

KNOWLEDGE, ATTITUDE AND PERCEPTIONS TOWARDS VOLUNTARY HIV/AIDS TESTING AND COUNSELING AMONG COMMUNITY MEMBERS OF KASOZI VILLAGE, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Sub-Saharan African countries suggest that knowledge of HIV/AIDS status after testing empowers patients to make decisions to use medicine, particularly among individuals who might have contracted the disease unknowingly. The study aims to assess the Knowledge, attitude, and perceptions towards voluntary HIV/AIDS testing and counseling among community members of Kasozi village, Wakiso district.

Methodology

This study adopted a cross-sectional study design using a quantitative research approach. A random sampling technique was used to select participants 30-50 respondents. The study included both males and females willing to participate, mentally and physically capable.

Results

Majority 28(93.3%) had information about sex education while 2(6.7%) were lacking. 27 (90.0%) knew the importance of testing for HIV while the minority 3(10.0%) didn't know. The majority 28(93.3%) supported that discrimination against HIV-positive youth could cause dropping out of school for the victim while 2(6.7%) didn't support it. 27(90.0%) agreed that their culture/and religion supported them to go for voluntary HIV/AIDS testing and counseling 3 (10.0%) disagreed. 17(56.7%) felt powerless to negotiate safer sex with their partners while the minority 13(43.3%) did not. The majority 10 (58.8%) did HIV AIDs testing and counseling for a period above three months while the minority 2(6.7%) did it every month. 27(90%) of the women didn't ask their husbands to use condoms whereas a minority 3(10%) of them asked their husbands to use condoms. 15(50.0%) were single while minority 4(13.3%) were divorced.

Conclusion

Respondents had good knowledge, negative attitudes, and poor perceptions towards HIV/AIDS voluntary testing and counseling. This makes the fight against HIV difficult since Knowledge, attitude influence the practice and lifestyle of communities.

Recommendation

The government through the Ministry of Health should construct and extend reproductive health services not only to the institutions but also to different areas of the country.

Keywords: *Counselling, Voluntary HIV/AIDS testing, Reproductive health services, Discrimination against HIV.*

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Background

HIV/AIDS voluntary testing is a process in which an individual initiates the need for testing and thereby matching or transports him/herself to the health center where blood specimen is collected by health personnel, tested, interpreted, and later received his or her test result in privacy (Nanyonjo et al 2020). Globally, HIV/AIDS transcends barriers across ages and stigmatized individuals which compel many persons to prefer such form of testing (Alhasawi et al 2019) & (UNAIDS 2018) has indicated that an estimated 2.6 million people became infected with HIV and more than 5 million were receiving HIV treatment across the world.

In Africa, Ethiopia is one of the nations with the biggest number of population with HIV/AIDS in Sub-Saharan

Africa (Pierre et al 2019). Several research studies have found that HIV/AIDS is high across diverse populations living in different settings especially men who have sex with men (MSM), and sex workers, among others (Dagne et al 2017). University students who share accommodation have been among other groups of people practicing since they sleep together and no one knows what goes on at night; others find it fast to have sex with sex workers since negotiation for sex is much easier Alhasawi et al (2019).

Sub-Saharan African countries suggest that knowledge of HIV/AIDS status after testing empowers patients to make decisions to use medicine, particularly among individuals who might have contracted the disease unknowingly. Fear of disclosure and reluctance to test may be major obstacles

to HIV testing and counseling (HTC) and other related services (Nanyonjo et al 2020). Being infected with HIV can be a source of personal and professional shame for a student, and can invoke fear of losing friends, and damaging future career to seek and get certain jobs. Regardless of the outcome, it has been documented that having an HIV test can be stigmatizing and affect the individual potential to study.

In Uganda, however, the degree of voluntary HIV/AIDS testing is not known since such studies are still ongoing with an increasing number of HIV/AIDS infections among the youth (Rukundo et al 2016). Evidence from these will inform scale-ups, voluntary testing, and counseling programs to the government through the Ministry of Health. There are several possible testing models for availing HIV voluntary testing and implementation which have been recommended. These models vary from the supervised or unsupervised, level of access (clinically restricted, semi-restricted, or open access) and use of HIV rapid tests which have been distributed or performed by facility, community-based, or other settings (Chang et al 2019).

Aware of the various challenges that students and other persons anticipate after voluntary testing, the MoH has designated various areas in the form of health centers, and other areas where a student can be deemed upright to do so (UNAIDS 2018). Makerere University has its main hospital apart from other health centers surrounding it. However, few students have been identified volunteering for HIV/AIDS testing at its hospital yet HIV/AIDS is at an increasing rate among the youth. Based on this background, this study will assess knowledge, attitudes, and perceptions toward voluntary HIV/AIDS testing and counseling among Students at the university level (Chang et al 2019). The study aims to assess the Knowledge, attitude, and perceptions towards voluntary Hiv/aids testing and counseling among community members of Kasozi village, wakiso district. A cross-sectional study.

Methodology

Study Design

This study adopted a cross-sectional study design using a quantitative research approach. The rationale for the design was to obtain a detailed description of the knowledge, attitude, and perceptions toward voluntary HIV/AIDS testing and counseling services. The quantitative was used because it was more reliable and objective, it also saved time and costs.

Study Setting

The research was conducted in Kasozi Village, Wakiso district. The area is selected since it has different community members staying within the area while others are in rentals where some of the working class live with house girls/maids. The area has different businesses shops, bars, and roadside businesses with young people that would serve as fertile grounds for sex workers. There are also various lodges which attract different individual persons.

All these are suburb-slums that attract different categories of people to stay and live with the student communities.

Study Population

This study was conducted among Residents of Kasozi Village, both males and females willing to participate, mentally and physically capable.

Sample Size Determination

The study considered a sample size of between 30-50 respondents among the residents of Kasozi village.

Sampling Procedure

The study applied a random sampling technique to select participants of the study. These were community members who were selected with the hope that they were knowledgeable about voluntary HIV/AIDS testing and counseling. The use of the random sampling technique was based on the view that it gave equal opportunities to members within the targeted group to participate in the study.

Inclusion Criteria

In this study, the researcher included Residents of Kasozi Village both male and female residing in Kasozi Village, Wakiso district. Only those that voluntarily consented to participate in this study were included as respondents.

Independent Variable

Voluntary HIV/AIDS testing and counselling

Dependent Variables.

Knowledge of students towards VCT

Attitude of students towards VCT

Perceptions of students towards VCT

Research Instruments

The pre-tested structured questionnaires with closed-ended questions were designed and distributed to the respondents who had consented to participate in the interview. The researcher conducted a face-to-face interview with respondents who were requested to fill in their responses according to their understanding and will. An assistant or interpreter was available in case one needed support.

Data Collection Procedure

The researcher introduced herself to the participants and explained to them the purpose of the research. Consent forms were given out and signed by willing participants. Questionnaires were given to respondents to fill and those who needed assistance were guided by the researcher. Then the researcher checked through the filled questionnaires before leaving the data collection area to ensure their completeness.

Data Management

The filled questionnaires were checked for completeness and validity before leaving the data collection area. Data was then picked for analysis and stored in a computer for analysis and the soft copy was password-protected to avoid access by unauthorized people.

Data Analysis

Data analysis was performed by manual tallies and was analyzed using electronic calculators and entered into an Excel spreadsheet summarized using tables, pie charts, bar graphs, and figures.

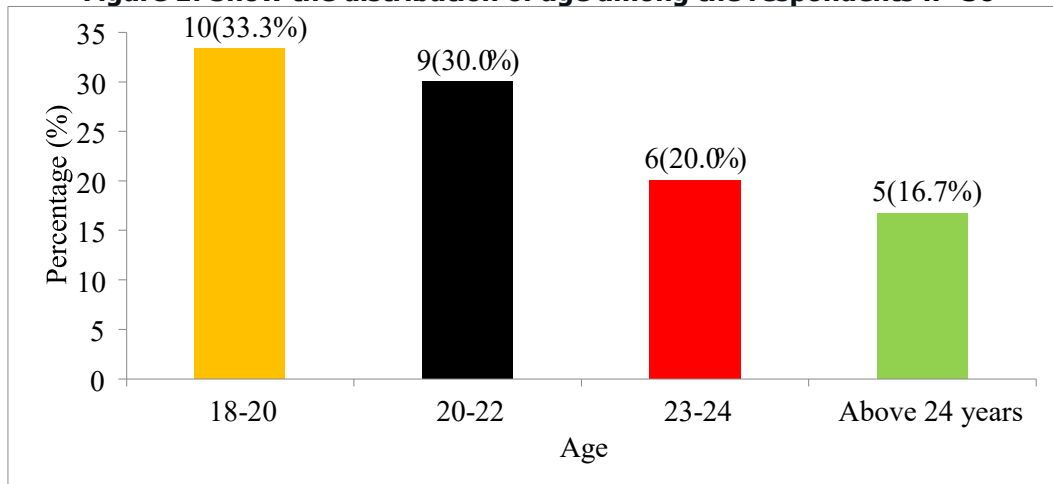
Ethical Considerations

Ethical consideration was applied in this study to conform with the internationally accepted guidelines. Firstly, the proposal was submitted to the Ethics Committee for approval concerning approaches for the adherence to ethical standards. Then, an introductory letter was received from the school. This letter was important for the introduction to different community members to collect data. Consent forms were given in hard copies for signing after participants or respondents had been well-informed about the intention of the study. Confidentiality was the most important ethical consideration in this study. Therefore, no names of participants were written.

Results

Socio-demographic characteristics

Figure 1: Show the distribution of age among the respondents n=30



Primary source of data

Results in Figure (1) show that the majority of the respondents 10(33.3%) were in the age group of 18-20 while the minority 5(16.7%) of the respondents were in the age group of above 24 years.

Table 1: Shows distribution of marital status among respondents n=30

Variables	Frequency (f)	Percentage (%)
Single	15	50.0
Married	11	36.7
Divorced	4	13.3
Total	30	100

Table (1) shows that the majority of the respondents 15(50.0%) were single while the minority 4(13.3%) were divorced.

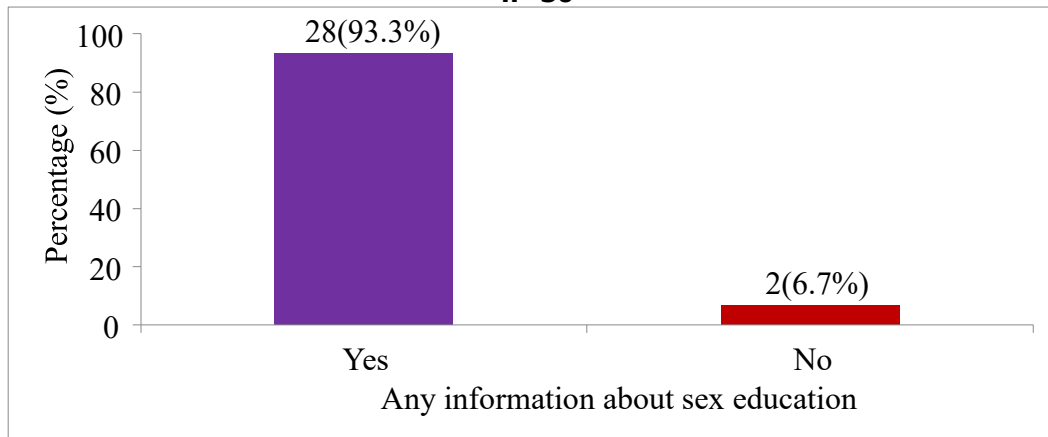
Table 2: Shows the highest level of education attained by the respondents n=30

Variables	Frequency	Percentage (%)
Highest level of education		
Primary	10	33.3
O level	9	30.0
A level	6	20.0
University	5	16.7
Total	30	100

According to table (2) majority of 10(33.3%) of the respondents attained primary as their highest level of education while the minority 3(16.7%) had reached university.

Knowledge of voluntary HIV/AIDS testing and counseling among community members at Kasozi Village, Wakiso district.

Figure 2: Shows distribution of information about sex education among respondents n=30



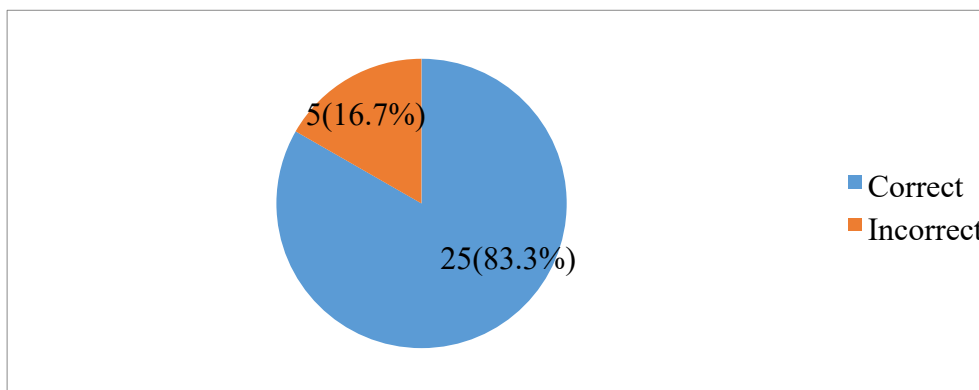
Results in figure (2) showed that the majority of the respondents 28(93.3%) had information about sex education while 2(6.7%) were lacking.

Table 3: Shows the source of information about voluntary HIV AIDs n=30

Variables	Frequency	Percentage (%)
The source of information about VTC		
Friends	3	10.0
Teachers	19	63.3
Health workers	6	20.0
Media	2	6.7
Others	0	0.0
Total	30	100

Results in Table (3) showed that the majority of the respondents 19(63.3%) received information about VTC from their teachers while the minority 2(6.7%) from the media.

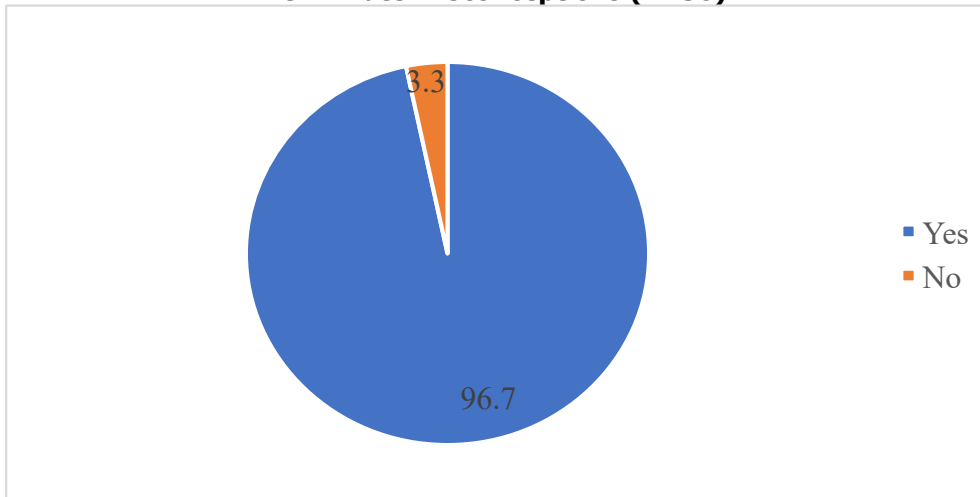
Figure 3: Shows distribution of the meaning of voluntary HIV/AIDS testing and counseling n=30



According to Figure (3), the majority of the respondents 25(83.3%) correctly defined voluntary HIV/AIDs testing and counseling while a minority 5(16.7%) could not define it.

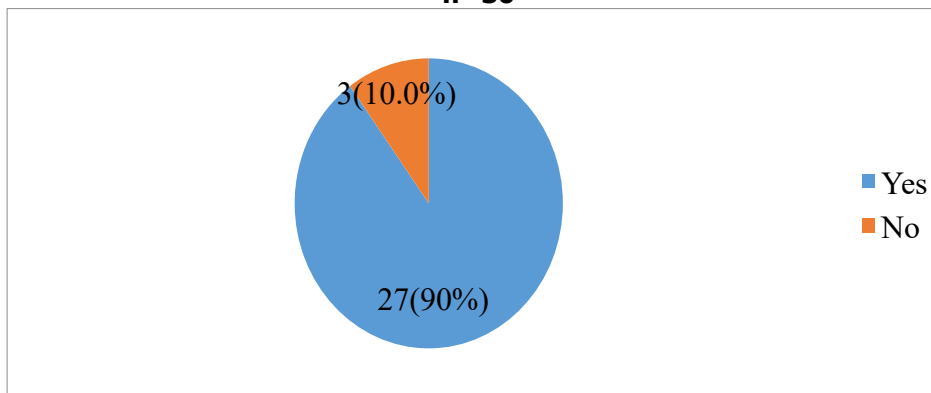
Figure 4: Shows whether respondents got help from incorrect beliefs about AIDs to eliminate misconceptions (n=30)

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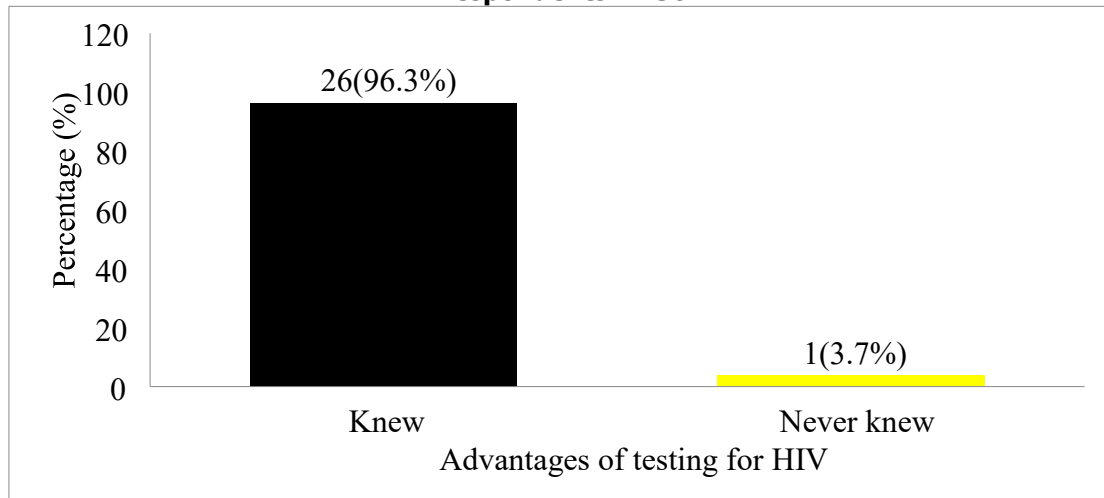
According to Figure (4) majority of the respondents 29(96.7%) got s help from incorrect beliefs about AIDs to eliminate misconceptions whereas minority 1(3.3%) did not.

Figure 5: Shows knowledge about the importance of testing for HIV and the respondents n=30



According to Figure (5), the majority of the respondents 27 (90.0%) knew the importance of testing for HIV while the minority 3(10.0%) didn't know.

Figure 6: Shows knowledge about the advantages of testing for HIV among the respondents n=30



According to Figure (6), the majority of the respondents 26(96.3%) of the 27 respondents who knew the importance of testing for HIV also knew the advantages of testing for HIV while 1(3.7%) never knew the advantages of testing for HIV.

Attitude of the respondents towards voluntary HIV/AIDS testing and counseling

Table 4: Shows the attitude of Community members towards the effect of discrimination against HIV-positive youth n=30

Variables	Frequency	Percentage (%)
Do you think discrimination against HIV-positive youth could cause dropping out of school for the victim?		
Yes	28	93.3
No	2	6.7
Total	30	100

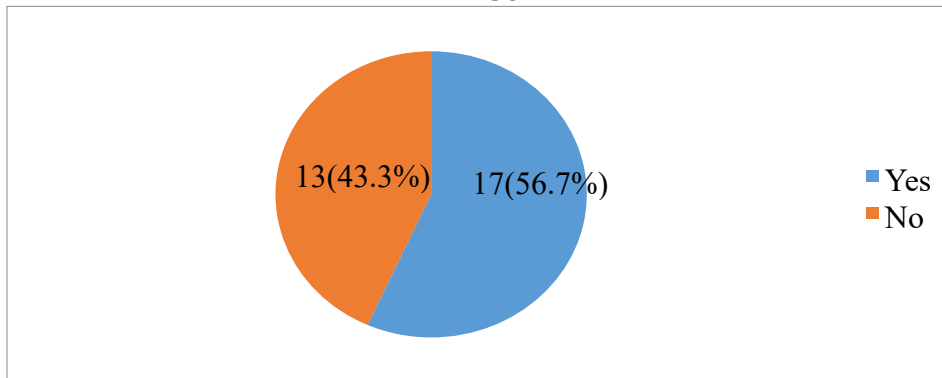
Results in Table (4) show that the majority of the respondents 28(93.3%) supported that discrimination against HIV-positive youth could cause dropping out of school for the victim while the minority 2(6.7%) didn't support it.

Table 5: Shows whether respondents' culture and religion supported them going for voluntary HIV/AIDS testing and counseling n=30

Variables	Frequency	Percentage (%)
Do your culture and/or religion support you in going for voluntary HIV/AIDS testing and counseling		
Yes	27	90.0
No	3	10.0
Total	30	100

According to Table (5), the majority of the respondents 27(90.0%) agreed that their culture/and religion supported them to go for voluntary HIV/AIDS testing and counseling while the minority 3 (10.0%) disagreed.

Figure 7: Shows whether people felt powerless to negotiate safer sex with their partners n=30



Results in Figure (7) show that the majority of the respondents 17(56.7%) felt powerless to negotiate safer sex with their partners while the minority 13(43.3%) did not.

Figure 8: Whether women ask their husbands to use condoms n=30

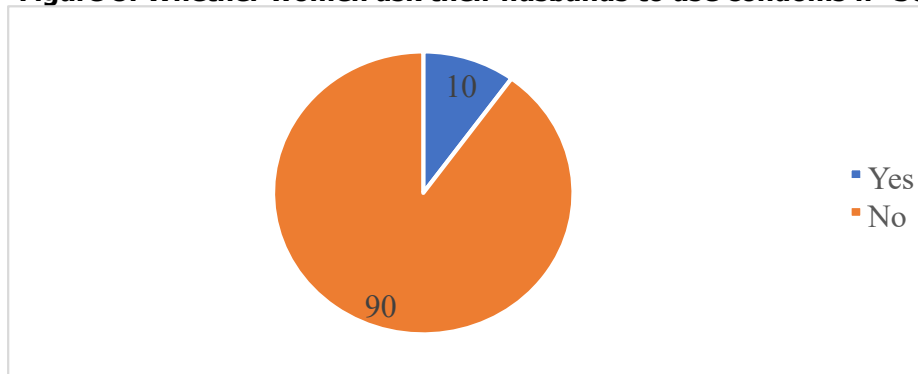


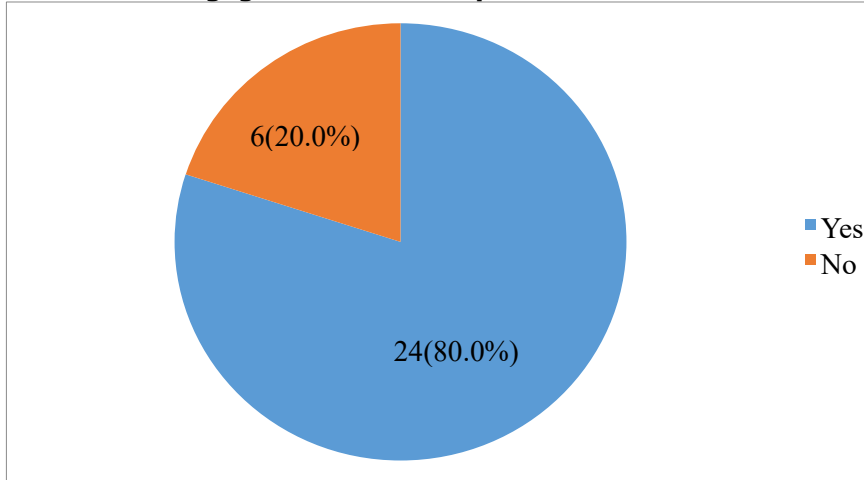
Figure 8 shows that the majority 27(90%) of the women didn't ask their husbands to use condoms whereas a minority 3(10%) of them asked their husbands to use condoms.4.4 Practice of Community members towards voluntary HIV/AIDS testing and counseling

Table 6: Shows how often respondents did voluntary HIV/AIDS testing and counseling n=30

Variables	Frequency	Percentage (%)
Every month	3	10
Every after 3 months	10	33.3
Above three months	17	56.7
Total	30	100

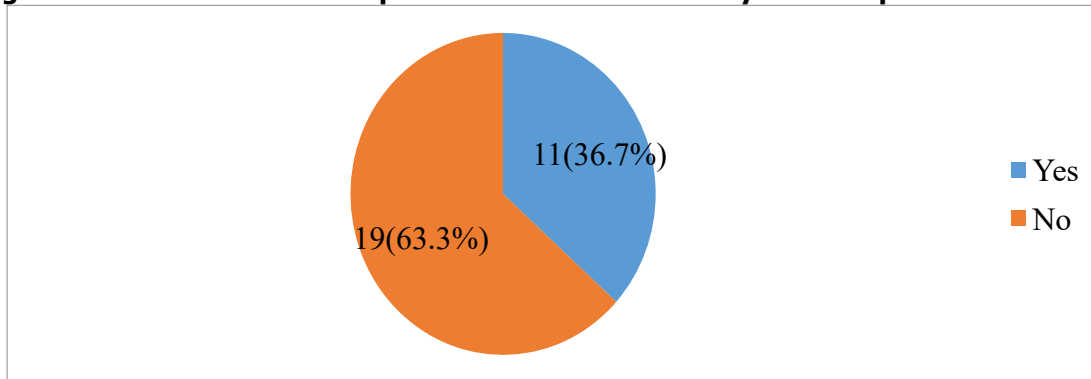
According to Table (6), the majority of the respondents 10(58.8%) did HIV AIDS testing and counseling for a period above three months while the minority 2(6.7%) did it every month.

Figure 9: Shows the engagement of the respondents in sexual relationships n=30



According to Figure (9), the majority of the respondents 24(80.0%) engaged themselves in sexual relations while the minority 6(20.0%) did not.

Figure 10: Shows whether respondents had ever used any contraceptive method n=30



According to Figure (10) majority of the respondents 19(63.3%) had never used any contraceptive method while the minority 11(36.7%) had never used.

Discussion

Socio-demographic characteristics

This study indicated that the majority 33.3% of the respondents were aged 18-20 years. This implied that community members who belonged to the age group of 18-20 years old were highly carried away by passion for sexual activities. This is in agreement with a study conducted by RoseClarke et al., (2019) which found that 40% of young men and 36% of women had accurate HIV knowledge, the majority (80%) of them were aged above 18 and below 21 years.

Study findings revealed that the majority of the respondents 15(50.0%) were single while the minority 4(13.3%) were divorced. This implied that singles were carried away by passion due to the lack of a right partner. In agreement, Mavhandu-Mudzusi et al (2016) established that the leading reasons given for not using the methods and determining the uptake of voluntary HIV/AIDS testing and counseling were that adolescents

were not married, were not having sex or were having sex only occasionally, objection from their partners, desire to get pregnant or impregnate a partner, breastfeeding, and fear of side effects.

Furthermore, study findings revealed that the majority (33.3%) of the respondents attained primary as their highest level of education. This could be because they didn't have enough money for tuition and were raised by single parents who didn't have enough resources to educate them hence missing out on information about the importance of HIV/AIDS voluntary testing and counselling. This contradicts with results from a study done by Ngobo, (2019) among young women and men who were learned up to university and found to be sexually active, most of them stayed with both their parents and were discouraged from engaging in sexual intercourse as well as Voluntary HIV/AIDS testing and counseling by their parents.

Knowledge of Community members towards voluntary HIV/AIDs testing and counseling

According to the study findings the majority of the respondents (93.3%) had adequate information about sex education. This implied that community members had acquired adequate knowledge about sex education. This is contrary to the study carried out by Bhupendra et al, (2016), which revealed that adolescents lacked the proper knowledge to protect themselves in to fight against HIV/AIDs.

This study established that the majority of the respondents (63.3%) the source of information was teachers. This implied that community members acquired adequate knowledge about sex education in schools, institutions, and universities. This is in line with the study conducted by

Ngobo, (2019) revealed that education was strongly correlated with knowledge about AIDS prevention. This study established that the majority of the respondents (96.7%) had incorrect beliefs about AIDs to eliminate misconceptions. This implied that community members had adequate knowledge regarding incorrect beliefs about aids and misconceptions as one of the effective ways to avoid contracting HIV. This is contrary to the study carried out by Bhupendra et al, (2016) in Sub-Sahara Africa where people knew that mosquitoes are a good vehicle for HIV transmission.

The majority 90% of the respondents reported that it was important to test for HIV/AIDs. This could be because respondents were aware that knowing their HIV serostatus is the first step in preventing it. This study was similar to a study conducted by Nairege (2020) that reported that awareness of HIV status can motivate individuals to further protect themselves against infection or to protect their partners from acquiring the disease. It is particularly important to measure testing behavior among youth.

Attitude of community members towards voluntary HIV/AIDs testing and counseling

The study findings revealed that the majority of the respondents 28(93.3%) affirmed that discrimination against HIV-positive youth could cause dropping out of school for the victim. This implied that the majority of the respondents had a positive attitude towards discrimination against HIV-positive youth. This is similar to a study conducted by James & Sifris, (2020) that revealed that communities have appeared insensitive to the plight of HIV-positive youth as a result victims chose not to disclose their HIV status for fear of being ostracized by society. Overt discrimination against HIV-positive youth could cause dropping out of school for the victims

According to the study, findings revealed that the majority of the respondents (90%) agreed that their culture/and religion supported them in going for voluntary HIV/AIDs testing and counseling. This implied that the majority of the respondents had a positive attitude towards cultural and religious support offered to them to go voluntary HIV/AIDs testing and counseling. This was similar to a

study conducted by Ross, (2017), that limited use of condoms in Sub-Sahara Africa caused sociocultural and religious factors to negotiate for safer sex.

This study established that the majority of the respondents (53.3%) strongly agreed that knowledge about HIV transmission and ways to prevent it are less useful if people feel powerless to negotiate safer sex with their partners. This implied that the majority of the respondents were forced into unsafe sex due lack of power to negotiate with another partner. This is in line with the study carried out by Boakye et al, (2019) which reported that there is a need to know if people think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact. There is also a need to know whether a woman in the same circumstances is justified in asking her husband to use a condom.

Perceptions of community members towards voluntary HIV/AIDs testing and counseling

The study findings revealed that the majority of the respondents (56.7%) spent above three months without doing an HIV/AIDs test. This implied that the majority of the respondents take a long period to go for more reproductive health services putting them at risk. This is in line with the study done by Mavhandu-Mudzusi et al, (2016) that established that a gap exists between knowledge and use of family planning methods by Ugandan youth. Despite almost universal knowledge of modern methods, less than 50% ever used the methods in most districts studied by the Programme for Enhancing Adolescent Reproductive Health Life project.

The study established that the majority of the respondents (90%) engaged themselves in sexual relations. This implied that the majority of the respondents were sexually active which exposed them to HIV infection.

The study established that the majority of the respondents 19(63.3%) had never used any contraceptive method. This implied that the majority of the respondents had unsafe sex which put them at risk. This is similar to a study conducted by Dagne et al (2017), which indicated that the majority of people did not like condom use.

Conclusion

Based on the study findings, most of the respondents were single aged 18-20 years with a primary level of education. Respondents had good knowledge, negative attitudes, and poor perceptions towards HIV/AIDs voluntary testing and counseling where most of them had information about sex education which was received by teachers. They correctly defined voluntary HIV/AIDs testing and counseling. However, most of them had incorrect beliefs about HIV/AIDs to eliminate misconceptions even though they knew the importance of testing for HIV. Conclusion This makes the fight against HIV difficult since Knowledge, and attitude influence the practice and lifestyle of communities.

Recommendation

The government through the Ministry of Health should construct and extend reproductive health services not only to the institutions but also to different areas of the country. The health workers should equip village people with knowledge about HIV/AIDs testing and counseling since most of the respondents had acquired information from institutions.

The nursing professional since they are teachers, must carry out health education on risky sexual perceptions and should organize health camps and outreaches to overcome the risks of acquiring infections.

Nurses should health educate the institutions, and communities about risky sexual perceptions and encourage them to go for reproductive health services.

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List of abbreviations

MoH: Ministry of Health

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No source of funding

Conflict of Interest

No conflict of interest

Author Biography

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Resty Nakidde is a tutor at St Micheal Lubaga Hospital Training Schools

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