

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF HEALTH SCIENCES

FACULTY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



TOPIC:

**WILLINGNESS OF PEOPLE DOING VOLUNTARY COUNSELING AND TESTING
FOR HIV/AIDS. A STUDY IN BIADAN COMMUNITY, BEREKUM**

SUBMITTED BY:

ADAMS MUTIATU - 6228820

ADDAE BENEDICTA - 6229620

ADJEI REHAINA - 6238220

ANAIFI EUGENIA - 6295820

**[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE,
BEREKUM]**

AFFILIATED TO KNUST, KUMASI

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM



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SUBMITTED BY:

ADAMS MUTIATU	-	6228820
ADDAE BENEDICTA	-	6454120
ADJEI REHAINA	-	6238220
ANAAFI EUGENIA	-	6295820

2021

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing/Midwifery 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.

Adams Mutiatu
6228820	Signature	Date

Addae Benedicta
6229620	Signature	Date

Adjei Rehaina
6238220	Signature	Date

Anaafi Eugenia
6295820	Signature	Date

Certified by:

Ms. Martha Kyeremaa
(Supervisor)	Signature	Date

Ms. Monica Nkrumah
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(Principal)

Signature

Date

ABSTRACT

The aim of the study was to assess the willingness of people doing voluntary counseling and testing for HIV/AIDS. A quantitative design was used. A convenience sampling technique was used to select fifty participants for the study. Structured questionnaire was administered to the youth of Biadan, Data was entered and analyzed using the statistical package for social sciences (version 21; SPSS). The study found that the source of information on HIV/AIDS VCT, 50% (25) of the respondents indicated mass media as their source of information. 52% (26) mentioned that it helps to identify HIV status which helps in reducing the transmission rate of the virus and helps in early treatment if tested positive. In finding out about the idea the people had about HIV VCT the respondents, 64% (32) had the idea that undergoing HIV VCT will keep themselves and their family safe. 94% stated that fear of meeting a known person in the clinic affects their willingness towards VCT. 84% (42) indicated there are available VCT centers in their community. In finding how they get an HIV test the respondents 92% (46) indicated they know where to get an HIV VCT test. The study recommended that public education campaign by health-care professionals on any important health issue should be through mass media. Educating the public against stigmatization will help to curtail fear of meeting others. The study concluded that respondents had adequate knowledge regarding HIV/AIDS VCT. The leading source of information on VCT was the mass media. Majority of the respondents indicated they would recommend HIV/AIDS VCT to a friend.

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ABBREVIATION

HIV- Human Immune Virus

AIDS- Acquired Immune Deficiency Syndrome

ANC- Antenatal Clinic

VCT- Voluntary Counseling and Testing

PLWA- People Living with HIV and AIDS

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CHAPTER ONE

INTRODUCTION

This chapter covers background of the study, the problem statement, research questions and the research objectives. It also contains the significance of the study and definition of terms and abbreviations.

1.0 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, 2014).

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., 2014).

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, 2012). 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., 2013). 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., 2013). VCT raises awareness of HIV and aims to reduce the HIV incidence rate by 50% by June 2011 (SANAC, 2014). 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, 2015).

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., 2014).

Despite its importance in reducing the spread of HIV/AIDS, VCT seems like a relatively un-walked path for most Ghanaians. Anecdotal evidence suggest 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 willingness of people doing voluntary counseling and testing for HIV/AIDS.

1.1 Problem Statement

Voluntary Counseling and Testing (VCT) is important in controlling the spread of HIV/AIDS especially among the Youths (Ndwiga & Omwono, 2014). 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, 2015). HIV counseling and testing (HCT) is a cornerstone among preventive strategies and is the gateway to treatment, 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., (2015) 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., 2015).

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, 2014). 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 willingness of people doing voluntary counseling and testing for HIV/AIDS.

1.2 General objective

To assess the willingness of people doing voluntary counseling and testing for HIV/AIDS.

1.3 Specific objective

1. To determine the knowledge on HIV/AIDS VCT among people in Biadan community, Berekum.
2. To assess the willingness of people in Biadan community, Berekum to do HIV/AIDS VCT.
3. To find out where people in Biadan community, Berekum assess HIV/AIDS VCT services

1.4 Research questions

1. What is the knowledge on HIV/AIDS VCT among people in Biadan community?
2. How willing are people in Biadan community, Berekum in partaking in HIV/AIDS VCT?
3. Where do people in Biadan community Berekum assess HIV/AIDS VCT services?

1.5 Operational definition

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

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 literature review is in two parts: Theoretical review which involves a survey of theory underlying the research problem and Empirical review which involves the survey of actual but relevant work done in the problem area under investigation. 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

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., 2015).

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, 2013).

2.1.1 Nature of HIV and AIDS

The Human Immunodeficiency Virus (HIV) first enters the bloodstream of the person and attacks the white blood cells so that the person's ability to fight minor diseases is weakened. At this point, the virus breaks the person's immune system completely such that many diseases such as tuberculosis, fever, diarrhea and many others attack him or her. Gradually, the person loses his or her ability to fight diseases and dies. A person infected by the HIV virus may have it between 12 and 15 years before it becomes manifested. However, when it develops into AIDS, it will take about 3-24 months for the person to die (National AIDS Commission, 2018).

There are two types of HIV, namely HIV-1 and HIV-2. Both have the same modes of transmission and cause the same danger: destruction of the human immune system HIV-1 is most common type of HIV, and is the one most commonly found in the West African regions. A research has shown that HIV-1 is the more virulent of the two, meaning it is able to replicate itself and destroy the immune system more rapidly than HIV-2. Both HIV-1 and HIV-2 have been identified in Ghana (UNAIDS & MoE, 2016).

2.1.2 Global Effects of HIV and AIDS

The global HIV and AIDS situation has undermined socio-economic development at all levels of society-national, community, family and individual. The UNAIDS Report of December, 2007, estimated the global figure of People Living with HIV and AIDS (PLWHA) as 33.2 million out of which more than 2.1 million lost their lives. Over twenty years after the first clinical evidence of the Acquired Immunodeficiency Syndrome (AIDS) was reported, it has become the most devastating disease mankind has ever faced and is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth biggest killer (UNAIDS, 2016).

The United Nations General Assembly observed that Africa is worst hit by the HIV and AIDS epidemic, where HIV and AIDS is considered a state of emergency, which threatens

development, social collision, political stability, food security and life expectancy. It imposes a devastating economic burden and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action.

2.1.3 Response to HIV and AIDS

Global Response: Response to the HIV and AIDS scourge has been swift and decisive.

Various countries and international bodies drew up their programs to find a cure to the disease. The then Secretary-General of the United Nations, Kofi Annan, proclaimed HIV and AIDS as his personal priority and issued a call to action that required as drastically and immediately scaled-up global response.

The United Nation's Population Fund (UNPF) focused intensely on HIV prevention, supported activities that promoted full spectrum of responses from immediate prevention such as abstinence or condom use to long-term behavioural change (UNFPA, 2015).

Local Response: The Government of Ghana has responded to the HIV and AIDS epidemic by facilitating a multi-sectoral approach that focuses on mobilizing human, material and financial resources in the government sectors, civil society organisations, the private sector and communities to plan, implement and monitor appropriate prevention, care and support interventions. The MOH has played a leading role in these efforts, including the provision of strategic information for monitoring the magnitude of the HIV and AIDS epidemic and for planning and monitoring the national response.

In Ghana, the AIDS' Commission, a multi-sectoral oversight community itself was set up to seek to the overall co-ordination of HIV and AIDS activities at all levels-National, Regional and District. Since the beginning of the epidemic, there has been a flurry of activities to respond to it with many stakeholders including Non-Government Organization (NGOs) implementing a variety of programs and projects in different areas. Key interventions that have so far informed the control program have been safer sex promotion, preventive clinical

intentions, care for people living with HIV and AIDS (PLWHA). Among these programs are prevention of new infections, care and support, creating the enabling environment for legal, ethical and workable places for HIV and AIDS programs and Research, monitoring and evaluation, (Ghana AIDS Commission, 2012). Prevention of New Infection cover safer sex among the youth; prevention of HIV transmission through blood and blood product reduces Mother-to-child Transmission (MTCT) and Voluntary Counseling and Testing (VCT) of HIV and AIDS (Ghana AIDS Commission, 2012).

2.2 Knowledge about VCT

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 (UNAIDS, 2016). VCT stands for ...

Voluntary—without coercion, a person decides to take an HIV test

Counseling—about risk assessment, risk reduction, emotional support and referral

Testing—done using an approved HIV testing protocol

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, 2016).

The expected effect of VCT is to lower HIV transmission through reduction in high-risk sexual behavior, improved medical care (particularly for sexually transmitted infections), and

improved access to care and support services for both HIV-positive and HIV-negative persons.

Knowledge on HIV and AIDS VCT was found to be higher among younger age groups as compared to the older ones (Tefera, Challi, & Mamo, 2014). This might be due to the better access to information of the younger age groups through schools and different clubs. A chi-square test for trend of knowledge by age group showed a significant difference. The younger age groups have good knowledge of HIV and AIDS VCT as compared to other age groups (Tefera et al., 2014). Furthermore, according to Tefera et al (2014) ethnicity and religion were also significantly associated with knowledge level of HIV and AIDS VCT. According to Tefera et al (2014) people who are less educated (illiterate, read and write) and those who have attended school to grade 12 and above have more unfavorable attitude towards preventive methods of HIV and AIDS as compared to those who have attended from grade 1-12.

A study was conducted in Tanzania on secondary school students knowledge on VCT services. It was 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, 2015).

A study was conducted in Uganda to assess knowledge about HIV and VCT. All respondents were able to name two ways in which HIV was transmitted as well as two prevention

methods. HIV transmission methods mentioned included having unprotected sex with an infected partner (85%), sharing sharp instruments with an infected person (8.2%), using unsterilized needles (3.3%), blood transfusions (2.7%), and mother-to-child transmission (0.8%). The majority (89%) knew where they could be tested for HIV. These sites include government hospitals, missionary hospitals, and a non-governmental organization. There was no mention of any private testing site (Mugisha, Van Rensburg, & Potgieter, 2010).

In a Kenyan study, 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. (Ndwiga & Omwono, 2014).

A study conducted about knowledge among women of reproductive age in an Abuja suburb community, Nigeria revealed that Seventy (46.7%) of the 150 respondents were aware of VCT; sixty two (62) were not aware and have no knowledge of VCT (Babiana, Emmanuel, Amos, Ramsey, & Idris, 2018).

Gadegbeku et al., (2019) reported that the general level of awareness of HIV/AIDS among respondents was very high. All respondents (100%) were aware of the disease. This is because of the of the extensive HIV/AIDS education carried out in the country. Ninety-four (94%) of respondents indicated AIDS was an incurable and deadly disease while a minority (6%) had misconceptions about the disease. The main symptom indicated by 86% of respondents was that the disease caused severe weight loss while the least sign or symptom was night sweat (51%).

A study conducted in Ghana reported that majority (81%) of the respondents had heard of VCT services. Of the 81% who knew about VCT, most (48%) of them had information through the mass media, and 11% had theirs through friends/peers (Donkor, 2012).

According to a cross-sectional study conducted by Asante (2013), revealed that students HIV knowledge was very good, yet HIV testing were low. Over 95% of the students were knowledgeable about where to get an HIV test, but only 45.4% had tested for HIV.

Sanga et al., (2015) investigated the knowledge on VCT services. Among 374 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. Among 257 participants who had never tested for HIV, (75.9%) were willing to undergo HIV testing.

2.3 Willingness of People to Do HIV/AIDS VCT

A study conducted about attitude among women of reproductive age in an Abuja suburb community, Nigeria revealed that seventy percent 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).

A study conducted in a southwestern area of Nigeria revealed that the knowledge of HIV is foundational to improving people's attitudes to seeking HIV care and support (Salako, Jeminusi, Osinupebi, Sholeye, Abiodun, & Kuponiyi, 2013).

A recent study reported that the level of awareness of HIV/AIDS in Nigeria is still low and thus, the attitudes of most Nigerians toward voluntary HIV/ AIDS counseling and testing still needs to be improved upon (Yahaya et al., 2014). Donkor (2012) conducted a study among students of University of Ghana, Legon. Regarding people's perception of one undergoing

VCT, various responses came up. 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.

A cross-sectional descriptive study was conducted on willingness to seek HIV VCT in Osogbo, Nigeria. Structured questionnaires were used to gather information from 332 residents. The study found that more than half (66.8%) of the respondents affirmed that they have not heard of VCT, and 28.4% were aware of the existence of VCT programme. It is not surprising that (35.5%) of the respondents thought of knowing their HIV status while a higher proportion (56.3 %) of the respondents did not think of knowing their HIV status. Majority of the respondents who did not think of knowing their status blame it no on non-availability of HIV/AIDS test services (72.3%), afraid of the outcome of test (69.6%), not sure of social acceptance if tested positive (57.1%), and 62.0% claimed they did not have the time. More than half (66.9%) of the respondents were willing to seek HIV test if services are provided in their community, and 61.7% of these group would be willing to go ahead for HIV test even if fee is attached. Small fraction of the respondents (10.9%) decline to seek HIV therapy if they tested positive even though anti-retroviral drugs is made available. The reasons given by the majority of these for refusing to seek HIV therapy are respondent's fear of stigmatization or rejection (47.2%), money to seek treatment (55.6%), fear of meeting a known person in the clinic (36.1%) and lack of privacy and confidentiality in clinics/hospitals (25.0%). Majority of the respondent would prefer the location of VCT service centers in private (62.9%) (Ogunro, Adeneye, Akinwusi, & Ogungbamigbe, 2017).

Another study conducted in Ghana concluded that most respondents were unaware of the availability of VCT services. They were also unwilling to access VCT services for fear of

knowing their HIV status. It is therefore being suggested that all stakeholders in the fight against HIV/AIDS intensify their information, education and communication activities to increase awareness and use of the service especially by the youth (Gadegbeku, et al., 2019).

2.4 HIV/AIDS VCT services

Gadegbeku et al., (2019) found that nearly all respondents (95%) were aware their HIV status could be checked at the hospital because it was a disease like any other disease that could take only a doctor and a laboratory test to diagnose. Although 95% of respondents knew their serostatus could be checked, only 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 cross-sectional study was conducted in Techiman among youth aged 15-24 years. 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).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

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

3.1 Study area

Data were collected from participants in the community selected for this study. Biadan is a town in the Bono Region of Ghana. It is a populated place, located at an elevation of 304 meters above sea level and its population amounts to about 36,409. . The town is known for the Methodist Secondary Technical School which is a second cycle institution. The native language of the Biadan people is Bono Twi. The community comprises of Christians, Muslims and Traditionalist. The population is largely made of Akans. Majority of women in their early thirties are married. It is a youthful population. Farming is predominant among the people of Biadan.

3.2 The study population

The study populations were the youth (18 years -25 years) of Biadan community. In other to ensure gender equality both male and female were considered in the study.

3.3 Study design

Pratt (2009) explained that not every phenomenon warrants being studied, so a researcher needs to show why the chosen phenomenon merits resources and time. To the best of our knowledge, no study has been conducted in Biadan, to assess the patronage of voluntary counseling and testing for HIV/AIDS among the youth. A quantitative design was used to elicit responses from study participants.

3.4 Sampling technique and Size

A convenience sampling technique was used to select participants for the study. Participant recruitment was voluntary. The study populations which were the youth of Biadan were approached about participating in this study. A total of 50 participants were used for the study.

3.5 Data collection methods and instruments

Written questionnaires with both open and close ended questions were used in the exercise to collect the information from the respondents. Structured questionnaire was administered to the youth of Biadan, Berekum. The questionnaire will be cross – checked for accuracy. The answered questionnaire were kept in files and safely stored until they were analyzed.

3.6 Data analysis techniques

All returned questionnaires were checked for missing data. Questionnaires that were left blank were excluded. Data was entered and analyzed using the statistical package for social sciences (version 21; SPSS) and results was presented in the form of frequencies and percentages.

3.7 Ethical consideration

The research team believed that maintaining the confidentiality and anonymity of the participants is crucial to this study. Informed consent was obtained after comprehensive explanation of the purpose and procedure of the study to the participants. Participants were informed about their right to withdraw or refuse to be part of the study at any point in the course of the interview and that would not affect them negatively and were assured of confidentiality of all information that was obtained. Furthermore, the identities of the participants were not disclosed, and only aggregate data was reported.

3.8 Limitation of the study

The study was limited by the convenience sampling method that was used to select participants. Secondly, because of time limit, the study was conducted with a small sample size of 50.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Data Presentation & Analysis

This chapter deals with the analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables or figures.

4.1 Socio Demographic Variables

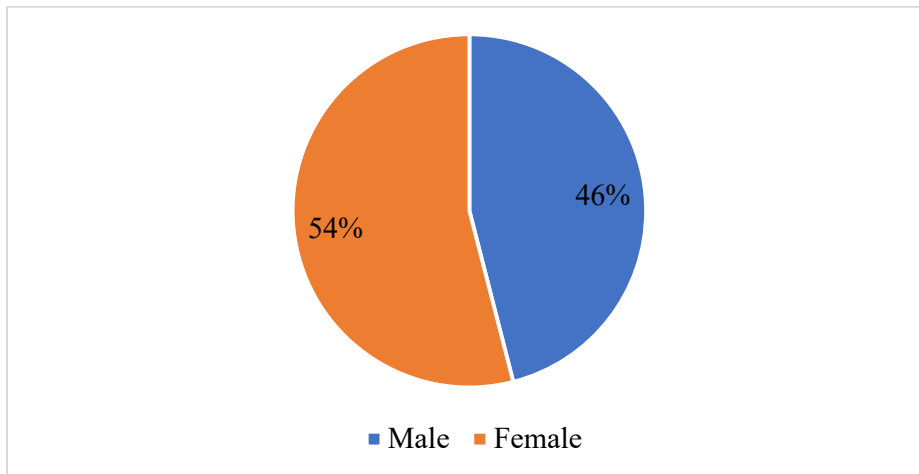
Respondents Age

The ages of respondents, 32% (16) of the respondents were aged between 18 to 20 years, 34% (17) of the respondent were aged 21-23 years and 34% (17) of the respondents were aged 24 to 25 years. As indicated below

Variable	Frequency (n)	Percentage (%)
18-20	16	32
21-23	17	34
24-25	17	34

Gender of Respondents

The gender of the respondent, 54% (27) of the respondents were females whiles the remaining 46% (23) were males. As shown on the pie chat



Distribution of Respondents Religion

The religion of respondents, 76% (38) of the respondents were Christians while the remaining 24% (12) were Muslims. As illustrated in the table below

Variable	Frequency (n)	Percentage (%)
Christian	38	76
Muslim	12	24

Respondents Marital Status

Respondents' marital status, 74% (37) were single while the remaining 26% (13) were married. As shown in the table below

Variable	Frequency (n)	Percentage (%)
Single	37	74
Married	13	26

4.2 Knowledge on HIV/AIDS VCT

Respondents were asked to state what they have heard about HIV/AIDS Voluntary Counselling and Testing, the respondents (49) indicated to have heard that HIV/AIDS Voluntary Counselling and Testing is meant for people to assess HIV testing.

Respondents Source of Information on HIV/AIDS VCT

The source of information on HIV/AIDS VCT, 50% (25) of the respondents indicated mass media as their source of information followed by peers 30% (15), church 18% (9), internet 8% (4) and others which was school 4% (2). As illustrated in the table below

Variable	Frequency (n)	Percentage (%)
Mass media	20	40
Peers	15	30
Church	9	18
Internet	4	8
Others	2	4

In finding out about activities that are most likely to cause HIV 45% of the respondents indicated that unprotected sex can cause an individual to get the virus, 15% indicated the use of sharp objects by an infected person can cause one to get infected and 40% indicated oral sex also put one at risk of HIV when one has bleeding gums or sore mouth.

4.3 How HIV VCT services are important for prevention of HIV

The respondent, 52% (26) mentioned that it helps to identify HIV status which helps in reducing the transmission rate of the virus and helps in early treatment if tested positive. The remaining 48% stated that they did not know how it will help prevent HIV.

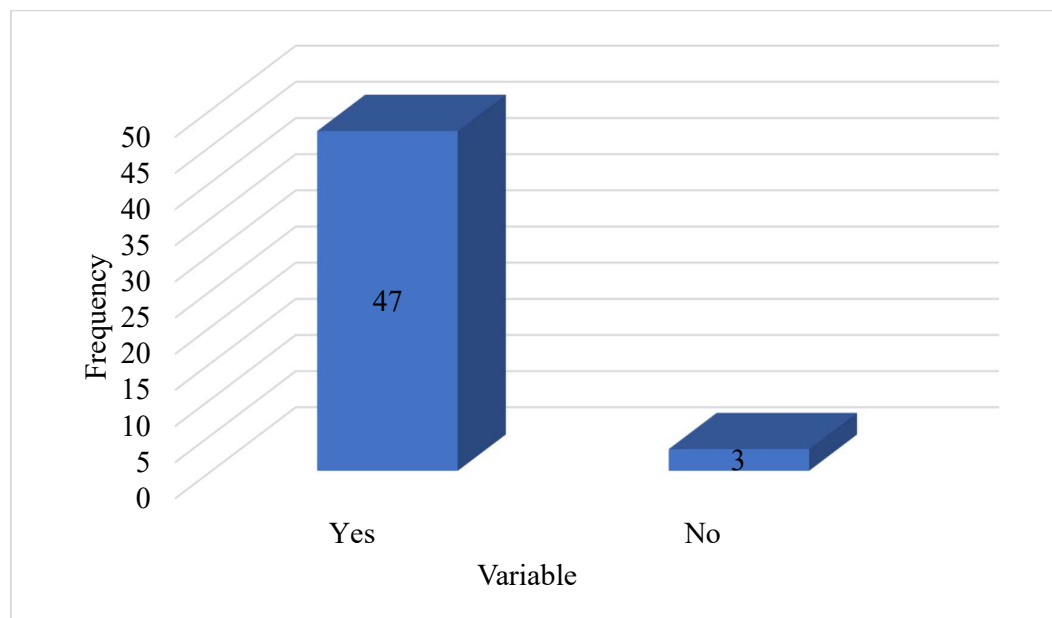
4.4 Willingness of People to Do HIV/AIDS VCT

In finding out about the idea the people had about HIV VCT the respondents, 64% (32) had the idea that undergoing HIV VCT will keep themselves and their family safe. Some respondents, 28% (14) had the idea that it is a good initiative to prevent HIV/AIDS from spreading, keeping themselves safe and gain more knowledge on HIV prevention.

In trying to find out whether the respondent will recommend VCT to others, 74% (37) mentioned that they would recommend VCT to a friend because it will help the friend to know his or her HIV status. The remaining 26% mentioned reason was to prevent the spread of HIV/AIDS.

Fear of Meeting a Known Person in the clinic

According to the respondents 94% stated that fear of meeting a known person in the clinic affects their willingness towards VCT whiles the remaining 6% indicated that meeting a known person do not affect their willingness to test for HIV. As shown in the figure below

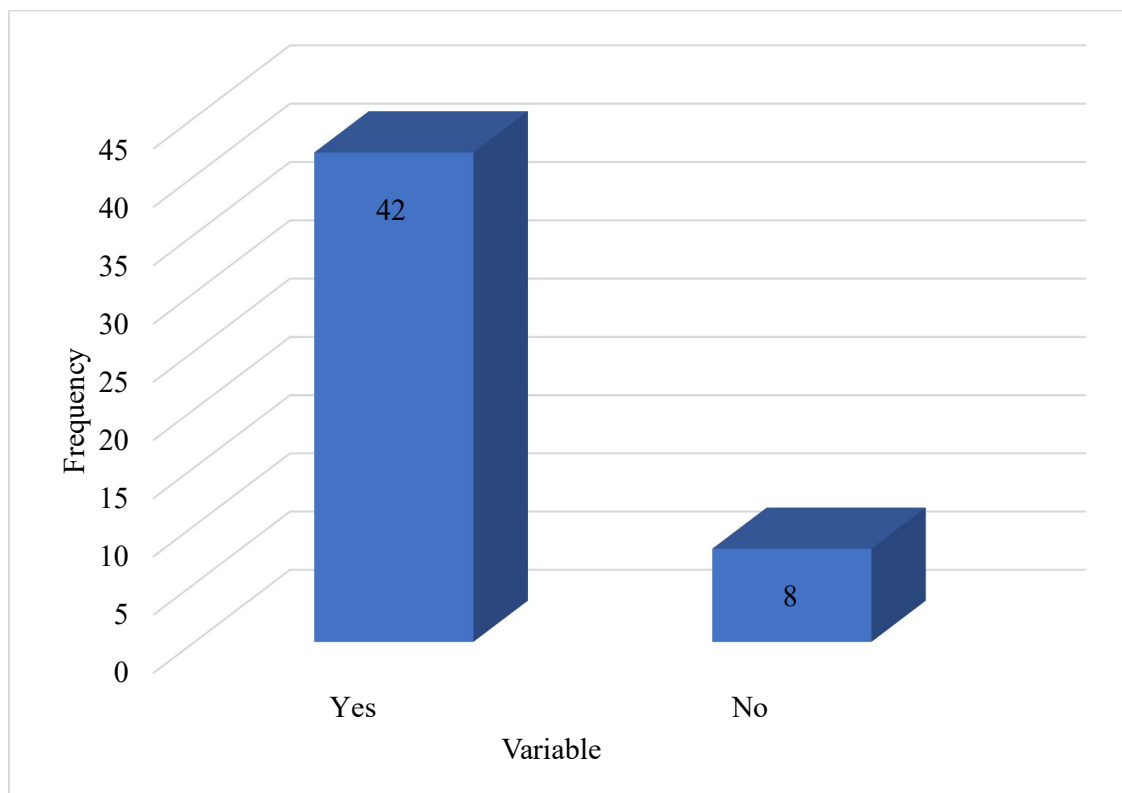


In trying to find out factors that increases peoples willingness to test for HIV 62% (31) indicated having unprotected sex is a factor that increases their willingness to test for HIV since they are exposed to getting the virus. 38% (17) of the respondents indicated that availability of the service also increases their willingness to test for HIV. Respondents also stated knowing your status helps overcome stigmatization.

4.5 HIV/AIDS VCT Services in Biadan Community

Available VCT Centers

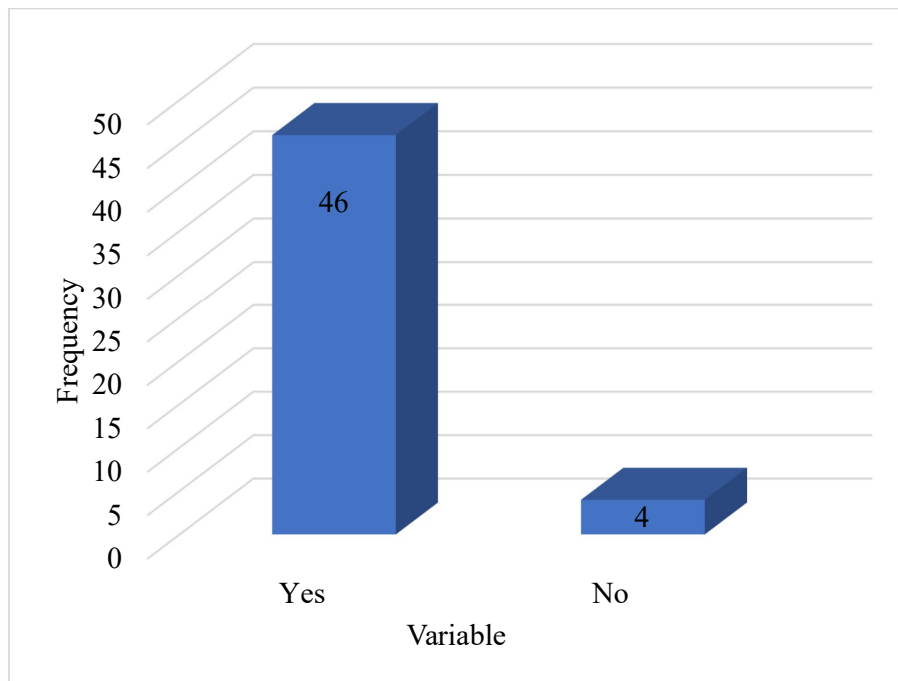
According to the respondent 84% (42) indicated there are available VCT centers in their community. 16% stated they are not aware of VCT centers in their community. As shown in the figure below



In finding out where VCT centers can be assessed the respondents 88% (44) indicated that VCT center can be assessed at the Hospital. The remaining 12% stated they could not indicate where they can assess the service.

Where to Get HIV Test

In finding how they get an HIV test the respondents 92% (46) indicated they know where to get an HIV VCT test. The remaining 8% indicated they do not where to get an HIV test. As shown in the figure below



In finding out about how aware they are about getting HIV status checked at the hospital 75 % of the respondents indicated they are aware, 15% indicated they have but are not sure and 10% stated they are not aware.

In finding out if they have use VCT service in the last 12 months, 70% stated the have not assess the service the last 12 months, 25% indicated they could not remember and 5% stated the have used the service in the last 12 months.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This chapter provides an in-depth look at the major findings that emerged out of the research, comparison of the analyzed data with findings from other literature, conclusion, and recommendations.

5.1 Discussions

5.1.1 Knowledge on HIV/AIDS VCT

In trying to find out the knowledge level of the respondents it came out clearly that almost all (90%) of the respondent have heard about HIV VCT through mass media and they know the importance of how VCT helps in preventing HIV., Sang et al., also indicated in their study (2015) 93.5% had heard about VCT services, mainly through television and radio. Ndwiga and Omwono (2014) 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. These findings are in line with a study conducted by Sang et al., (2015) 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. Mass media has done a good job in giving adequate knowledge about VCT. In finding out the willingness of the respondent were willing to do it and even recommend to others notwithstanding they feared people seeing them. Yahaya et al. (2014) states HIV is necessary because such a test helps to reduce transmission and involvement in risky sexual behaviors. It also promotes early treatment and adjustment. Similarly, a study by Ogunro et al. (2017) found that most of respondents would refuse to seek HIV VCT because of fear of meeting a known person in the clinic (36.1%). The fear might be as result of stigmatization from society

which have psychological implication on individual health. In finding out available VCT centers the respondent knew where to assess a VCT center to get an HIV test. These findings are in line with a study by Asare et al. (2020), they found that more than a third of the respondents (82.5%) indicated to know a facility or place in the municipality for testing HIV. Similarly, Gadegbeku et al., (2019) found that nearly all respondents (95%) were aware their HIV status could be checked at the hospital because it was a disease like any other disease that could take only a doctor and a laboratory test to diagnose. The respondents might know the VCT center because of information gained from their visit to the hospital as well as mass media.

5.2 Conclusion

Based on the analysis of data obtained from the field, the following conclusions were made;

1. Respondents had adequate knowledge regarding HIV/AIDS VCT.
2. The leading source of information on VCT was the mass media.
3. Majority of the respondents indicated they would recommend HIV/AIDS VCT to a friend.
4. VCT patronage is hugely influenced by fear of meeting a known person at the clinic or center.
5. Majority of the respondents knew where to get HIV testing.

5.3 Recommendation

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

1. Public education campaign by health-care professionals on any important health issue should be through mass media.
2. Educating the public against stigmatization will help to curtail fear of meeting others.
3. Future studies should investigate risky sexual behaviour pattern and HIV risk.

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APPENDICES

Approval letter

QUESTIONNAIRE

Dear Respondent,

We are students from the Holy Family Nursing and Midwifery Training College, Berekum, conducting a research on the topic “Willingness of People Doing Voluntary Counseling and Testing for HIV/AIDS. A Study in Biadan Community, Berekum.”. You can choose to withdraw your participation at any time. It will take you approximately 30 minutes to answer the questionnaire.

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

Thank you.

PART ONE: DEMOGRAPHIC VARIABLES

1. What is your age?
2. Gender: (a) Male (b) Female
3. Religion: (a) Christian (b) Muslim (c) Traditionalist
4. Marital status: (a) Single (b) Married (c) Divorced

PART TWO: KNOWLEDGE ON HIV/AIDS VCT

5. What have you heard about HIV/AIDS Voluntary Counselling and Testing?
.....
.....
.....
6. Indicate or state where you first heard of HIV/AIDS Voluntary Counselling and Testing from.
 - a. Mass media
 - b. Peers
 - c. Church

- d. Internet
- e. Others (specify).....

7. Indicate how HIV VCT services are important for the prevention of HIV?
.....
.....

PART THREE: WILLINGNESS OF PEOPLE TO DO HIV/AIDS VCT

8. What is your idea about undergoing HIV VCT?
.....

9. Why would you recommend VCT to a friend?
.....

10. Does fear of meeting a known person in the clinic affect your willingness towards VCT?
.....

11. In your opinion, what are some of the factors that increases people willingness to test for HIV?
.....
.....
.....

PART FOUR: HIV/AIDS VCT SERVICES IN BIADAN COMMUNITY

12. Are there available VCT centers in your community?
.....

13. Where can you assess a VCT centre?
.....

14. Do you know where to get an HIV test?
.....

15. Are you aware that your HIV status can be checked at the hospital?

.....

16. Have you ever tested for HIV in your community?

.....

17. Have you used VCT service in your community in the last 12 months prior to this survey?

.....