SCHOOL OF PUBLIC HEALTH, COLLEGE OF HEALTH SCIENCES, UNIVERSITY OF GHANA

COMMUNITY PERCEPTION OF VOLUNTARY COUNSELING AND TESTING (VCT) IN DODOWA SUB-DISTRICT, DANGME WEST DISTRICT, GREATER ACCRA REGION

BY

VOETAGBE EDMUND OFOE

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DECLARATION

I, Voetagbe, Edmund Ofoe, hereby declare that except for quotations and references to other works which I have duly acknowledged and given credence, the work presented here is my original research which has not been presented in any form elsewhere.

MR. EDMUND OFOE VOETAGBE …….
(STUDENT)

DR. (MRS.) MARGARET GYAPONG ……..
(PRIMARY SUPERVISOR)

MR. KWABENA OPOKU-MENSAH ……
(SECONDARY SUPERVISOR)

DEDICATION

This work is dedicated to my wife Gertrude Voetagbe who has given me so much support in ways that cannot be catalogued here. May the good Lord richly bless her.

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ABSTRACT

Introduction

According to UNAIDS/WHO (2007) every day, over 6800 persons become infected with HIV and over 5700 persons die from AIDS globally, mostly because of inadequate access to HIV prevention and treatment services.

In Ghana, compared with other African countries the HIV prevalence is low (2.7%), knowledge about the disease is high, and in 2007 the HIV and AIDS infected population was estimated at 312,030. The Ghana National AIDS/STI Control Programme provides treatment, care and support services as well as vital surveillance data. Dodowa as the district capital of the Dangme West District has no hospital nor HIV/AIDS facility but a long history of referring suspected AIDS patients to other district hospitals near by. Since the new facility was established early in 2008, patronage had been very poor and factors affecting this problem have not been fully investigated.

Objectives

The general objective of the study was to examine community perception of VCT and how this influences utilization of VCT services.

Methods

This was a cross sectional and descriptive study. It employed both qualitative and quantitative methods. Structured questionnaires were administered to a total of 200 males and females aged 15 years and above in 20 communities. The qualitative aspect of the study was carried out using In-depth interviews (IDIs), Focus Group Discussions (FGDs),

Non Participant Observation and Exit Interview. Quantitative data was processed and analyzed using EPIINFO version 3.41 software. Descriptive statistics were run as well as test for association such as chi-square and logistic regression.

For qualitative data, recorded interviews were transcribed, coded and analyzed manually.

Results

A total of 200 respondents made up of 90 males (45%) and 110 females (55%) participated in the quantitative aspect of the study. In the qualitative aspect of the study, four FGDs were done two female groups and two male groups with a maximum of eight in a group. Ten IDIs were also done.

- All the respondents interviewed had heard of HIV/AIDS.
- Regarding sources of information over eighty percent (89.5%) got the information from television programs.
- Knowledge on VCT was high as majority of respondents (83%) had heard about VCT.
- More than half of the respondents 88(53.0%) who had heard of VCT said they did not know VCT services were being offered in the Dodowa Health Centre. The young females who knew about the VCT services in Dodowa showed concern about the attitude of the nurses and would rather access VCT services outside the Dodowa sub-District.
- The majority (82.5%) mentioned that those diagnosed with HIV should be kept in isolation.

Conclusion

In spite of the level of awareness most of the respondents were not ready to do the HIV test due to fear of positive results and perception about VCT in general as it was perceived as psychological and emotional trauma when HIV status is ascertained. Moreover, awareness of VCT facilities was low (53%), this has affected patronage of the facilities.

Recommendation

- Intensive education must be done in the communities to explain the importance of HIV test.
- Community members should be made aware of the new VCT facility created for an integrated health service.
- Community members should be assured of privacy and confidentiality during VCT session.
- The health staff should be educated on how to keep confidential information to themselves and respect the privacy of the individual.
- Community sensitization should be intensified by the District Health Management Team (DHMT) in collaboration with the District Assembly.

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LIST OF ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
DDSS	Dodowa Demographic Surveillance System
DHMT	District Health Management Team
FGD	Focus Group Discussions
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
MOH	Ministry of Health
NACA	National Advisory Commission on AIDS
NACP	National STD AIDS Control Program
NGO	Non Governmental Organization
PMTCT	Prevention of Mother to Child Transmission
PLWHA	People Living With HIV and AIDS
STD	Sexually Transmitted Diseases
UNAIDS	United Nations AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

DEFINITION OF TERMS

AIDS - AIDS stands for **A**cquired **I**mmune **D**eficiency **S**yndrome. It is an illness that damages a person's ability to fight disease, leaving the body susceptible to ordinarily harmless infections and illnesses.

HIV - HIV stands for **H**uman **I**mmunodeficiency **V**irus. HIV infects certain types of white blood cells which are the cells in the immune system that normally protect us from disease. By damaging and killing the protective cells, HIV weakens the immune system.

VCT – Voluntary Counseling and Testing is the process by which an individual or couples undergo counseling to enable them make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual/s who must be assured that the process will be confidential.

STD – STD stand for Sexually Transmitted Disease and is caused by the herpes simplex viruses type 1 (HSV-1) or type 2 (HSV-2). Most genital herpes is caused by HSV-2. Most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection. When signs do occur, they typically appear as one or more blisters on or around the genitals or rectum.

STIGMA - is a social practice that brands an individual or group as disgraceful and devalues them because of some actual or perceived characteristic.

FGM - Female Genital Mutilation comprises all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.

DIPO – is a ceremony performed by the Krobo that marks the entry of young girls into adulthood.

CHAPTER 1 - INTRODUCTION

1.1 Background

According to UNAIDS/WHO (2007 Update), globally every day, over 6800 persons become infected with HIV and over 5700 persons die from AIDS, globally. This is due mostly because of inadequate access to HIV prevention and treatment services. The HIV pandemic remains the most serious of infectious disease challenges to public health (UNAIDS/WHO 2007 Update). The latest data, for example indicate that between 540,000 and 760,000 people are infected with HIV in China, with 70,000 new HIV infections occurring in 2005 alone. The estimated overall prevalence of HIV is 0.05%, and at the end of 2005, there were 75,000 people living with AIDS in that country. At the global level, the number of people living with HIV grew from 35 million in 2001 to 38 million in 2003.

In 2003, almost 3 million were killed by AIDS; over 20 million have died since the first cases of AIDS were identified in 1981. Despite increased funding, political commitment and progress in expanding access to HIV treatment, the AIDS epidemic continues to outpace the global response (Wanxiag et al, 2007). No region of the world has been spared. The epidemic remains extremely dynamic, growing and changing character as the virus exploits new opportunities for transmission. (Wanxiag et al, 2007).

Sub-Saharan Africa remains the most seriously affected region; AIDS remains one of the leading causes of death in the sub-region. The estimated number of persons living with HIV is 33.2 million (UNAIDS 2007).

Ghana has also not been left out of this situation, even though the HIV prevalence is low, the HIV and AIDS population in 2007 was estimated at 312,030 comprising 247,220 adults and 19,631 children (HIV Sentinel Survey Report 2007). Ghana has responded optimistically to HIV/AIDS and has developed a second National Strategic Framework (NSF II) 2006 – 2010 to guide the vastly expanding effort to deal with the epidemic.

Voluntary Counseling and Testing (VCT) is the process by which an individual undergoes counseling to enable him or her make an informed choice about being tested for HIV (Baiden et al 2005). VCT could be used to fight the spread of HIV/AIDS in the world. China for example, is using VCT in one of its states called Hubei to get information about HIV status and the difference in STDs and HIV population. People who know their HIV status are more careful in maintaining their status if they know that they are not positive (Wenxiang et al 2007). Wenxiang et al, state that since the VCT started in Hubei, the epidemic is reducing year after year and conclude that it is good for governments and policy makers to guard against AIDS and by providing policy-making basis to further promote VCT.

With limited resources, developing countries in sub-Saharan Africa find prevention strategies the most effective and realistic way to combat the epidemic (Ashford, 2001).

The basis for introducing VCT in most programs in Africa is to fight AIDS. This new programs for prevention have developed throughout the world, with VCT quickly emerging as a critical part of any national prevention program.

In her quest to fight and control the spread of the disease, Ghana has equipped the health sector with appropriate tools to enable it respond to HIV/AIDS. The National AIDS/STI Control Programme provides treatment, care and support services as well as vital surveillance data. As at the end of 2007, 95 antiretroviral therapy and 422 prevention from mother to child transmission (PMTCT/VCT) sites have been established (HIV Sentinel Survey Report 2007).

Dodowa, the capital of Dangme West District has no district hospital, HIV/AIDS facility but has a long history of referring patients to other district hospitals near by. In 2007 a new VCT centre was established in response to the HIV/AIDS situation in the District. However, so far patronage has been very poor.

1.2 Statement of the Problem

Member states of the United Nations agreed and signed on the Millennium Development goals (MDGs) and set eight important, time bound goals ranging from reducing poverty by half to combating HIV/AIDS, Malaria and other diseases. It was against this backdrop that Ghana is adopting a major strategy by introducing VCT in all districts. The

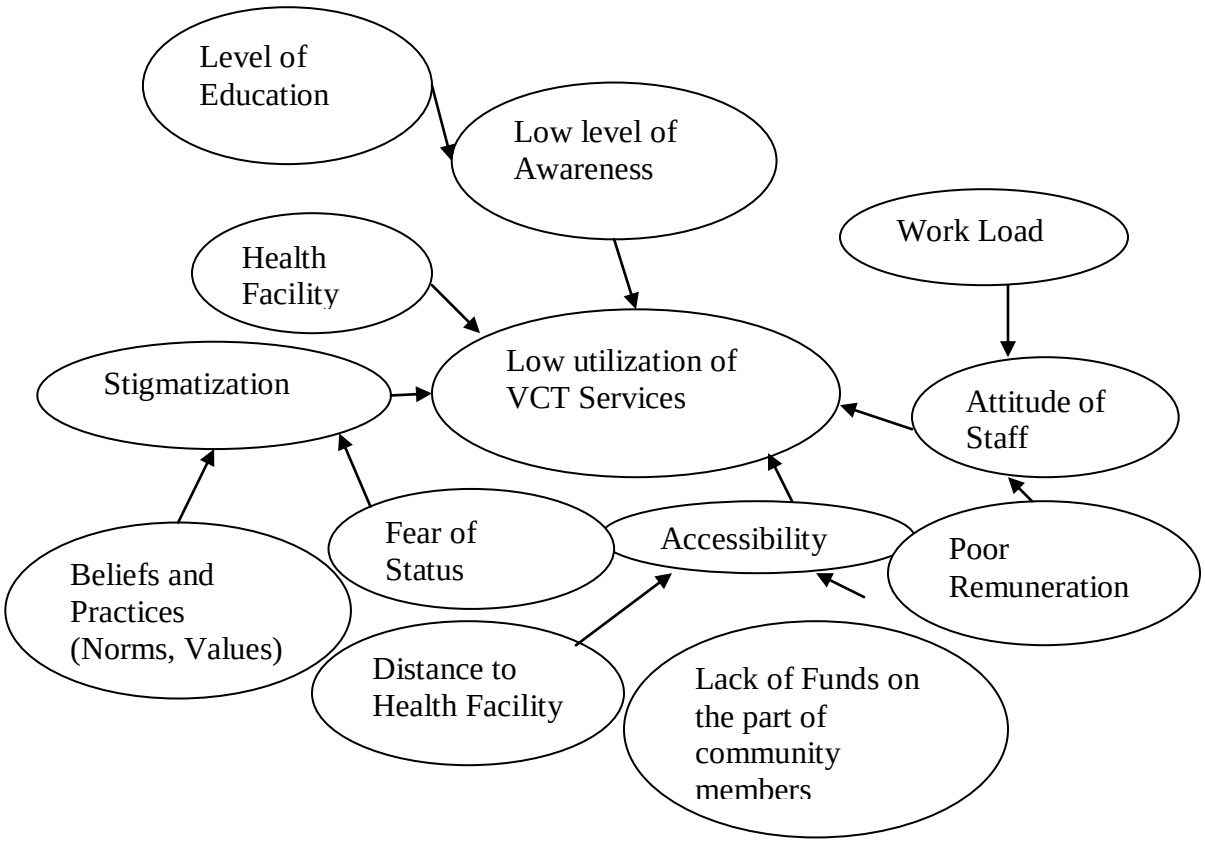
government of Ghana through the Ministry of Health is encouraging pregnant women to access VCT as a form of preventing mother to child transmission of the disease.

Due to lack of a hospital and a VCT centre in the Dangme West District, most people used to go to neighbouring districts for VCT when they realize their health condition is not getting better. Some clients are also referred by prescribers to nearby hospitals of their choice when they are seen not to be responding to treatment and the health provider suspects that the client may be infected with HIV. Often, the clients after receiving VCT services in hospitals outside the district do not go back to the district facility from which they were referred for a feedback on their conditions. In view of this, the district did not have any records on HIV prevalence until in 2003 when a study was undertaken to collect data from surrounding district hospitals. The retrospective study involving three out of six hospitals outside Dangme West District recorded a total of five hundred and ten (510) cases reporting from Dangme West District between 1998 and 2002. (Anarfi et al 2003). From the study, it was realized that some clients reporting at the hospitals do not give the right addresses making it difficult for them to be followed.

In 2007, the Dodowa Health Centre started offering VCT services and between March and October the same year it recorded a total of seven hundred and three (703) counseled cases. Out of the number, only four hundred and fourteen (414) (59%) opted to be tested. Out of the 414 tested, 20 (4.8%) proved positive. Comparing figures of who utilize the facility to the total mid year population of 37,272 in 2007, it could be said that there is low utilization of the facility.

There could be many contributing factors leading to the low utilization of the facility. Some of the factors could be lack of information on the part of the community members; stigmatization; attitude of health staff; cultural beliefs and practices. But the extent to which these factors discourage community members from utilizing the facility was not clear. This is shown in figure 1. Therefore, the need to study these and other factors that contribute to low utilization of VCT in the health centre.

Figure 1: Problem Analysis Diagram Depicting Community Poor Perception on VCT Usage



1.3 Justification for the Study

VCT is an important step in the development of a comprehensive package of HIV/AIDS services; it is an effective strategy for reducing risk behaviors among individuals at risk for HIV/AIDS. Counseling is supposed to include a discussion of medical and lifestyle issues grounded on individual's concerns, fears and values related to reproductive and sexual health.

The HIV/AIDS surveillance results (2005) point to a stabilizing epidemic in Ghana. This has been achieved partly with the introduction of VCT facilities in all the district capitals in Ghana. Compared with other sub Saharan countries, the HIV/AIDS prevalence in the country has remained low at 2.7% (Ghana AIDS Commission 2007).

The VCT center in Dodowa sub-district has been operational for about a year now and with the low utilization there is the need to know the perception of the community members on VCT and how this influences utilization. It will also help the District Health Management Team (DHMT) to know the level of awareness of the availability of VCT services at the clinic in order to intensify their anti-HIV/AIDS program.

1.4 Objectives

1.4.1 General Objective

The general objective of the study was to examine community perception of VCT and how this influences utilization of the services.

1.4.2 Specific objectives

The specific objectives were:

1. To determine the knowledge of HIV/AIDS among community members in Dodowa Sub-District.
2. To determine the knowledge of VCT among community members in Dodowa sub-District.
3. To explore community members' perception and attitude towards VCT
4. To identify factors that influences the use of VCT services in the sib-district.

CHAPTER 2 - LITERATURE REVIEW

2.1 Global Situation

HIV remains a global health problem of unprecedented dimensions. Known 27 years ago, HIV has already caused an estimated 25 million deaths worldwide and has generated profound demographic changes in the most heavily affected countries (UNAIDS, 2008). In 2007 there were 2.7 million new HIV infections and 2 million HIV-related deaths.

The rate of new HIV infections has fallen in several countries, but globally these favorable trends are at least partially offset by increases in new infections in other countries. In 14 of 17 African countries with adequate survey data, the percentage of young pregnant women (ages 15–24) who are living with HIV has declined between 2000-2001. In 7 countries, the drop in infections has equaled or exceeded the 25% target decline for 2010 in the Declaration of Commitment (UNAIDS, 2008).

As treatment and access increased over the last ten years the annual number of AIDS deaths has fallen. Sub-Saharan Africa remains the region most heavily affected by HIV, accounting for 67% of all people living with HIV and for 75% of AIDS deaths in 2007. However, some of the most worrisome increases in new infections are now occurring in populous countries in other regions, such as Indonesia, the Russian Federation, and various high-income countries. Globally, the percentage of women among people living

with HIV has remained stable (at 50%) for several years, although women's share of infections is increasing in several countries. In most cases HIV affect people who inject themselves with drugs, men who sleep with men and sex workers (UNAIDS 2008).

2.2 HIV/AIDS in Sub-Saharan Africa

HIV/AIDS has killed about 25 million people since it was first recognized in 1981, making it one of the most destructive epidemics in recorded history (UNAIDS 2005). Sub-Saharan Africa remains the most seriously affected region with AIDS being the leading cause of death. The estimated number of persons living with HIV in Africa is 33.2 million (UNAIDS 2007).

There are many factors that contribute to the ever increasing rate of the epidemic in sub-Saharan Africa. This is mostly due to socio-cultural practices and the life style of people (Ashford 2001). Despite the availability of information and I think high knowledge on the AIDS pandemic, people are still not changing their behavior.

Culturally, most African countries practice polygyny, increasing the probability of diseases increasing exponentially (Mamimine et al, 2007). In addition, there is a danger that if the husband cannot satisfy the wives, they will be tempted to look for sex outside of the marriage according to Mamimine et al, (2007). One of the partners may be infected and this will increase the risk of contracting and spreading of HIV. Hence, infidelity has

become one of the most important factors in the transmission of HIV/AIDS (Mamimine et al, 2007).

Wife inheritance is one of the traditional practices of some countries that promote the spread of HIV/AIDS. In several African countries like Kenya, Swaziland and Zimbabwe, when a man dies his wife automatically becomes the possession of his brothers, along with his cattle, house and land (Mamimine 2007).Traditional healers play an important role in the African setting. About 80% of Africans are estimated to consult traditional healers when they are confronted with health problems, family dispute, fertility problems, etc. Many people combine the services of traditional healers and local health centers. Traditional healers play significant role in the health sector (WHO, 2005). In spite of their crucial role, in South Africa, there was information allegedly disseminated by some traditional healers that if an HIV/AIDS patient sleeps with a virgin he will be healed. This belief has contributed to the abuse of young children and the spread of the epidemic in that country (Berner-Rodoreda, 2006).

2.3 HIV/AIDS in Ghana

In Ghana, although the HIV prevalence is low (2.5%), HIV is steadfastly recognized in the entire general public. The HIV and AIDS population in 2007 was projected at 312,030 people comprising 247,220 adults and 19,631 being children with a increasing death of 147,357 (HIV Sentinel Survey Report 2007). There are variations in the regions of Ghana. The prevalence level ranged from 1.7% in the Northern region to 4.2% in the Eastern region. Six of the regions (Western, Upper West, Greater Accra, Ashanti, Brong

Ahafo and Eastern) had above 3% whiles (Northern, Volta, Upper East, and Central) were below 3% (HIV Sentinel Survey Report 2007). There are some cultural practices that might have contributed to the spread of HIV; there are polygyanous marriages in Ghana and also wife inheritance. There are others like Female Genital Mutilation (FGM). Even though there has been a ban on some of these practices, there are anecdotal evidence that the women from the northern parts of Ghana cross into Burkina Faso with their children for the FGM practice. Apart from such practices there are other practices which occur during funeral celebrations; some people engage in sex without any protection, especially under the influence of alcohol. To curb such practices the Government of Ghana in collaboration with Ghana Aids Commission has a Programme of Work to reduce the spread of HIV and also established centers for treatment for HIV/AIDS patients. It has also targeted certain group of people for behavioral change through information, education and communication.

The implementation of the 2007 Programme of Work (POW) marks the second year of the implementation of the 5-year POW for the national response and has a focus on priority populations (HIV/AIDS GAC 2007). The annual POW was designed to empower PLWHA and protecting their rights through enforced legislation, scaling up of collaborative AIDS/TB treatment, prevention and treatment of opportunistic infections, PMTCT, VCT at all district health facilities and condom distribution services throughout the country for key target groups.

2.4 Knowledge of HIV/AIDS

2.4.1 HIV/AIDS Awareness in Ghana

According Ghana Demographic Health Survey (GDHS), (1998) 97% of men and 99% of women had heard of AIDS. Nevertheless, it is believed that people of the three Northern regions; Upper West and East and the Northern region were less likely to have heard of AIDS than those in other regions. The source of information about HIV/AIDS was on the electronic media.

2.4.2 Knowledge of HIV/AIDS Prevention

The 1998 GDHS, stated that majority of Ghanaians know that having only one sexual partner is a way of avoiding the disease. They also mentioned avoiding the usage of infected sharp objects. Condom usage was mentioned as another way of avoiding contracting HIV/AIDS.

2.5 VCT as A Preventive Measure

Voluntary counseling and testing (VCT) for HIV allows individuals to determine their HIV status and serve as a gateway for both HIV prevention and early access to treatment, care and support. Identifying factors associated with VCT acceptance among different professional and community groups is essential in promoting the service (Mengesha et al, 2006).

Studies have demonstrated that VCT is effective in promoting sexual behavior change in people attending VCT centers, but few studies have specifically looked at young people access to information on VCT (Gaydosh, 2007). The traditional model of voluntary counseling and testing which is being implemented in many places with excellent results require significant commitments in terms of time, resources, infrastructure and trained staff. One-on-one counseling and the time required to provide this are possible disincentives for people who wish to be tested on a more routine and perhaps less conspicuous basis. Young people in particular may not have adequate access to HIV testing and counseling services (WHO 2002). Innovative services should now be expanded to provide for them and to overcome the legal and cultural obstacles to testing and counseling they face. At the same time, in both high-prevalence and low-prevalence settings it is recommended that testing and counseling be offered as a priority service to all those considered to be at high risk of HIV infection, especially to vulnerable and marginalized populations such as injecting drug users, and men who have sex with men (WHO 2002)

HIV voluntary counseling and testing is an essential tool for prevention, care and support for those infected. VCT has the following benefits:

- Eases acceptance of ones status and coping.
- Facilitates behavioral change.
- Reduces mother to child transmission of HIV
- Promotes early management of opportunistic infections and STIs.
- Enables preventive therapy and contraceptive advice

- Facilitates referral to social and peer support
- Normalizes HIV/AIDS and reduces stigma
- Promotes planning for future orphan care and will preparation (UNAIDS 2002).

In addition, mandatory screening for HIV except for the screening of blood and blood products for HIV, is not supported by UNAIDS. The International Guidelines on HIV/AIDS and Human Rights, advises against mandatory HIV testing on both public health and human rights grounds (UNAIDS 1998). The World Health Assembly resolved that there was no public health rationale for any measures that limit the rights of the individual, notably measures establishing mandatory (HIV) screening (WHO 1992).

2.5.1 Barriers That Impede VCT

Despite the measures put in place as a guide, there are obstacles that hinder the smooth services of VCT in communities. A study done in Tanzania shows that women in particular lack autonomy to make decisions about HIV testing. Male and female informants frequently referred to the need for women to "seek permission" from partners prior to testing. Men, on the contrary, generally made the decision to test on their own without soliciting prior consent. Most women in the study thought about testing for at least a month prior to actually seeking services (http//www.popcouncil.org/pdf/Absdtractbook2005pdf).

Disclosure to partners by HIV-positive women has increased over time but is still significantly less than that for HIV-negative women. During a VCT study conducted in the mid-1990s, in Tanzania, only 27 percent of HIV-positive women who were tested as individuals disclosed their test results to a partner within six months after being tested. The study showed 64 percent of HIV-positive women who enrolled as individuals shared test results with a partner within three months of testing. While the figure for disclosure among HIV-positive women is high, it is significantly lower than the 83 percent of HIV-negative women in the study sample who disclosed their test results to a partner. Overall the major reason for non-disclosure (52 percent) among all women, regardless of HIV serostatus, is fear of the partner's reaction, principally fear of abuse or abandonment (Maman et al 2005)(http//www.popcouncil.org/pdf/Absdtract book2005pdf).

Further more, various studies undertaken in Ethiopia showed majority of the respondents feared the results being HIV positive and fear of stigma were some of the some of the reasons why people are not seeking VCT services. In another study it was shown that having an educational status of secondary school and above, being female and being Christian were associated with willingness to take VCT (Mengesha et al, 2006). The issue of availability of ART became a factor as most of the respondents were willing to do the test if there was ART at the centre (Mengesha et al, 2006).

2.5.2 VCT in Ghana

According to WHO policy statement (2004), access to HIV testing and counseling is very low. It is only about 10 percent of those who need VCT are in low and middle income countries. Even in settings in which voluntary counseling and testing is routinely offered, (such as programs for prevention of mother-to child transmission), the number of people who avail themselves of these services remains low in many countries. The reality is that stigma and discrimination continue to prevent people from having an HIV test. To address this, the cornerstones of HIV testing scale-up must include improved protection from stigma and discrimination as well as assured access to integrated prevention, treatment and care services. Also every medical record, whether or not they entail HIV-related information, should be managed in accordance with proper standards of confidentiality. Only health-care professionals with a direct role in the management of patients or clients should have access to such records, and only on a "need-to-know" basis (WHO 2002)

Ghana was among the first countries in West African sub-region that recognized the danger posed by HIV/AIDS and took a decisive step to control its spread. By December 2000, the Ministry of Health (MOH) had recorded a total of 48,771 AIDS cases since the first official case was recorded in Ghana in 1986.This means that on the average, the country has been recording about 3,100 AIDS cases annually since 1986 (Anarfi et al 2004).

The Government of Ghana has responded positively to the situation by creating an enabling environment through the promulgation of policies and the establishment of

institutions to deal with the pandemic. The earliest national response was the establishment of the National Advisory Commission on AIDS (NACA); the government established the National STD/AIDS Control Program (NACP) under the Ministry of Health's Diseases Control Unit to be responsible for issues relating to HIV/AIDS (Anarfi et al 2004). In 2000 a National HIV/AIDS and STI Policy and Framework were developed (Akwara et al 2005). As part of the program, the Ghana AIDS Commission was established under the office of the Vice President (Anarfi et al 2004).

A number of non-governmental organizations (NGO) and community-based organizations (CBOs) have also been working in partnership with donors to bring HIV/AIDS control and prevention program closer to people. These include the Christian Health Association of Ghana (GHAG), Care International, Action Aid and Stop the Killer AIDS. (Anarfi et al 2004). The government has had promotion on awareness of sexually transmitted diseases (STDs) and HIV/AIDS since 1986, so information of HIV issue is high, but behavior changes are not yet evident (Mayhew. 2006). The National AIDS Policy has remained in draft since 1996; HIV surveillance sites are functioning but STD surveillance is almost nonexistent. STDs are reported neither by the Ministry's Reproductive and Child Health Unit nor by the National AIDS Control Program. (Mayhew. 2006)

Ghana with the help of some NGOs and development partners like the Department for International Development established VCT centers in 2002 in some districts like Manya Krobo and Yilo Krobo (START report 2006). Since then more VCT centers have been

established at regional and district levels and also in many health facilities in Ghana. In Dodowa Sub district, VCT started in 2007 at the Dodowa Health Centre which at the moment is undergoing structural changes to be upgraded to a District Hospital.

CHAPTER 3 – METHODOLOGY

3.1 Type of Study

This was a cross sectional and descriptive study. It employed both qualitative and quantitative methods. The quantitative aspect of the study was carried out among community members. The qualitative aspect which consisted of in-depth interviews (IDIs), focus group discussions (FGDs), non participant observation, exit interview and informal discussion were also carried out among opinion leaders, various group leaders (women's groups, youth groups etc) and health providers.

3.2 Study Location/Area

The study was carried out in Dodowa sub-District of the Dangme West District in the Greater Accra Region where the only facility delivering VCT services in the district is located. The mid-year district population is estimated to be 130,864. The district lies in the coastal savanna and is occupied predominantly by people of Ga-Adangme ethnic group. The Ga-Adangmes who inhabit the Dangme West District are divided into the Shai, the Osudoku, the Ningo and the Prampram sub-groups. The coastal inhabitants are predominantly fishermen and fishmongers and the inland inhabitants are predominantly subsistence farmers who use traditional non-mechanized and labor intensive farming techniques. Cattle rearing are also common in the district.

Dodowa sub district is one of the inland areas of the district. The inhabitants are subsistence farmers. The Dodowa town, located in the sub-district, is the district capital and one of the largest communities in the district with an estimated population of 36,272. Dodowa has about 20 communities with several leaders. Traditional customs such as the observation of one special day of rest from farming is still respected in many of the communities. Similarly traditional rituals such as the "Dipo" (Puberty) rites are still observed by many households.

3.3 Study Population

Community members, 15 years and above formed the sample frame for the study. Health workers and, community leaders were selected to participate in the qualitative aspect of the study.

3.4 Sample Size

The sample size for the quantitative survey was calculated using EPIINFO version 3.41 software. The population of Dodowa sub-district is about 37,272 and since the knowledge level of VCT was not known, a proportion of 50% was assumed. Using a 95% confidence interval and a worse acceptable level of 40%, the minimum sample size was estimated at 165. Hence 200 respondents were recruited to cater for non response.

3.5 Sampling Method

All respondents in the survey were selected randomly from the Dodowa Demographic Surveillance System (DDSS). Lists of all house numbers in the communities were compiled and a simple random sampling was used in selecting the sample of 200 houses in 20 communities. A sample of 10 houses from the community was randomly selected from each of the twenty communities. In each house, one available household member, aged 15 years and above was interviewed. The District Health Management Team (DHMT) was contacted to assist in identifying the health workers for the IDIs and assemblymen in the communities helped in selecting the participants for the FGDs.

3.6 Data Collection Techniques/Methods and Tools

A cross sectional survey was conducted using a structured questionnaire administered to a total of 200 males and females in the 20 communities.

The qualitative aspect of the study was carried out using IDIs, FGDs, Non Participant Observation and Exit Interview. The target population was married men and women, female and male youth, community leaders and Health workers. FGDs were conducted to assess knowledge on HIV/AIDS and VCT, and also to solicit information on perception and factors affecting utilizations of the services by married men and women, and the youth in the communities. IDIs were conducted to solicit information on privacy and confidentiality, and issues on how many clients visit the clinic a day. Non participant

observation and exit interviews were conducted with clients who visited the health centre for service. This was done to explore their perception on services offered at the facility.

3.7 Quality Control

A Five day training session was conducted for data collectors to take them through the data collection tools as well as some ethics of data collection. The training was focused more on translations and role plays since the interviews were conducted in the local languages. A pretest was carried out by data collectors after the training before finalizing the data collection tools.

All completed questionnaires were checked and edited on the field to allow easy corrections in the field. Completed questionnaires were doubled checked before data entry to resolve all queries. Unique study identification numbers were also assigned to each of the questionnaires before submitting them for data entry. Checks were developed into data entry system to minimize errors during data entry. There was double entry of questionnaires to ensure data quality. Validation was run at the end of data entry to ensure consistencies. In the data analysis stage, data checking were done to resolve any inconsistencies.

For the qualitative aspect, all FGDs, IDIs, Non Participant Observation and Exit Interview had a note taker and an observer to take down non-verbal communications and

to ensure that all participants were actively involved in the discussions. Tapes for IDIs, FGDs, and Exit Interview were transcribed verbatim.

3.8 Data Processing and Analysis

The structured questionnaires were processed and analyzed using EPIINFO version 3.41 software. Descriptive statistics were used in the analysis as well as cross-tabulations. Test for association such as chi-square were also done to determine the association between knowledge of VCT and sex. Further analysis such as logistic regression was also done to determine association between knowledge of VCT and factors such as educational status. For the qualitative data, recorded interviews were transcribed, coded and analyzed manually. Analyses were done using a matrix with FGD, IDI, Non Participant Observation and Exit Interviews. Common themes emerging in the matrix were collated and summarized. These themes were later regrouped and further summarized into concise issues related to the objectives of the study.

3.9. Ethical Considerations

The study had approval from the Ghana Health Service Ethical Committee. Consent was sought from the respondents and participation was confirmed only when voluntary consent had been obtained. Confidentiality and privacy were assured and where a tape recorder was used, participants were assured that the tapes would be destroyed after the

study. Community approval was sought from Assembly men and community elders. The DHMT gave the final approval before the study was conducted.

CHAPTER 4 - RESULTS

The results are triangulated and presented under sub-headings which depict the major themes explored in the study. They are presented in the following order: (a) Demographic characteristics of respondents; (b) Community knowledge of HIV/AIDS (c) Community knowledge of VCT (d) Community perception and attitude towards VCT (e) Factors that influence the use of VCT services.

4.1 Demographic Characteristics of Respondents

4.1.1 Age and Sex of Respondents

Table 1 below shows the age and sex of respondents. A total of 200 respondents were included in the quantitative aspect of the study. Of the 200 respondents 90(45%) were males and 110(55%) were females. The age range of the respondents was between 15 and 58 years old with a mean age of 27years for both male and female respondents. A little over a quarter of the respondents were within the age group 20-24 years, 55 (27.5%) followed by 25-29 years, 45 (22.5%) and 15-19 years 41(20.5%). Only 2 (1.0%) of the respondents were above 55 years. The age distribution of male respondents was similar to that of the females ($\chi^2_{(5)}$ =1.278, P-value=0.937).

Table 1: Age and Sex of Respondents

Categories	Frequency No. (%)
Sex	
Male	90(45.0)
Female	110(55.0)
Total	**200 (100.0)**
Age Group	
15-19	41(20.5)
20-24	55(27.5)
25-29	45(22.5)
30-34	25(12.5)
35-39	13(6.5)
40-44	9(4.5)
45-49	4(2.0)
50-54	6(3.0)
55+	2(1.0)
Total	**200 (100.0)**

4.1.2 Marital Status of Respondents

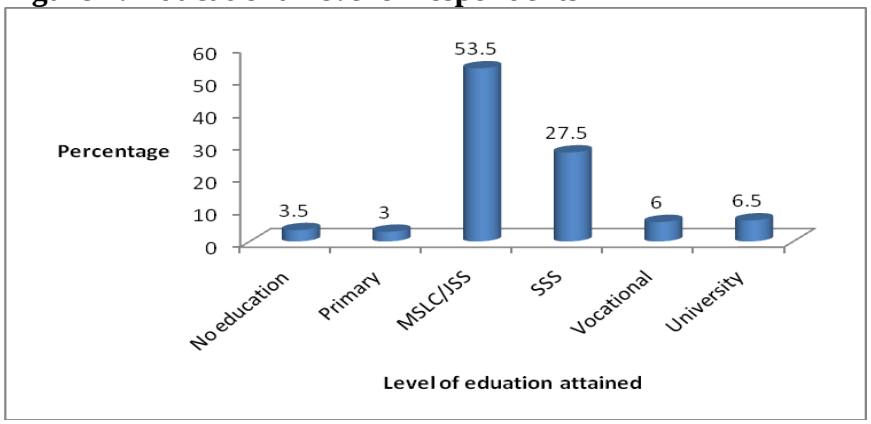
Most of the respondents were single 122 (61.0%), followed by married 71(35.5%) and divorced or separated 4(2.0%). Only 3 of the respondents were cohabitating. This trend was different among the qualitative study participants where majority were married and a few being single.

4.1.3 Educational Level of Respondents

Figure 1 below demonstrates the level of education attained by respondents. A little over fifty percent 107(53.5%) had attained JHS/Middle School education. The rest were Senior High School (SSS) 55(27.5%), University 13(6.5%), Vocational 12(6.0%) and

Primary 6(3.0%).Only 7(3.5%) had no education. It was observed in this data that there was a slight difference between the levels of education attained by male respondents as compared to the females. However, this difference was seen to have a weak statistical significance. ($\chi^2_{(7)}$=13.859, P-value=0.054).

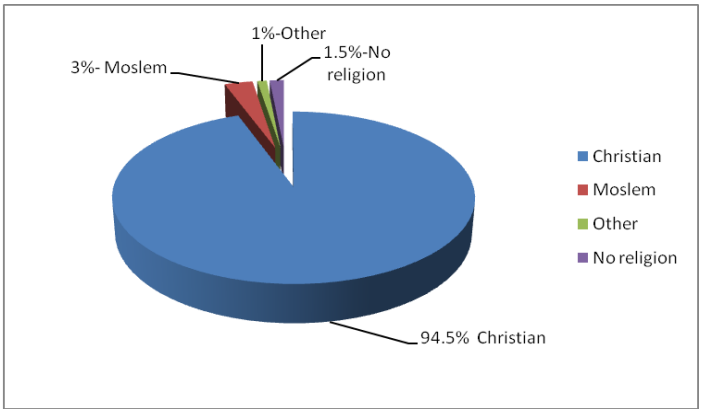
Figure 2: Educational level of respondents



4.1.4 Religious Background of Respondents

Figure 2 depicts the religious affiliation of respondents in the study. Respondents interviewed were predominantly Christians 189 (94.5%). This was followed by Moslems 6(3.0%). Only 3(1.5%) did not belong to any religion.

Figure 3: Respondents by Religion



4.1.5 Occupational Status of Respondents

As indicated in table 2, the majority of the respondents 61 (30.5%) were students. They were followed by traders 54 (27%), artisans 39 (19.5%), farmers 15 (7.5%) and Salaried workers 0 (5.0%). Respondents who were unemployed constituted 16(8.0%).

Table 2: Occupation of Respondents

Occupation	
Farmer	15 (7.5)
Salaried worker	10 (5.0)
Student	61 (30.5)
Unemployed	16 (8.0)
Trader	54 (27.0)
Artisans	39 (19.5)
Other	5 (2.5)
Total	**200 (100.5)**

4.1.6 Characteristics of Qualitative Study Participants

The demographic characteristics of participants of qualitative study were also ascertained. The female participants were aged between 17-55 years whilst male participants were aged between 15-40 years. Almost all the participants were married with few being single. All the participants were Christians and had attained some level of education.

4.2 Community Knowledge of HIV/AIDS

All respondents interviewed had heard of HIV/AIDS, 200(100%). Regarding sources of information on HIV/AIDS, almost ninety percent 179(89.5%) had heard of it from the television and radio, whilst 43(21.5%) mentioned their source of information as: school, hospital, and clinic. Just about 13.5% read about HIV/AIDS in the newspapers and 11% said they heard about it from friends (See figure 3).

Figure 4: **Source of HIV/AIDS information by respondents**

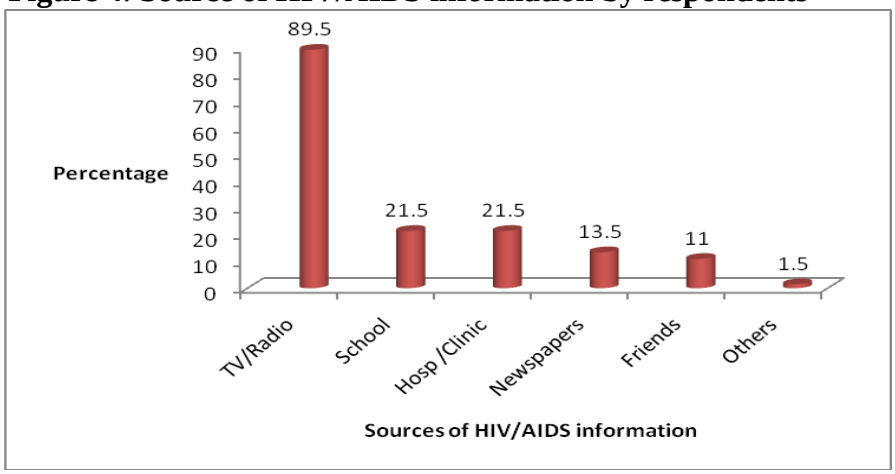


Table 3: Perception about HIV and Mode of Transmission

Knowledge about HIV/AIDS		
Responses	**Number**	**Percentage**
HIV/AIDS has no cure	114	57.0%
HIV is transmitted through sex	119	59.5%
Knowledge of HIV Transmission		
Responses	**Number**	**Percentage**
Unprotected sex	197	98.5%
Sharing infected razor	166	83.0%
Receiving Contaminated blood	40	20.0%
Mother to Child	39	19.5%
Sharing of unsterilised hypodermic needles	32	16.0%
Others	5	2.5%

Table 3 above shows what information community members had about the disease and its mode of transmission. Almost a sixth 119 (59.5%) of the respondents said they heard that HIV/AIDS is transmitted through sex. A significant number also knew that the disease has no cure 114(57.0%). These survey findings were confirmed by the focal person for HIV/AIDS at the District Assembly during an in-depth interview (IDI) with her. She mentioned that the district in collaboration with some Community Based Organizations (CBOs) and the Dodowa Health Centre staff organize outreach programs to educate community members through film shows. She further said:

> *"I will say awareness is high because there has been a lot of education on HIV/AIDS in the communities. We have had Community based organization in the district and what they do is to carry out film shows in the communities and the various schools to educate them."*

On ways of contracting HIV, the majority (98.5%) of respondents mentioned that it was contracted as a result of engaging in unprotected sex, followed by sharing infected razor blades with an HIV infected person 166(83%). Receiving contaminated blood and mother to child transmission, sharing of unsterilised hypodermic needles were also mentioned by 40(20.0%), 39(19.5%) and 32(16.05) of the respondents, respectively. Similar views were shared by participants during the focus group discussions. Some of these are quoted below.

*"I know HIV is transmitted through unprotected sex, secondly through the use of already used infected sharp edges like blades and through lab tests and blood transfusion at hospitals or operations at theaters where surgical blades are used and mistakenly cuts the nurse or used for other people. (**FGD, Married man Kpankpo**)".*

"I may stay at home as a woman but the man (husband) will go and have unprotected sex with women and be infected and transmit it to me. Also if an infected person uses blade and it cuts him or her and you also use it and it cuts you, you may get it
(FGD, Married Woman Wedokum)".

4.3 Knowledge of VCT

Table 4 shows responses regarding voluntary counseling and testing. The majority of the respondents 166(83%) had heard of VCT whilst less than twenty percent (17%) had never heard of VCT. More than half of these respondents 93(56.0%) were females and 73(44.0%) were males. There was no statistically significant difference between the

males and females regarding their knowledge on VCT.($\chi^2_{(1)}$=0.414, P-value=0.520). Of those who had heard about VCT, 139(83.7%) knew where VCT services could be obtained in Ghana. A few 26(15.7%) indicated that they did not know where to obtain VCT in Ghana. The odd of knowing about VCT was about 17 times more if one had attained any level of education than one with no education. This was observed to be highly statistically significant. (OR=17.57, 95%CI 3.38- 91.47, P-value=0.001)

During focus group discussion (FGDs) and in-depth interview (IDI) with the male youth and one male community leader (youth leader) respectively, they mentioned that they had heard of VCT and knew what it was: going through voluntary counseling and education at the hospital then a blood sample is taken to the laboratory to test if there are HIV/AIDS viruses in your system. In this regard two discussants mentioned this:

"It is a situation where you decide to go to the hospital and test to know your status, that is, to find out whether you have the virus or not and before the test is done you go through counseling. ***(FGD a male youth in Dodowa Lower)".***

"Before you know that you have the disease you have to do the test and this is done at the hospital where blood sample is taken to check if there is any virus in your system. You will go through counseling before and after the test. ***(IDI with a youth leader)".***

Table 4: Awareness of VCT by Respondents

Sex	Heard of VCT		Total
	Yes	No	
Male	73 (44.0%)	17 (50.0%)	90 (45.0%)
Female	93 (56.0%)	17 (50.0%)	110 (55.0%)
Total	**166 (83.0%)**	**34 (17.0%)**	**200 (100.0%)**

Table 5: Where to Obtain VCT in Ghana

Knowledge on where to Obtain VCT in Ghana		
Response	**Number**	**Percentage**
Yes	139	83.7%
No	26	15.7%
Don't Know	1	0.6%
Total	**166**	**100%**

4.4 Perception and Attitude Towards VCT

Over eighty percent (85.5%) of the respondents had never taken the HIV test. An in-depth interview with a male group leader attributed fear of early death to the reasons why most of the youth had not done the test. (See table 6)

Table 6: **Ever Done HIV/AIDS test by Respondents**

EVER DONE HIV/AIDS TEST		
Response	**Number**	**Percentage**
Yes	28	14%
No	171	85%
Don't know	1	0.5%
Total	**200**	**100**

In an in-depth interview a respondent said;
"I have not done it because I am afraid of the result, if it turns out to be positive I will be thinking about it and I will grow lean and as a result of that, early death". ***(IDI with a Youth leader)***

During the FGD, most of the discussants attributed fear of the result being positive as a reason for not going for the test. They believe they have more time to enjoy life and that

it is better if one does not know his status. Below are some of the responses from the FGD;

"I don't think I can do it because if I should do it and it is positive, may be I didn't get it through sex but through the use of already used blades. I can't stand it so I won't do it". ***(FGD male youth)***

'I am young and there are a lot of things that we do both good and bad. So if I should do it and it is positive I will be confused and that will destroy my life". ***(FGD female youth Dodowa Lower)***

"I think if you don't know it it's good because you will not think about it, I believe what kills the AIDS patients is the thinking, they think of the death and don't even know how to plan their will. If you don't know it is better". ***(FGD male youth Dodowa lower)***

However, out of those who said they had done the test before, few of them said they were asked to do it during antenatal visit at the clinic and some also mentioned that they were sick and had to do more test to know the type of sickness that was affecting them.

4.5 Factors Affecting VCT Services

4.5.1 Awareness of VCT Services

Table 7: **Awareness of VCT Services**

Awareness of VCT in Dodowa (N=166)		
Response	**Number**	**Percentage**
Yes	78	47.0%
No	88	53.0%
Total	**166**	**100**
Will you do the test in Dodowa (N=200)		
Response	**Number**	**Percentage**
Yes	134	67.0%
No	55	27.5%
Don't know	2	1.0%
No Response	9	4.5%

More than half of the respondents 88(53.0%) who had heard of VCT said they did not know VCT services were being offered in Dodowa Health Centre. However, 78(47.0%) were aware of the services (See table 7).

During the focus group discussions (FGDs), the male adults mentioned that they were not aware of such services in Dodowa Health Centre but they knew it was only done in the big hospitals such as Korle Bu Teaching Hospital, 37 Military Hospital, Tema General Hospital and Agomanya. On the contrary, the male youth were aware of the services in Dodowa. Most of them said they had friends who work there and they gave them information.

*"Most of our friends work as health extension workers in the clinic and they give us information. Apart from our friends, my mother told me about it. She said the test was done for pregnant women also……. (*Laughter and giggling from the group)……. *And anybody can go through the process to check his or her status.* ***(FGD male youth)".***

The entire female group said they were aware of VCT and mentioned the process that one has to go through before and after the test is done. Specifically one goes through counseling then a blood sample is taken to the laboratory for examination and after the result has been given one goes through counseling on how to lead a life without any infection. For example, a female youth said;

"*My sister had the courage to go on her own to do the test because her boyfriend had done it"….(*shout of her name by all the discussants and giggling among them, then she continued)…. *"She was also advised to do it by the boyfriend". (*They all clapped with some shouts of her name.)

On the issue of whether they would do the test in Dodowa Health Centre if asked to do so, more than sixty percent (67.0%) said they would do it at Dodowa, whilst over twenty percent (27.5%) said they would not. Some of the reasons mentioned for their unwillingness to do at Dodowa were given as follows:

- "Nurses cannot keep secrets" (50.9%)
- "The test is not necessary (32.7%)"

4.5.2 Attitude of Health Staff

Contrary to the views of the male group, most of the female youth said they would never do anything in Dodowa clinic because the health workers did not know how to talk to patients who visit them. A female discussant said she once visited the clinic because of ill health and the nurses yelled at the sight of her. This really deterred her from making any further visits to the clinic. She narrated the incident as follows:

*"I went to the clinic some day because of some problems I had. The moment the nurses saw me they started shouting on me that we should not come and worry them with pregnancy and that we want to know whether we are pregnant so that we will go and abort it. With this I cannot do any test there for them to insult me but at Omari clinic (*a private clinic in the District*) nobody knows me so they can tell anybody I don't care" .....(*Paused then she continued*)……. "If it should happen that I came to you to find out what is wrong with me and to find a solution, I don't expect you to be telling me those things and shouting on m. Do you think I will go there again"? 'No' (*One of them responded then she went on)**….** "I will spend millions to do it elsewhere. If the person should go and announce it, no one knows me there."* (Female discussant – Dodowa)

Some also said the staff at the clinic could not keep secrets and that Dodowa is a small community where everybody knows everybody and news spread fast. One male youth

said they had friends who work there and if it happened that the test turns out to be positive the entire community will hear it.

During an in-depth interview with one of the health workers, she mentioned a problem they had with one of the staff who could not keep the history of an HIV/AIDS patient confidential but made known the status of the patient to some community members and they could not follow her up. She said:

"I don't have confidence in some of the staff around. Apart from few who are working in the ART others cannot keep information to themselves. I don't know whether this is because they did not go through the training program with us. One incident happened. A client came to see us and she tested positive. The next day, our boss the medical officer, came to inform us that the patient is complaining that the information is in town and people know of her status. The client was able to identify the person who did that because she saw her hiding behind the window at that time but never occurred to her it was because of the test that was why she did that. I confronted her but the harm had already been done we lost that client. Who will come voluntarily if we the health workers cannot keep secret"? (Health worker-Dodowa).

This was confirmed by another staff interviewed who said the recovery ward was not ideal place for such services to ensure privacy and confidentiality. She also mentioned that patients' privacy and confidentiality had been taken care of since they moved to the new place.

The new place was named "My Place" which is an Integrated Health Service Centre. The services offered there are, Voluntary Counseling and Testing, Family Planning, Adolescent health, Breast examination, Cervical Cancer Screening and Sexually Transmitted Infections. Picture 1 below shows the picture of the Centre – "My Place"

Picture 1: New block for VCT, Dodowa (My Place)

The building is cited about ten meters from the main Accra-Dodowa-Somanya road on the premises of the health centre. Apart from privacy and confidentiality, satisfaction of service delivery came into question and the two medical staff could not confirm whether the patients were satisfied with service delivery. To be able to find out the confidentiality, privacy and satisfaction of the clients' a non participant observation was conducted and the researcher recorded the counseling session with permission from the client.

During the counseling session, it was observed that there was good rapport between the client and the health worker (counselor) as a result of the assurance of confidentiality. This made the client more relaxed to ask, as well as answer questions.

An interaction between a client and counselor has been captured in the box below:

VCT Pre-counseling Session

('D' represents the counselor and 'A' is the client.)

D: Madam you are welcome.
A: Thank you.
D: Please my name is D (Nurse)
A: My name is A (Client)
D: What has brought you here?
A: I heard that you do counseling and testing and that is why I'm here.
D: How do you understand it?
A: It means to find out or test for HIV
D: Yes, meaning you really know what you are coming here to do, that's what we are expecting that everyone will really understand in Ghana to know our status. Everything that we discuss here is very confidential and its between you and me.
A: Are you sure no one will hear about it.
D: Yes, its between you and me and no one else than the person I work with here, so please, kindly tell us what ever you know.
A: It is a dangerous disease which can be acquired through sex without a condom, and sharing blades with an infected person. You can also have AIDS through blood transfusion.
D: Where did you get all this information?
A: I sometimes read posters, watch TV and from people like you.
D: You have said it all, but let me also add a little. AIDS is caused by a virus called HIV, just like how malaria is. So it is the virus that brings the AIDS. This HIV destroys our immunity; this takes place when the virus stays in you for about 10 to 15 years. At this stage, any disease can affect you. You may "run", lose appetite, have rashes or boils and become very weak. Anyone having the HIV can go about his or her normal daily activities until it gets to that extent. What is needed, therefore, is for everybody to check and know his or her status because there are drugs to keep you strong.
A: Please, do you have some of these drugs here, and can I have a look at them after we have finished?
D: Yes, I will show them to you later, HIV can be transmitted through sex without condom as you said, and it can also be acquired by a baby when the pregnant mother is having it or through blood transfusion if the blood is not tested.
A: Is that thing still in existence?
D: Yes, because if you do not pass through the right procedure to get the blood it may affect the receiver if it is contaminated. The use of sharp instruments like blades, barbering machines, and then toothbrushes and the syringes we use for enemas are all not to be shared.
HIV cannot be acquired through shaking of hands, eating together, sleeping on the same bed, sharing of pens at work, etc., it can only be acquired through contact

	with blood. To avoid getting HIV, one must abstain from pre-marital sex. Counseling and testing should also be done before marriage. Those who are married should be faithful to each other and even so the condom should still be used.
A:	Do you sell condoms here?
D:	We sell some so you can buy when leaving, and do not use blades that have been used by others because you cannot tell if someone has the virus or not. Do you have any questions?
A:	Please, about what you said that even married women should use the condom. Don't you think it is rather making Ghanaian women promiscuous? I am asking this because a pastor preached on television that if a lady does not give sex to a man, she will not get a husband; and it difficult to refuse to have sex with a man whom you love.
D:	That is why I said if it is difficult for you to abstain, then you only have the condom as a choice. The most effective way of acquiring HIV is through unprotected sex. Are you married?
A:	Yes.
D:	For how long?
A:	Since 2005.
D:	Any children?
A:	No.
D:	So you definitely have sex with your husband, do you know whether he is HIV positive or not?
A:	For that, I do not know.
D:	Do you know that if he has HIV, you can also have it?
A:	Well, for now, he is travelled, but for about 3 years ago… well I can get it because you cannot trust a man.
D:	No, don't say that because it can happen through just a single means. Any of you can get and pass it on, so I will do the test for you.
A:	Do you conduct the test here or I have to go to the clinic?
D:	It is done here, and the results will be ready in about 30 minutes.
A:	Do you have any machine here?
D:	I will show all to you.
A:	Please, remember the drugs because I would like to know all that goes on.
D:	I will show everything to you, interpret the results (positive meaning you have the virus and negative meaning you do not have it), or have the test done somewhere else to be very sure. Two red lines appearing on this device means positive and one red line means negative. What will you do if it should be positive?
A:	I will not be happy but I don't have anything in mind to do.
D:	What if its negative?
A:	I don't have anything in mind to do. Is it painful?
D:	It's a sharp prick on the thumb, please you need to fill and sign a form of agreement and wait for little while. People keep talking about this disease and this is why this place has been set aside for the test. Can you please wait outside for a while?

During the pre-counseling interaction, a number of things were observed; the facial expression of the nurse was more of a friendly look which allowed the client to be in a relaxed mood. She used the local language for the client to understand the session very well. She also allowed the client to ask questions.

The room had a ceiling fan; there was no air conditioning that means the louvers were opened for natural air with curtains in place. Another important issue observed was the filing system. There was no cabinet to file the folders of the patients; they were in an open box and some on the table. This means everybody entering the room could access the folders.

At the end of the pre counseling session, the client was full of smiles. The next person who also came out had a broad smile on the face and this was before the results were mentioned to them.

During the exit interview, the two clients mentioned privacy and confidentiality as the areas they were assured of before the counseling took place and that they were satisfied with the service. One of the respondents said,

"I think the services here are okay and that you are alone in the room with the nurse no one sees you and no one hear what ever goes on there. They explain issues for you to understand and they allowed me to ask questions which are okay. They assured me of them being there for me. So I am okay with everything".

The two nurses in charge of the VCT believed there were more things to be done to ensure privacy and confidentiality of clients who visit the clinic for VCT and adherence

services. For example, they needed an office cabinet to keep folders in and an air conditioner so they could keep windows and doors closed to ensure nobody sees or hears whatever is happening in the counseling room.

4.5.3 Stigmatization

From table 8, 82.5% percent mentioned that people who were diagnosed with HIV should be kept in isolation whilst 2.5% mentioned that they should be cared for.

Table 8: **How Community would react to PLWH by respondents**

Community Reaction to PLWH		
Response	**Frequency**	**Percentage**
Kept in isolation	164	82.5%
Kept in hospital	2	1.0
Should be cared for	5	2.5%
Don't know	24	12.5%
No response	5	2.5%
Total	200	100%

During an IDI with the HIV/AIDS focal person at the Dangme West District Assembly, she mentioned stigma as the main problem in the district and it has affected VCT in the communities especially in Dodowa.

"There is an association of PLWHA in Dodowa sub-District. They have days that they meet but they always have problems of the meeting place because people go there to look at them and point finger at them in the community. In view of that their meeting days are not consistent".

CHAPTER 5 - DISCUSSION

This study assessed the perception on VCT in twenty (20) communities in Dodowa Sub-district. From the findings of the study, it was observed that all the respondents (100%) interviewed had heard of HIV/AIDS. This corroborates Mayhew (2006) observation that "the Government of Ghana has had promotion on awareness of sexually transmitted diseases (STDs) and HIVAIDS since 1986 and so information on HIV is high". More than eighty percent (89.5%) have heard of it from the electronic media, that is, TV/Radio. This is consistent with other studies conducted (Iliyasu et al 2006, Tavoosi et al 2004). This could be attributed to the fact that the electronic media are easily accessible in the district. The mode of transmission is well known as 98.5% mentioned the main mode as unprotected sex.

Knowledge of VCT was very high in the study area as 83% said they had heard about VCT. Few (17%) mentioned they had never heard about VCT . Also 83.7% mentioned where to obtain VCT in Ghana. During the FGD they mentioned going through counseling session followed by collection of blood sample for test to check if there were viruses. Awareness was high in the communities as they knew and understood VCT. This finding is contrary to a WHO report (2002) which said young people in particular may not have adequate access to information on HIV testing and counseling services. The high awareness of VCT observed in this study was also not consistent with the study done in Uganda by Muganga et al. (2002) which indicated that awareness of VCT was low. Despite the high level of awareness of VCT, the uptake of VCT was low (14%). During the FGD the majority of the participants mentioned fear of the result, that is,

result may turn out to be positive which would demoralize them. A study conducted by Santos et al (2000) in Mozambique revealed that fear of rejection and blame was perceived by several women as consequence of disclosure of HIV/AIDS status.

More than half (55%) of the respondents mentioned that they were not aware of the VCT facilities in Dodowa. During the FGD, the married men's group did not know and thought it was only done in the hospitals. This confirmed the study conducted by PSI (2005) in Vietnam which revealed that the over all level of knowledge of VCT facilities and the services they offered was quite low. Even though most of the respondents in this study did not know of the facility they expressed readiness to do the test.

Lack of confidentiality and privacy among health workers was observed to be one of the factors that deterred clients from accessing VCT services at the Dodowa Health Centre. The WHO Policy (2002) states that medical records of every patient should remain and managed in proper standards of confidentiality, only health care professionals who have direct dealings with the patient should have access to such records even when there is the need to know. This was contrary to the attitudes of some of the health staff at the Dodowa Health Centre who disclosed information of a client's status to some community members.

Stigmatization was also identified to be an issue in the communities. The Majority of the respondents (82.5%) said PLWHA should be isolated from the communities and this was confirmed by the District Assembly focal person. An association of PLWHA was formed

in Dodowa and meetings were organized from time to time however due to mockery of community members during meetings as well as pointing fingers and broadcasting their HIV status, such meetings had collapsed. The WHO report (2002) said it is a reality that stigma and discrimination continue to stop people from having an HIV test. Other studies conducted have also shown that barriers to HIV testing in sub-Saharan Africa which are particularly related to disclosure of HIV/AIDS status to sexual partners, fears of VCT attendance are due to stigma and discrimination (WHO, 2004; Maman et al. 2001).

It is encouraging to note that about (83%) had heard about VCT and understood what it was. This could be a good platform to educate community members on VCT usage in the District. The findings can help in behavioral change communication interventions in the area of VCT.

CHAPTER 6 - CONCLUSIONS AND RECOMMENDATIONS

The effort of the Government to help reduce the spread of the HIV and also reduce new infection by introducing VCT in every district is a laudable idea. This study assessed community perception on VCT in Dodowa sub-District of the Dangme West District of the Greater Accra Region. Findings revealed that the level of awareness of HIV and VCT was very high, irrespective of age, sex, religion and level of education. Awareness of the modes of transmission was also very high. In spite of the level of awareness most of the respondents were not ready to do the HIV test due to fear of positive results and perception about VCT in general as it was perceived as psychological and emotional trauma when HIV status is ascertained.

Moreover, awareness of VCT facilities in Dodowa was low (53%); this has affected patronage of the facilities. Most did not know of the new facility, they also did not know they even offer VCT services. These show that there is the need to disseminate information into the community.

Issue of confidentiality came up as most of the respondents did not have confidence in the system. This was evident in the discussions as clients' privacy and confidentiality could not be assured. Also, among the health workers there was mistrust and it showed that they cannot trust themselves.

The study has also demonstrated that a certain level of stigmatization and discrimination are associated with PLWHA. The fear of being identified HIV positive and the shunned by love ones, neighbors, and the community causes many high-risk people to avoid learning their HIV status.

6.2 RECOMMENDATIONS:

The following recommendations are made based on the findings:

6.2.1 District Health Management Team (DHMT):

1. Intensive education must be done in the communities to explain the importance of HIV test.
2. Community members should be made aware of the new VCT facility created for an integrated health service. They need the necessary encouragement to utilize the facility.
3. Community members should be assured of privacy and confidentiality during VCT session.
4. Health workers at the Dodowa Health Centre should receive HIV/AIDS sensitivity training to help reduce stigma toward PLHWA.

6.2.2 Ghana Health Service

The health staff should also be educated on how to keep confidential information to themselves and respect the privacy of the individual.

6.2.3 The District Assembly

The District Assembly in collaboration with the DHMT should intensify community sensitization on personal susceptibility to the HIV/AIDS infection to overcome barriers for seeking VCT services such as stigmatization and rejection.

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APPENDICES

Appendix 1: Community Perception on VCT

DRAFT QUESTIONNAIRE IDCODE ☐ ☐

Interview Date: ___/__/_____
Name of Community _____
Sub-District _____
Respondent Number _____
Code of Interviewer _____

DRAFT QUESTIONNAIRE FOR COMMUNITY PERCEPTION ON VCT

SECTION A: BACKGROUND INFORMATION		
No	**QUESTION**	**CODE**
1.	Name of respondent:	
2.	Sex of respondent: Male 1 Female 2	
3.	Age: ☐☐	
4.	Level of education? 1. None 2. JSS 3. SSS 4. Vocational ☐ 5. University 6. Other (specify) ……	
	BACKGROUND OF RESPONDENT	
5.	Marital status? 1. Single 2. Married 3. Divorced ☐ 4. Widowed 5. Separated 6. Cohabitation	
6.	Religion?	

	1. Christian 2. Moslem 3. Traditional 4. Other (specify)……..……	☐
7.	Occupation? 1. Farmer 2. Salaried Worker 3. Student/Pupil 4. Unemployed 5. Self-employed (Trader/ business) 6. Retired 7. Other (Specify) …….	☐
8.	For how long have you been resident in this community? Years Months ☐☐ ☐☐	
	KNOWLEDGE ABOUT HIV/AIDS	
9.	Have you ever heard of an illness called AIDS? 1. Yes 2. No ☐	
10.	If yes, where did you hear about it from? 1. TV/Radio 2. School 3. Hospital / Clinic 4. Newspapers 5. Friends ☐ 6. Other (specify)…… 99. NA	
11.	What did you hear about HIV/AIDS? 1. HIV is transmitted through sex 2. HIV/AIDS has no cure. ☐ 3. Other (specify) …….	
12.	How can a person get infected with the HIV virus? (**Circle all that apply**) 1. Engaging in unprotected sex ☐ 2. Receiving contaminated blood ☐ 3. Sharing infected razor blades ☐ 4. Sharing of unsterilised hypodermic needles ☐ 5. from mother to child during pregnancy and breast feeding. ☐ 6. from mosquitoes bites ☐ 7. Hugging a person who has the HIV virus ☐ 8. Sharing same clothes with someone who has the Virus ☐ 9. Sharing the same eating utensils ☐ 10. Other (specify)…… ☐ 88. Don't know ☐ 99. NA ☐	
13.	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	

	1. Yes 2. No 88. Don't know	
14.	Can people reduce their chance of getting the AIDS virus by not having sex at all? 1. Yes 2. No 88. Don't know	
15.	Can people get the AIDS virus because of witchcraft or other supernatural means? 1. Yes 2. No 88. Don't know	
16.	Can you tell from physical appearance when someone has HIV? 1. Yes 2. No 88. Don't know 99. NA	
17.	If No why? 1.	
18.	Is it possible for a healthy looking person to have the AIDS virus? 1. Yes 2. No 88. Don't Know	
19.	Can a person with HIV/AIDS be cured? 1. Yes 2. No 88. Don't know 99. NA	
20.	How can the person be cured? 1. Clinical medicine 2. Traditional medicine 3. Prayer	
21.	Can the virus that causes AIDS be transmitted from mother to child? 1. Yes. 2. No. 88. Don't Know	
22.	If yes How? 1. During pregnancy 2. During delivery 3. During breastfeeding	
	VOLUNTARY COUNSELLING AND TESTING	
23.	Have you heard about voluntary counselling and testing? 1. Yes 2. No.	

24.	What is it? 1. HIV Education. 2. HIV Education and status testing ☐ 88. Don't Know	
25.	Do you know where to obtain voluntary counselling and testing in Ghana? 1. Yes 2. No ☐ 88. Don't know 99. NA	
26.	If yes, can you name 2 places where to obtain VCT in Ghana? 1. Korle-Bu 2. 37 Hospital ☐ 3. Ridge Hospital 4. Agoomenya 5. Tema Hospital	
27.	Where can one obtain VCT in Dodowa? 1. Dodowa Health centre 2. Dodowa community 3. Other (Specify) ☐	
28.	Are you aware of VCT facility in Dodowa Health Centre? 1. Yes 2. No ☐ 88. Don't know	
29	Do you know of anyone who has done the HIV test? 1. Yes 2. No ☐ 88. Don't know	
30.	Have you ever taken an HIV test? 1. Yes ☐ 2. No	
31.	If yes, when was the test taking? 1. A month ago 2. Over a year ago ☐ 3. Other (Specify)	
32.	Where was the test done? 1. Dodowa Health Centre ☐ 2. Dodowa community 3. Other (specify)	
33.	Why did you take the test? 1. For employment purpose ☐ 2. For traveling 3. For marriage 4. Other (Specify)	
34.	Were you satisfied with the counseling?	

	1. Yes ☐ 2. No	
35.	If No why? 1. Afraid of result ☐ 2. Don't have money 3. Don't see it use 4. Others (Specify) ……..	
36.	Would you encourage relatives and friends to go for voluntary counseling and testing? 1. Yes ☐ 2. No	
37.	If yes, why? 1. Know Status 2. Due to sickness ☐ 3. Other (Specify)	
38.	If no, why? 1. Not necessary 2. No money ☐ 3. Look Strong 4. Other specify	
39.	I f you were asked to do the test, would you do it in Dodowa Health Centre? 1. Yes 2. No ☐ 88. Don't know 99. N.A.	
40.	If yes why? …….	
41.	If no why ……..	
	ATTITUDE TOWARDS PERSON LIVING WITH AIDS	
42.	Do you know anyone who has been diagnosed of HIV/AIDS? 1. Yes 2. No ☐ 3. Don't Know	
43.	How would your community react to someone diagnosed with HIV? 1. Kept in isolation 2. Kept in hospital 3. Should be killed ☐ 4. Castrated 5. Should be cared for 6. Don't know	
44.	If your relative has AIDS, would you be willing to care for him or her? 1. Yes 2. No 3. Don't know ☐	

	4. Others (Specify) ……	
45.	If Yes why? 1. HIV is not a communicable disease 2. We need to show empathy ☐ 3. it's not my duty 4. Other (Specify) …….	
46.	If No why? 1. Fear of getting infected 2. Can't bathe for PLWHA 3. Can't wash soiled linen ☐ 4. Other (Specify) ……..	
47.	Would you allow your child to play with a child who has HIV?	
48.	If Yes, why? ……..	
49.	If No, why? ……	

Appendix 2: FGD/IDI Guide

I am a student of the University of Ghana and as part of my course, I am conducting a study to find out how people that young mothers in the community interact with influence the way they breastfeed their children. I would like to invite you to participate in the study.

Your participation in the study will take about 1hour and it will involve you and some of your colleagues who will come together for a discussion. If you do not feel comfortable with any question, you can refuse to answer it. You may also decide to withdraw from the study if at any point in the discussion you do not feel comfortable to continue.

The discussion will be recorded but this will not be shared with anybody. The information that you will give me in this discussion shall be treated as confidential and shall only be used for the purpose of this study.

The ethics committee of the Ghana Health Service has given approval for this study to be carried out. If you have any questions regarding your rights as a participant in this study you may contact the Chairman of this committee:

Prof. Amoah, Health Research Unit, Accra

If you have questions regarding your participation in the study, you may contact the PI of the study, Mr. Voetagbe Edmund Ofoe, at the School of Public Health University of Ghana Legon or call him on 0244 652833.

Do you agree to participate in the study?
Yes……1
No……..2

If yes, proceed with discussion.

FGD WITH COMMUNITY MEMBERS

1. Let someone tell us about what he/she knows about HIV?

2. How is HIVAIDS transmitted?

3. Kindly tell me some of the symptoms

4. Can the HIV virus be transmitted from a mother to her baby?

5. At what stage does the virus pass from infected mother to child?

6. Have you heard about VCT?

7. How confidential was the result announced to you

8. Were you satisfied with the services?

9. Would you encourage others to go through VCT?

IDI FOR COMMUNITY ELDERS

1. Have you heard about HIV/AIDS?

2. How is HIVAIDS transmitted?

3. Kindly tell me some of the symptoms

4. What do you think are some of the practices in your community that promote the spread of HIV?

5. What can the community do to stop the spread of HIV/AIDS?

6. Do you know where to go for voluntary counseling and testing?

7. What will prevent people from going for the VCT?

8. Do you have special place for PLWH in the community?

9. What are the community's relations with PLWH?

IDI FOR GROUP LEADERS AND COMMUNITY ELDERS

1. What do you know about HIV/AIDS (Probe for knowledge)
2. Is there a way to know if someone has HIV/AIDS(Probe for Symptoms)
3. What do you think are some of the practices in your community that promote the spread of HIV?
4. Can we talk about VCT? What do you know about VCT?
5. Where do you think people can go for VCT?
6. Are you aware of the VCT facility in Dodowa Health Centre?

7. As a leader, what do you think will prevent people from going for the test
8. Can you tell me the relationship between the community members and PLWHA?

IDI WITH OFFICERS IN-CHARGE (VCT) DODOWA HEALTH CENTRE

1. What do you do here as a nurse?
2. How many clients do you attend to a day?
3. Do you normally time the period of counseling? What is the duration?
4. Do you cross check with your patients if they are satisfy with the services the location, confidentiality privacy etc?
5. What are the challenges you encounter during service delivery?
6. What are your impressions about the location of the facility?

NON-PARTICIPANT OBSERVATION (COUNSELING SESSION)

- Things to look out for
- Creating a good environment
- Friendly atmosphere
- The mood of the patients
- The facial expression
- The mode of communication
- Language
- Provider gives room for questions from patients
- Consented

IDI FOR FOCAL PERSON

How is Awareness of HIV in this community (knowledge?)

Awareness of VCT

Coverage of VCT

Where were they doing the test?

Are the community members aware of the new VCT facility in the Health centre?

How is patronage?

What is government Policy on VCT?

Any collaboration with the Health Centre?

Appendix 3: Consent Form for Participants in the Quantitative Survey

INTRODUCTION

A student from the School of Public Health, University of Ghana and is conducting a research study in your community to find out how the people that young mothers interact with influence their breastfeeding practices. I would like to invite you to participate in the study. Kindly read or have this consent form read to you before deciding whether to participate in the study or not.

STUDY PROCEDURE

You are being invited to answer a few questions concerning the breastfeeding practices of young mothers. Your participation in the study will last for 20 minutes and will end today.

BENEFITS

There are no direct benefits to you for your participation in the study. We however hope that the knowledge that will be gotten from this study will help us in our HIV/AIDS programs nationwide.

RISKS/DISCOMFORTS

The risks involved in taking part in this study are minimal. These include the inconvenience that the interview will cause you and the time that you will spend answering the questions. Some of the questions may also appear too personal and therefore embarrassing. However, well trained field staff will conduct the interviews in order to minimize these risks.

CONFIDENTIALITY

All the information that you will provide will be treated as confidential. Your name shall not be taken and your information will only be identified with a unique identifier. The completed forms will be kept in a locked cabinet and apart from members of the ethics committees as well as members of the study team, no other person will have access to your information. Your name shall not be mentioned in any report or publication that might come out of this study.

VOLUNTARINESS

Participating in this study is purely voluntary. You can decide to refuse participation if you want. If you should choose not to participate in the study, you will not suffer in any

way for it and the study will not be affected by it. If you do not feel comfortable to answer any question, you may choose not to answer it. If in the course of the interview you do not feel comfortable to continue your participation, you may withdraw from the study.

CONTACTS

If you have any questions regarding your rights as a participant in this study, you may contact the Chairs of the Ghana Health Service ethics Board, Prof Amoah.

If you have any questions on the study, you may contact Mr. Voetagbe, Edmund Ofoe at the School of Public Health, University of Ghana, Legon or call him on 0244 652833.

The Ethical Committee of the Ghana Health Service has reviewed this proposal and has granted approval for the study to be carried out.