

# Willingness to Seek Voluntary Counselling and Testing (VCT): An Empirical Analysis Among Sagamu Residents of Ogun State, Nigeria

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## Abstract

This study investigated the willingness to seek voluntary counselling and testing (VCT) among Sagamu residents of Ogun State, Nigeria. The study employed a descriptive survey design to assess the attitudes and use of voluntary counselling and testing among the residents in Sagamu, the economic center of Sagamu local government area of Ogun State, Nigeria. A total of 287 participants stratified based on their professions (traders, students, and civil servants) were involved. A self-developed instrument tagged “Willingness to Seek VCT and VCT Knowledge Questionnaire (WSVCTKQ)” was used for the collection of data. Pearson Product Moment Coefficient and multiple regression statistical analyses were used to analyze the data collected. The results showed the participants’ knowledge of VCT to be low. A significant positive relationship was found between participants’ knowledge of VCT and willingness to seek VCT services ( $r_{(287)} = .371, P < .05$ ). Also, it was found that willingness to seek VCT services has nothing to do with age and work status. The findings concluded that more awareness should be created and people should be encouraged to obtain information about their HIV status and seek prompt counselling and medical intervention where necessary. Governments should therefore establish more VCT centres in both rural and urban areas to bring VCT service to the door step of the citizens.

## Keywords

Voluntary Counselling and Testing, Knowledge, Awareness, Willingness

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## 1. Introduction

When individuals do not understand the importance of any health program, their willingness to utilize it is an important concern because it affects wellness, mental well-being and, ultimately, level of health efficacy. Rickwood, Deane, and Wilson (2007) conclude that the help-seeking behaviours of young people are fundamental to their mental health and

well-being and can have a positive impact across the lifespan. In addition, the literature is clear that help-seeking is an important factor in learning (Koulkazarian, 2007).

All over the world today, HIV testing is an important aspect in a person’s life since it enables one to live with a clear conscience. When one is aware of his status, he can go about

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his daily activities with a clear mind. This will further help him to be health conscious of his life activities such as sexual life. Voluntary counselling and testing (VCT) is regarded as an important strategy in the management of the HIV/AIDS pandemic worldwide (van Dyk & van Dyk, 2003). The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (2009) estimated that about 37 million people worldwide living with HIV do not know that they are carrying the virus and the proportion is higher in countries worthily affected by the epidemic. The first pillar of HIV prevention is voluntary counseling and testing (VCT).

According to vanDyk (2001), testing for HIV is very personal and individual decision because it is usually followed by major life changing consequences. Different studies have shown the effects of VCT including a decrease in unprotected sexual intercourse, a reduction in multiple partners, an increase in condom use, and more clients choosing abstinence (FMoH/HAPCO, 2005; Koulhazarian, 2007; Alemayehu, 2010; Ilesanmi, et. al, 2015). Therefore, voluntary counselling and testing (VCT) for HIV is acknowledged globally as an effective strategy for HIV/AIDS' prevention and care. Various studies (Alemayehu, 2010; Ilesanmi, et. al, 2015) have shown that VCT is an important entry point for care and support. VCT is more than drawing and testing blood and offering a few counselling sessions. It is a vital point of entry to other HIV/AIDS services, including preventing mother- to- child transmission; preventing and clinically managing HIV-related illnesses, tuberculosis control, psychosocial and legal support (MOH, 2000, 2002).

VCT provides benefits for those who test positive as well as those negative. VCT alleviates anxiety, increases client's perception of their vulnerability to HIV, promotes behavioural change, facilitates early referral for care and support, including access to antiretroviral therapy and helps reduce stigma in the community. It offers holistic approach that addresses HIV in the broader context of people's lives, including poverty and its relationship to risky practices (UNAIDS 2000).

Despite the high number of people already living with HIV/AIDS, it is estimated that less than 10% are aware they are infected, mainly because of the limited availability, access, and use of VCT (FMoH/HAPCO, 2010). This fact greatly hinders efforts to respond to the AIDS epidemic, as people have to know if they are infected in order to access services (FMoH/HAPCO, 2007). Voluntary counselling and testing is also an effective strategy for facilitating behaviour change for both clients, whose test result is either negative or positive (FMoH/HAPCO, 2005).

Interestingly, studying peoples' willingness to seek VCT has

increased in the last decade in Nigeria as indicated by the large body of research concerned with attitude of Nigerians towards VCT and HIV. Willingness to utilize VCT services in Africa especially Nigeria is complex and characterized by efforts that unfold in socio-cultural contexts. In such contexts, help seeking is influenced by multiple factors. It has been reported that the attitude towards seeking help is a key factor affecting an individual's decision to accept professional assistance medically (Ayodele & Bello, 2011) and psychologically (Atik & Yalcin, 2011). This attitude is influenced by personal, social, demographic, and other such factors (Atik & Yalcin, 2011).

There are some hindrances which pose a challenge when one wishes to have an HIV test. The most common ones are fear of discrimination, stigma and fear of an early death (NASCOP, 2004). These hindrances make people to conceal their desire of getting tested from significant others like relatives, spouses and friends who might give the necessary encouragement to undergo VCT. Willingness to seek VCT among Nigerians has not been well researched. Additionally, the majority of work done on VCT utilization has occurred mostly in a formal setting among the elites and among students, and with fewer studies being conducted in an informal setting putting into consideration all the people living within a community regardless the occupation, education, age, and socio-economic status.

## 2. Hypotheses

This study tested the following hypotheses.

1. There is a significant relationship between participants' knowledge of VCT and willingness to seek VCT services such that participants with high knowledge may have a positive attitude toward seeking VCT whereas those with low knowledge may have a negative VCT attitude.
2. There is a significant difference between participants' age and utilization of VCT services whereby the older participants will go for VCT services than the younger ones.
3. There is a significant difference between marital status and participants' willingness to seek VCT services whereby the single participants will go for VCT services than the married ones.

## 3. Research Method

*Research Design:* This study adopted a descriptive design in order to assess the attitudes and use of voluntary counselling and testing among the residents of Sagamu metropolis of Ogun State in Southwest Nigeria. The study was conducted

in September 2014 in Sagamu, the economic center of Sagamu local government area of Ogun State, Nigeria.

**Population:** The accessible population in this study included all the public/civil servants, traders, secondary school students. This includes male and female, educated and illiterates, as well as those from high/average socio-economic class and low socio-economic class. The inclusion criteria were those who were willing to participate in the study, while those who were willing to participate in the study were excluded.

**Sampling Technique:** Stratified random sampling technique was used to select the sample for this study. Probability sampling was used because it increased the likelihood that all the elements in the population would have an equal chance of being included in the sample. The participants were stratified based on their professions (traders, students, and civil servants). After stratification, a proportional simple random sample was obtained by selecting participants randomly from the sampling frame until the intended sample size was attained. The sample includes a total of 300 participants, 100 each from each stratum.

**Measures:** The name of the tool is "Willingness to Seek VCT and VCT Knowledge Questionnaire (WSVCTKQ)." It was a 20 item questionnaire which was self-developed by the researchers. The scale reflected the participants' willingness to seek counselling and testing on HIV/AIDS. The items were with four options ranging from 'not likely at all' to 'very likely'. It was found that the total item correlations of the scale changed between .67 and .73. The inner consistency coefficient of the scale is .80. The consistency coefficient attained by the test-retest technique is .71.

#### *Ethical considerations*

For ethical considerations, the principle of voluntary participation which requires that people must not be compelled or coerced into participating in research was employed by explaining the purpose of the study to each individual participant. Also, the participants agreed to the request of the researchers to record the sessions. Thereafter, the participants signed a consent form, and those who are illiterates thumb printed. The participants were assured of confidentiality.

**Data Analysis:** Data were edited, cleaned, coded, entered and analysed using the Statistical Package for Social Sciences (SPSS) version 19 software program. Data were summarised by means of descriptive statistics including the frequency table. Also, hypotheses were tested at 0.05 alpha level using Pearson Product Moment Correlation Coefficient (PPMC) and Analysis of Variance statistical tool.

## 4. Results and Discussion

**Table 1.** Participants' Socio-demographic characteristics.

	Variables		Frequency	Percentage
1	Gender	Male	99	34.5
		Female	188	65.5
2	Marital status	Single	115	40.1
		Married	141	49.1
		Divorced	31	10.8
3	Age	15-20yrs	115	40.1
		21-30yrs	51	17.8
		31-40yrs	56	19.5
		41yrs above	65	22.6
4	Religion	Christianity	191	66.6
		Islam	77	26.8
		Others	19	6.6
5	Occupation	Civil servants	99	34.5
		Traders	89	31.0
		Students	99	34.5

N = 287

The results in Table 1 above indicated that one hundred and eighty-eight (65.5%) respondents in this study were females and the remaining ninety-nine (34.5%) were males. Majority, 57.9% were between the ages of 15 and 30 years. 40.1% of respondents were single, 49.1% were married, and 10.8% were either divorced or widow. One hundred and ninety-one (66.6%) were Christians. Also, 34.5% of the respondents were civil servants and students respectively, while 31% were traders/self-employed.

**Table 2.** Participants' knowledge level on VCT services usage.

Variable	N	Minimum	Maximum	Mean	Std. Dev
Participants' knowledge of VCT	287	20.00	80.00	33.207	13.912

Table 1 reveals that the participants' knowledge of VCT has a mean score of 33.207 (41.51%), which is low. This is because it is less than 50%, though higher than the minimum score of 20 which is 25%. It could then be deduced that the participants' knowledge of VCT in Sagamu metropolis of Ogun State, Nigeria is not encouraging and satisfactory. This may be as a result of some factors inherent in the individuals such as fear of having HIV/AIDS or problems with the community such as not giving the victims of HIV/AIDS necessary social support. The implication of this result is that HIV knowledge is a significant predictor of a positive attitude toward VCT usability. This result thus lends credence from previous studies that knowledge about HIV and ill health are important reasons for getting an HIV test (Adewole & Lawoyin 2004; Iliyasu *et al* 2006; Jereni & Muula 2008). Also, the result of the findings of Weiser *et al* (2006) that more frequent health-care visits predicted increased likelihood to use VCT services supported the

outcome of this study.

**Table 3.** Correlation matrix of the relationship between participants’ knowledge of VCT and willingness to seek VCT services.

		Knowledge of VCT	willingness to seek VCT services
Knowledge of VCT	Pearson Correlation	1	0.011
	Sig. (2-tailed)		0.371
	N	287	287
willingness to seek VCT services	Pearson Correlation	0.011	1
	Sig. (2-tailed)	0.371	
	N	287	287

Results presented in Table 3 above indicate a significant positive relationship between participants’ knowledge of VCT and willingness to seek VCT services ( $r_{(287)} = .371, P < .05$ ). A positive correlation that was statistically significant was found ( $r_{(287)} = .371, P < .05$ ). The hypothesis that there is a significant relationship between participants’ knowledge of VCT and willingness to seek VCT such that participants with high knowledge may have a positive attitude toward seeking VCT whereas those with low knowledge may have a negative VCT attitude was therefore retained. The positive correlation between participants’ knowledge of VCT and willingness to seek VCT services however showed that as the scores in participants’ knowledge of VCT were increasing, the scores of willingness to seek VCT services increased. These results indicate that the higher the score in participants’ knowledge of VCT, the higher the score in attitudes toward seeking VCT and vice versa.

The result of this finding is in tandem with Bwambale, Ssali, Byaruhanga, Kalyango, Karamagi, (2008) and WHO (2002) that voluntary counselling and testing (VCT) is the bridge between HIV prevention, care and support. Knowledge of HIV status provides many potential benefits for the individual and society, allowing appropriate linkages between prevention, psychosocial support and medical care (Ilesanmi, et al, 2015, Fylkesnes & Siziya 2004; MacPhail, Pettifor, Coates & Rees 2008).

**Table 4.** Model summary of the multiple regression analysis between the predictor variable (willingness to seek VCT services) and the outcome measure (age).

Variable	Source of variation	Sum of Square	df	Means of Square	f-value	Sig.
Age	Regression	42.960	3	14.320		
	Residual	1580.877	261	6.057	2.364	.000 <sup>a</sup>
	Total	1623.837	264			
<i>Adjusted R Square = .031, Std. Error of the Estimate = .731</i>						

The research hypothesis which stated that “There is a significant difference between participants’ age and the seeking of VCT services whereby the older participants to go for VCT services than the younger ones” showed that age ( $F_{(3,264)} = 32.455; P < .05$ ) did not significantly moderate the seeking of VCT among the residents of Sagamu metropolis. The results further revealed that 3.1% of the variance in the

seeking of VCT services among the residents of Sagamu metropolis was accounted for by age. The implication of this result revealed that seeking of VCT services has nothing to do with age rather it is the psycho-sociological needs of the individual involved, as well as their mental health.

The outcome of this study sharply contradicts the previous findings that younger age seems to predict a positive attitude to testing (Gaje & Ali, 2005; Jereni & Muula 2008; Mmbaga, *et al* 2009). In a randomised trial on the acceptability of VCT in Zambia, Fylkesnes and Siziya (2004) argued that readiness for VCT was higher (47%) in age group 20 to 24 years as compared to age group 40 to 49 with 18 per cent. Jereni and Muula (2008) argued that people younger than 29 years are more likely to take an HIV test, and Mmbaga *et al* (2009) affirm that older people in their study population in Tanzania did not return for HIV test result and post-test counselling.

**Table 5.** Model summary of the multiple regression analysis between the predictor variable (willingness to seek VCT services) and the outcome measure (Marital status).

Variable	Source of variation	Sum of Square	Df	Means of Square	f-value	Sig.
Marital Status	Regression	21.954	2	10.977		
	Residual	1192.705	263	4.535	2.421	.000 <sup>a</sup>
	Total	1214.659	266			
<i>Adjusted R Square = .047, Std. Error of the Estimate = 1.103</i>						

The research hypothesis which stated that “There is a significant difference between participants’ marital status and seeking of VCT services whereby participants who were single will go for VCT services than the married ones” showed that being single or married ( $F_{(3,264)} = 32.455; P < .05$ ) did not significantly influence the participants’ willingness to seeking VCT services. The results further revealed that 4.7% of the variance in the willingness to seeking VCT services, among the residents of Sagamu metropolis was accounted for by marital status. The implication of this result revealed that willingness to seeking VCT services has nothing to do with age rather it is the psycho-sociological needs of the individual involved, as well as their mental health.

In previous studies, marital status also seems to play a role in the decision to take an HIV test. The outcome of hypothesis three was corroborated by the findings of Jereni and Muula

(2008) that found no difference in VCT uptake between married and unmarried clients. On the other hand, Iyaniwura and Oloyede (2006) and Simbayi *et al* (2003) reported that unmarried young people and youths who knew someone who was infected with HIV were more likely than married people to desire an HIV test.

## 5. Conclusion and Recommendations

This study investigated the willingness to seek voluntary counselling and testing (VCT) among Sagamu residents of Ogun State, Nigeria. A significant relationship was found between participants' knowledge of VCT and willingness to seek VCT services such that participants with high knowledge have tendencies toward seeking VCT than those with low knowledge. It was found that willingness to seeking VCT services has nothing to do with age and work status rather it is the psycho-sociological needs of the individual involved, as well as their mental health. This indicated that more awareness should be created and people should be encouraged to obtain information about their HIV status and seek prompt counselling and medical intervention where necessary. Governments should therefore establish more VCT centres in both rural and urban areas to bring VCT service to the door step of the citizens.

In view of the findings, the following recommendations were made:

- The citizens should be provided with a VCT service at their various communities (rural and urban), with trained VCT personnel to increase access to the same service without much ado.
- Government and public information sharing should be encouraged and strengthened, so that citizens can be well informed without fear of cultural barriers that could lead to stigma, discrimination and other possible consequences.
- VCT education should focus on avoiding stigmatising and discriminatory behaviour, so that individuals will develop positive attitudes towards people living with HIV and AIDS.
- There is a strong perception of the cost of accessing VCT, programme managers need to disseminate the messages that HIV testing is free. In addition, attempts should be made to provide VCT test centres closer to the communities, particularly at primary healthcare level.
- Quality of counselling should be considered the most important factor for all counselling psychology and guidance counsellors, as this could motivate individuals' VCT service seeking.
- Religious and traditional leaders have a critical impact on shaping communities' views of HIV testing, intervention programmes should make use of their standing in society to pass the messaging for HIV testing on to the population.
- Interventions promoting the perceived benefits of HIV testing need to be developed and communicated to the population to act as cues for uptake of VCT.
- Confidential voluntary counselling and HIV testing should be introduced to prevent HIV transmission among the citizens. Also, individual's reluctance and resistance to determine their HIV status or discuss HIV issue is on the increase daily. It is high time stigmatization is reduced through voluntary counselling and HIV testing.

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