrimination thus most people are afraid to check their serostatus and be associated with such an illness (Gadegbeku, et al., 2019).

CHAPTER THREE

MATERIALS AND METHODS

This chapter provides, the study area and study population, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration and limitations of the study.

3.1 Study area

The study was carried out at the Holy Family Nursing and Midwifery Training College, Berekum. The College community is located at the western part of Berekum, in the premises of The Holy Family Hospital, Berekum with a student population of six hundred and eighty-eighty, thirty-one teaching staff and fifty non-teaching staff. The college has two entrances leading into it. The college community consists of a number of Registered General Nursing, Post basic students and Registered Midwifery trainees. The college runs three Diploma programs; Registered General Nursing (RGN) Diploma, Registered Midwifery (RM) Diploma and a two-year Post Basic Midwifery (NAP/NAC). Lectures takes place from Monday to Friday and it starts from 8:00am to 4:00pm. Most of the Tutors stay outside campus whilst a few of them stay on campus. There are numerous facilities, found in the school. Some of them are, lecture halls, Anatomy/Pathology Museum, Library, Computer laboratory, Skills lab, Supermarket, dining hall and kitchen, and Security posts. The College authorities have made provisions for medical examination as part of the admission requirements.

3.2 The study population

The entire trainees of Holy Family Nursing and Midwifery Training College, Berekum were the target population. The accessible population were RGN 22 and RM 17 students.

3.3 Study design

A descriptive study design was used for the study. The design was adopted because participants or subjects are observed in their natural and unchanged environment. The data collection of in descriptive research allows for gathering in-depth information. Descriptive research may be a precursor to future research because it can be helpful identifying variable that can be tested.

3.4 Sampling technique and Size

Simple random sampling will be used. This sampling technique would ensure each member of the population has an equal chance of being selected. For all trainees (RGN 22 and RM 17) to have an equal chance of being selected, a list of all the trainees (RGN 22 and RM 17) will be obtained from the academic coordinators, a random number generator from Google will be used to randomly to select participants each from the various classes (RGN 22 and RM 17). A total of 50 participants will be used for the study.

3.5 Data collection methods and instruments

Data collection were done through the use of questionnaires. This was chosen because of its ability to cover a large number of people, relatively cheaper, avoided embarrassment on the part of the respondents, possible anonymity of respondents and no user bias.

3.6 Data analysis techniques

Data was analyzed using Microsoft excel software and presented in the form of tables and figures.

3.7 Ethical consideration

A letter introducing the study was addressed to the college administration seeking permission. Explanation of the study purpose was given to the post basics, nurses and midwives in a group and those who showed interest were recruited and asked to sign a

consent form. Respondents were assured of anonymity and confidentiality and instructed not to provide any form of identification on the questionnaire. However, identification codes were used to represent the post basics, nursing and midwifery trainees according to their chronologic entry into the study.

3.8 Limitation of the study

These are sectors inherent with the study that might affect the result which must be recognized and acknowledged. The period which was allowed for the research coincided with lectures which reduced the concentration to the work. Small sample size chosen for the study would make it difficult to generalize the findings.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables and figures based on the demographic characteristics and specific objectives.

4.1 Demographic Data of Respondent

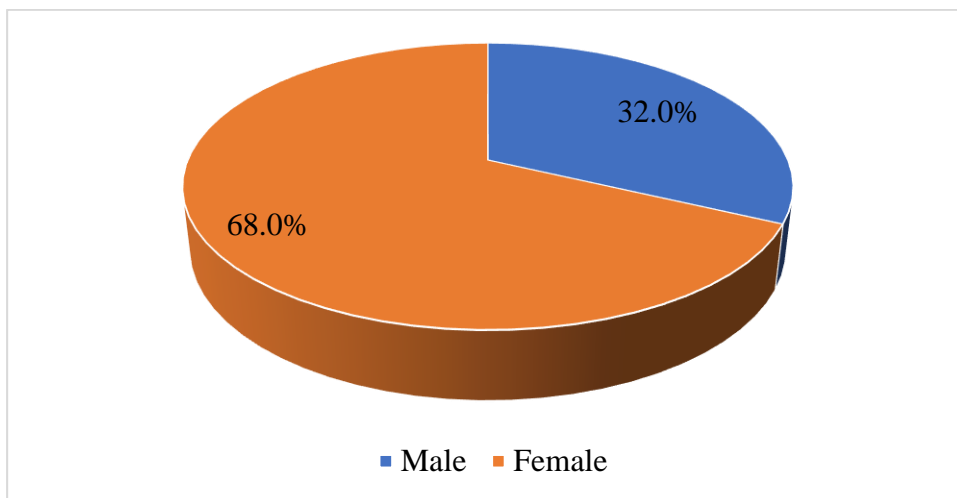


Figure 4. 1: Respondents gender

Figure 4.1 shows that most (68%) of the respondents were females.

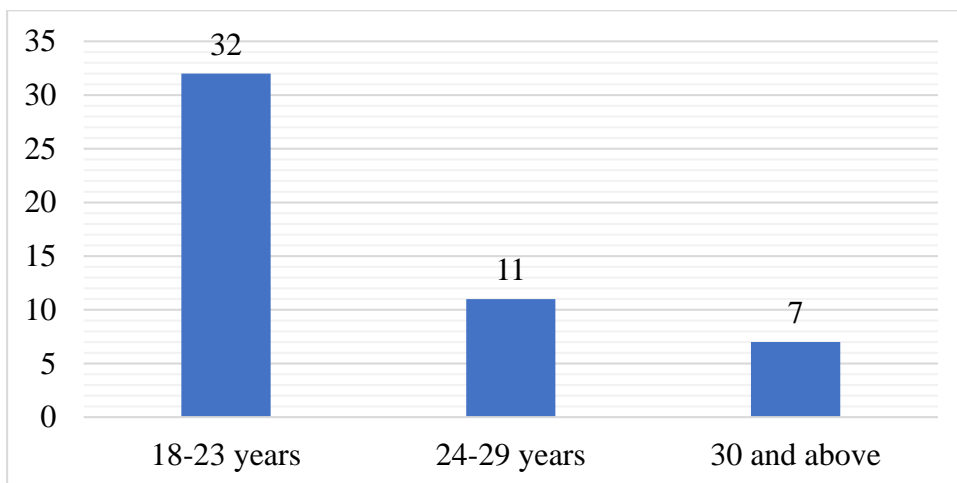


Figure 4. 2: Respondents Age

Figure 4.2 depicts that majority (64%) of the respondents were aged 18-23 years followed by 24-29 years (22%) and 30 years and above (14%).

Table 4. 1: Respondents Marital Status

Variable	Frequency	Percentage
Married	2	4
Single	48	96
Divorced	0	0

Table 4.1 shows that almost all (96%) the respondents were single with only (4%) of them who were married.

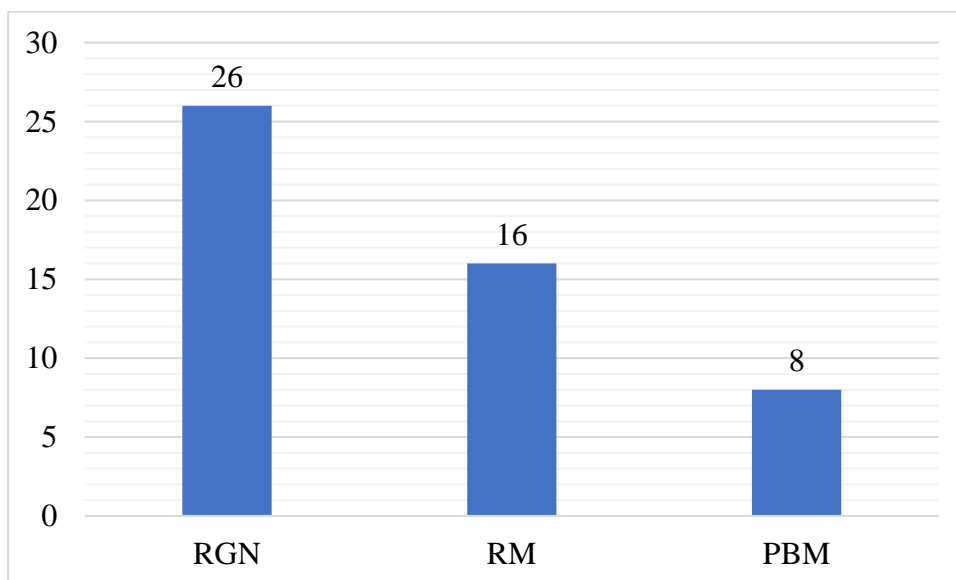


Figure 4. 3: Program of Study

As shown in figure 4.3 most (52%) of the respondents were registered general nursing students followed by reistered midwifery students (32%) and post baisc midwifery students (16%).

Table 4. 2: Respondents Religion

Variable	Frequency	Percentage
Christianity	45	90
Islam	5	10
Other	0	0

As shown in table 4.2 majority (90%) of the respondents belonged to the Christian religion and the remaining 10% belonged to the Islamic religion.

4.2 Knowledge on HIV/AIDS Voluntary Counselling and Testing

Table 4. 3: Respondents knowledge on HIV/AIDS VCT

Variable		Yes	No
Have you heard about HIV/AIDS Voluntary Counselling and Testing?	n	40	10
	%	80	20
Have you visited an HIV centre before?	n	15	35
	%	30	70
Should HIV counselling be offered before taking an HIV test?	n	44	6
	%	88	12

From table 4.3, majority (80%) of respondents had heard of HIV/AIDS Voluntary Counselling and Testing, out of those who had heard of HIV/AIDS VCT few (30%) of respondents had visited HIV centre before, most (88%) of the respondents agreed that HIV counselling be offered before taking an HIV test.

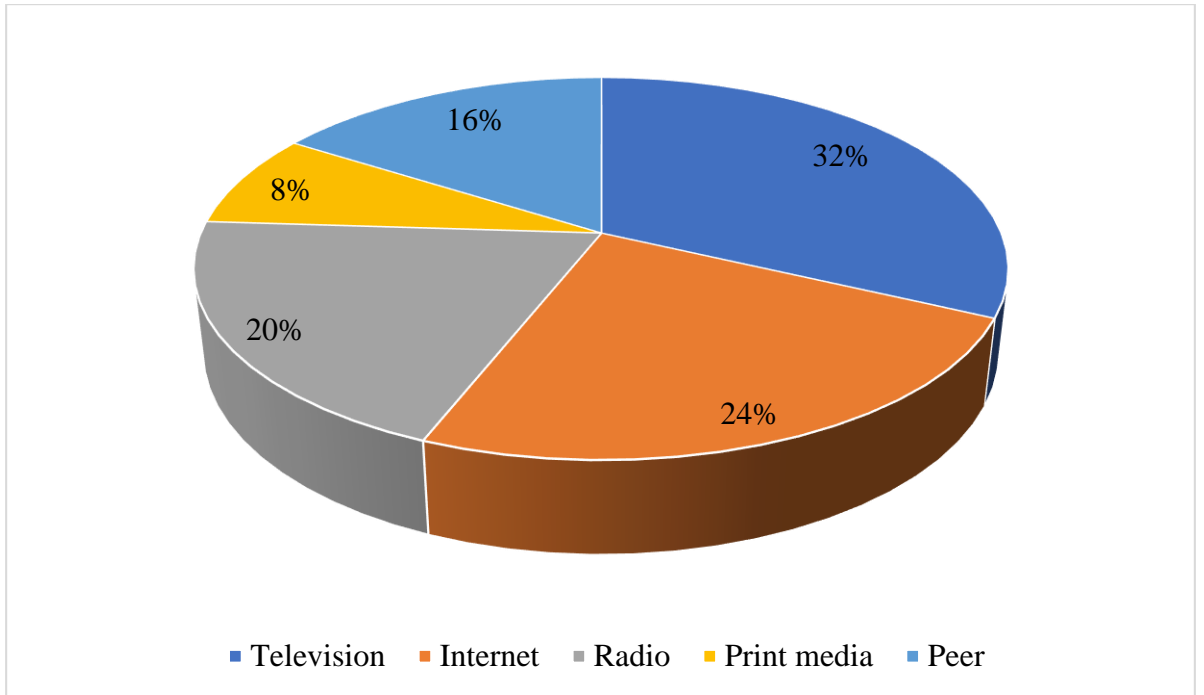


Figure 4. 4: Respondents first time of hearing about HIV VCT

Figure 4.4, depicts whom the respondents first heard of HIV voluntary counseling and testing from. Majority (32%) of respondents indicated they first heard of VCT from television adverts. Over twenty percent (20%) of respondents said they heard of it from the radio. Just over twenty five percent (24%) indicated they heard of VCT from the internet and twenty percent (16%) of respondents indicated they heard of VCT from their peers A few (8%) said they heard of VCT from the print media.

4.3 Attitude on HIV And AIDS Voluntary Counselling and Testing

Table 4. 4: Respondents attitude on voluntary counselling and testing

Variable		Agree	Uncertain	Disagree
VCT services are important for HIV prevention	n	42	6	2
	%	84	12	4
It is important to undergo VCT for HIV	n	43	2	5
	%	86	4	10
Having VCT for HIV is a good?	n	31	8	11
	%	62	16	22
I will be rebuked by my if they knew I have gone for an HIV test?	n	14	11	25
	%	28	22	50
Will you find it easy to get tested for HIV?	n	28	14	8
	%	56	28	16
People regard those who go for VCT as promiscuous	n	34	12	4
	%	68	24	8
I will find it easy to get tested for HIV?	n	12	2	36
	%	24	4	72

From table 4.4, most (84%) of the respondents agreed that VCT services are important in HIV prevention. Majority (86%) of the respondents agreed that is important to undergo VCT for HIV. Half (50%) of the respondents disagreed that their friends will rebuke them if they knew they had gone for an HIV test, more than half (56%) of respondents agreed they will find it easy to get tested for HIV, most (68%) of the respondents agreed that people regard those who go for VCT as promiscuous and majority (72%) of the respondents said they will not find it easy to get tested for HIV.

4.4 Factors Hindering Acceptance of HIV/AIDS VCT

Table 4. 5: Respondents factors hindering acceptance of HIV/AIDS VCT

Variable		YES	NO
Inadequate and poor staff/ personnel	n	35	15
	%	70	30
Doubt about confidentiality and fear of positive results	n	44	6
	%	88	12
Inadequate knowledge about HIV and using VCT	n	45	5
	%	90	10
Poor Counselor support	n	39	11
	%	78	22
Stigmatization and discrimination following positive status	n	47	3
	%	94	6
VCT centers are located very far	n	35	15
	%	70	30

From table 4.3, most (80%) of the respondents indicated that their overall perception influences their decision on VCT, most (70%) respondents indicated inadequate and poor staff/personnel as factors that hinders acceptance of HIV/AIDS VCT. Majority respondents indicated doubt about confidentiality (88%), inadequate knowledge about HIV and using VCT (90%), stigmatization and discrimination following positive results (94%) as leading factors that hinders the acceptance of HIV/AIDS VCT. Most respondents agreed that poor counselor support (78%) and very far location (70%) of VCT centers are factors that hinders the acceptance of HIV/AIDS VCT.

CHAPTER FIVE

DISCUSSION OF THE RESULTS

This chapter include a brief discussion on the research process, main objectives and findings. In this section, there was a provision of a well-referenced facts in backing arguments in sequential manner. It again focuses on the conclusions and recommendations made as a result of the study findings.

5.1 Discussions

The findings are briefly discussed with references to support the study. The discussions are based on the specifics of this study.

5.1.1 Knowledge on HIV/AIDS Voluntary Counselling and Testing

According to Asante (2019), over 90% of the respondents reported to have heard of HIV/AIDS Voluntary Counselling and Testing. This assertion is in line with the study finding where majority (80%) of respondents had heard of HIV/AIDS Voluntary Counselling and Testing, out of those who had heard of HIV/AIDS VCT few (30%) of respondents had visited HIV centre before. Sang et al., (2019) also reported similar findings where (82.6%) knew the centers offering VCT services of which (35.3%) reported to have visited VCT centers. Most (88%) of the respondents agreed that HIV counselling be offered before taking an HIV test. This finding is in line with that of Asante (2019), where most (67%) of the respondents indicated that HIV counselling be offered before taking an HIV test.

Sang et al., (2019) 93.5% had heard about VCT services, mainly through television and radio. The finding is similar to the study where majority (24%) of respondents indicated they first heard of VCT from television adverts. Over twenty percent (20%) of respondents said they heard of it from the radio. Just over twenty five percent (24%) indicated they heard of VCT

from the internet and twenty percent (16%) of respondents indicated they heard of VCT from their peers. A few (8%) said they heard of VCT from the print media. Ndwiga and Omwono (2021) also holds similar assertion. Their study in Kenya found that majority of the youth were aware about the VCT services and cited the sources of information as the print media and TV/Radio.

5.1.2 Attitude on HIV And AIDS Voluntary Counselling and Testing

A few (24%) of the respondents said they would find it easy to get tested for HIV. This is supported by Alemayehu (2016) which revealed that only 20% of the respondents believed that getting an HIV test is easy. Contrary, Mugisha et al., (2018) found that (89.8%) of the respondents said they would find it easy to get tested for HIV.

Most (84%) of the respondents agreed that VCT services are important in HIV prevention and majority (86%) of the respondents agreed that is important to undergo VCT for HIV. Sixty percent (61%) said they were willing to undergo VCT for HIV. These findings are in line with a study conducted by Sanga et al., (2019) which reported that Among 374 respondents, 97.6% strongly agreed that VCT services are important for prevention of HIV transmission, 98.9% agreed that it is important to undergo VCT and 75.9% were willing to undergo HIV testing. Additionally, half (50%) of the respondents disagreed that their friends will rebuke them if they knew they had gone for an HIV test. Mugisha et al., (2018) holds similar assertion. They reported in their study that More than half of the respondents (54.3%) felt they might be supported if their friends knew they had had an HIV test.

5.1.3 Factors Hindering Acceptance of HIV/AIDS VCT

Majority respondents indicated doubt about confidentiality (88%), inadequate knowledge about HIV and using VCT (90%), stigmatization and discrimination following positive results

(95%) as leading factors that hinders the acceptance of HIV/AIDS VCT. This finding is line with a study conducted by Bibiana et al. (2018), which reported the following findings; stigmatization and discrimination (87.3%), level of education (72.0%) and doubt about confidentiality (63.3%).

5.2 Conclusions

Based on the analysis of data obtained from the field, respondents believed that stigmatization and discrimination and doubt about confidentiality and fear of positive results are the leading factors affecting VCT utilization. Respondents expressed positive attitude towards the following parameters: VCT services are important in HIV prevention and it is important to undergo VCT for HIV. The leading sources of information for HIV/AIDS VCT were the television, radio and internet.

5.3 Recommendations

Based on the findings of the study, the following recommendations are made.

1. Public education campaign by health-care professionals on VCT on television, radio and the internet should be maintained. Such sustained programmes are likely to clear some of the social and psychological barriers and perceptions about the usefulness of VCT.
2. Future studies should investigate student's risky sexual behaviour pattern and HIV risk.

REFERENCES

- Addis, Z., Yalew, A., Shiferaw, Y., Alemu, A., Birhan, W., Mathewose, B., & Tachebele, B. (2020, August 2). Knowledge, attitude and practice towards voluntary counseling. *BMC Public Health*, *13*(714).
- Alemayehu, B. (2016). Knowledge, Attitude, and Practice of Voluntary Counseling and Testing for HIV among University Students, Tigray, Northern Ethiopia. *College of Health Sciences*, *2*(1), 108-118.
- Apanga, P. A., Akparibo, R., & Awoonor-Williams, J. k. (2020). Factors influencing uptake of voluntary counselling and testing services for HIV/AIDS in the Lower Manya Krobo Municipality (LMKM) in the Eastern Region of Ghana: a cross-sectional household survey. *Journal of Health, Population and Nutrition*, *33*(23).
- Asante, K. O. (2019). HIV/AIDS knowledge and uptake of HIV counselling and testing among undergraduate private university students in Accra, Ghana. *Journal of Reproductive Health*, *10*(17). doi:doi:10.1186/1742-4755-10-17
- Asare, B. Y., Yeboaa, H., & Dwumfour-Asare, B. (2020). Acceptance and utilization of HIV testing among the youth: a cross-sectional study in Techiman, Ghana. *African Health Sciences*, *20*(1), 142-149. doi:https://dx.doi.org/10.4314/ahs.v20i1.19
- Babiana, E. N., Emmanuel, O. P., Amos, D., Ramsey, M. Y., & Idris, N. A. (2018). Knowledge, attitude and factors affecting voluntary HIV counseling and testing services among women of reproductive age group in an Abuja Suburb community, Nigeria. *Medical Journal of Zambia*, *45*(1), 13-22.
- Berendes, S., & Rimal, R. (2018). Addressing the slow uptake of HIV testing in Malawi: The role of stigma, self-efficacy, and knowledge in the Malawi BRIDGE Project. *Journal of the Association of Nurses in AIDS Care*, *22*(3), 215-228.

- Chaponda, M., Chirwa, G. C., & Kambewa, P. (2019). Factors determining the use of voluntary counselling and testing for HIV and AIDs among men and women In Malawi. *Journal of Pharmacy and Alternative Medicine*, 5, 39-50.
- Darmawansyah, Rahmadani, S., Syafar, M., Balqis, & Arifin, A. (2014). The analysis of factors affecting the use of VCT service for high-risk group infected with HIV/AIDS in Makassar. *International Journal of Research in Health Sciences*, 2(4), 1097-1104. Retrieved from <http://www.ijrhs.com/issues.php?val=Volume2&iss=Issue4>
- Djan, D. (2018). Factors affecting the attitude of young people towards HIV testing uptake in rural Ghana. *HIV: Current Research*, 4(1), 144-147.
- Erena, A., Shen, G., & Lei, P. (2019). Factors affecting HIV counselling and testing among Ethiopian women aged 15-49. *BMC Infectious Diseases*, 19, 1-12. Retrieved from <https://doi.org/10.1186/s12879-019-4701-0>
- Fisher, N. K. (2018). *HIV/AIDS Intervention Programs*. Maryland: Eastern Side International.
- Gadegbeku, C., Saka, R., & Mensah, B. (2019). Attitude Of The Youth Towards Voluntary Counselling And Testing (VCT) Of HIV/AIDS In Accra, Ghana. *Journal of Biology, Agriculture and Healthcare*, 3(11), 133-140.
- Ghana AIDS Commission. (2018, September). *Ghana country AIDS progress report*. Accra: Ghana AIDS Commission.
- HIV Sentinel Survey. (2018). *National AIDS/STI Control Program*. Accra: Ghana Health Service.
- Kurniawan, A., Maqfiroch, A. F., Sistiaran, C., & Gamelia, E. (2019). Factors toward utilization of VCT services to pregnant women at Banyumas. *11*, 1-6.

- Mkhabela, M., Mavundla, T., & Sukati, N. (2018). Experiences of Nurses working in voluntary counseling and testing services in Swaziland. *Journal of the association of nurses in AIDS care*, 19(6), 470-479. doi:10.1016/j.jana.2008.07.003
- Mugisha, E., Van Rensburg, G., & Potgieter, E. (2018). Factors influencing utilization of voluntary counseling and testing service in Kasenyi fishing community in Uganda. *Journal of the Association of Nurses in AIDS Care*, 21(6), 503-511.
- Mwangi, R., Ngure, P., Thiaga, M., & Nugre, J. (2014). Factors Influencing the utilization of voluntary counselling and testing services among University students in Kenya. *Global Journal of Health Science*, 6(4), 84-93. Retrieved from <http://dx.doi.org/10.5539/gjhs.v6n4p84>
- National AIDS Commission. (2018). *HIV/AIDS in Ghana: Background, projections, impacts, interventions and policy*. Accra: Disease Control Unit, Ministry of Health.
- Ndwiga, T., & Omwono, M. (2021). A study of factors influencing VCT Service utilization among the youths: A case study of Kapsabet Division, Nandi County, Kenya. *World Journal of AIDS*, 281-286. Retrieved from <http://dx.doi.org/10.4236/wja.2014.43032>
- Pignatelli, S., Simporé, J., Pietra, V., Ouodraogo, G., Conombo, G., Saleri, N., . . . Casrelli, F. (2018). Factors Predicting Uptake of Voluntary Counseling and Testing in a Real-life Setting in a Mother and Child Center in Ouagadougou, Burkina Faso. *Journal of Tropical Medicine and International Health*, 11(3), 350-357.
- Salako, A., Jeminusi, A. O., Osinupebi, A. O., Sholeye, O. O., Abiodun, A. O., & Kuponiya, T. O. (2013). Characteristics of clients accessing HIV counselling and testing services in a tertiary hospital in Sagamu, Southwestern Nigeria. *Nigerian Journal of Clinical Practice*, 15(4), 391-396.

- SANAC. (2018). *World AIDS Day Campaign. The South African National Aids Council*. Retrieved February 29, 2020, from http://www.sanac.org.za/World_AIDS_Day_World_AIDS_Day_2010.php
- Sanga, Z., Msuya, S., Kapanda, G., & Mwangi, R. (2019). Factors influencing the uptake of Voluntary HIV Counseling and Testing among secondary school students in Arusha City, Tanzania: a cross sectional study. *BMC Public Health, 15*, 1-9. doi:10.1186/s12889-015-1771-9
- Tefera, B., Challi, J., & Mamo, J. (2014). Knowledge, attitude and practice about HIV/AIDS and voluntary counseling and testing among the urban communities in Jimma town and its rural surrounding,. *Ethopia Journal of Health Science, 14*, 696-697.
- UNFPA. (2018). *Preventing Infection Promotion Reproductive Health*. Retrieved March 19, 2020, from UNFPA's Responses to HIV/AIDS: <http://www.unfpa.org>
- Yahaya, L. A., Jimoh, A. A., & Balogun, R. O. (2019). Factors Hindering Acceptance Of HIV/AIDS Voluntary Counseling and Testing (VCT) Among Youth In Kwara State, Nigeria. *African Journal of Reproductive Health, 14*(3), 159-164.
- Zhang, Q., Fu, Y.-S., Liu, X.-M., Ding, Z.-Q., Li, M., & Fan, Y.-G. (2019). HIV prevalence and factors Influencing the uptake of voluntary HIV counseling and testing among older clients of female sex workers in Liuzhou and Fuyang cities, China, 2016-2017: A cross-sectional study. *BioMed Research International, 1-8*. Retrieved from <https://doi.org/10.1155/2020/9634328>

APPENDICES

QUESTIONNAIRE

Dear Respondent,

We are final year students of the Holy Family Nursing and Midwifery Training College, Berekum, conducting a study on the topic: attitude of trainee nurses and midwives towards voluntary counselling and testing on HIV/AIDS.

Any information provided shall be secured and kept private. To ensure confidentiality and anonymity, your name is not required. Participation is voluntary and you have the sole right to withdraw from participating in this study at any time of your discretion. Please sign in the space provided to indicate that you consent to participating in this study.

.....

.....

Signature

Date

PLEASE TICK [✓] THE MOST APPROPRIATE RESPONSE TO THE QUESTION IN THE SPACE PROVIDED AND/OR WRITE IN THE SPACE PROVIDED

Section A: Respondent Demographic Data

1. Gender

a. Male

b. Female

2. Age

a. 18 – 23 years

b. 24 – 29 years

- c. 30 years and above
- 3. Marital status
 - a. Single
 - b. Married
 - c. Divorced
- 4. Program
 - a. RGN
 - b. RM
 - c. PBM
- 5. Religious background
 - a. Christian
 - b. Islam
 - c. Other (specify).....

Section B: Knowledge on HIV/AIDS Voluntary Counselling and Testing

- 6. Have you heard about HIV/AIDS Voluntary Counselling and Testing?
 - a. Yes
 - b. No
- 7. Indicate where you first heard of HIV/AIDS Voluntary Counselling and Testing.
 - a. Television
 - b. Internet
 - c. Radio
 - d. Print media
 - e. Peers
- 8. Should HIV counselling be offered before taking an HIV test?

a. Yes

b. No

9. Where can you assess a VCT centre?

a. Mobile clinic

b. Health facility

c. Youth organization VCT centre

Section C: Attitude statements on HIV/AIDS Voluntary Counselling and Testing.

10. VCT services are important for HIV prevention

a. Agree b. Uncertain c. Disagree

11. It is important to undergo VCT for HIV

a. Agree b. Uncertain c. Disagree

12. Having VCT for HIV is a good?

a. Agree b. Uncertain c. Disagree

13. I will be rebuked by my if they knew I have gone for an HIV test?

a. Agree b. Uncertain c. Disagree

14. People regard those who go for VCT as promiscuous

a. Agree b. Uncertain c. Disagree

15. I will find it easy to get tested for HIV?

a. Agree b. Uncertain c. Disagree

Section D: Factors Hindering Acceptance of HIV/AIDS VCT

16. Inadequate and poor staff/ personnel

a. Yes

b. No

17. Doubt about confidentiality and fear of positive results

a. Yes

b. No

18. Inadequate knowledge about HIV and using VCT

a. Yes

b. No

19. Poor Counselor support

a. Yes

b. No

20. Stigmatization and discrimination following positive status

a. Yes

b. No

21. VCT centers are located very far

a. Yes

b. No

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Ghana, W/Africa
Tel 0352222124
Fax: 0352222474

Our Ref.

Your Ref.

January 30, 2023

Date

The Administrator
Holy Family Hospital
Berekum
Bono Region

Dear Administrator

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under listed names of final year students of the College:

1. **Georgina Nyomonem Gmajome**
2. **Frimpong Francis**

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study, on the topic: **Attitude of Trainees Nurses and Midwives Towards Voluntary Counseling and Testing on HIV/AIDS at Holy Family Nursing and Midwifery Training College, Berekum.**

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you

Yours faithfully

Edward Amponsah
Supervisor

For: Principal