PERCEPTIONS AND ATTITUDES OF FIRST YEAR STUDENT NURSES TOWARDS VOLUNTARY HIV COUNSELLING AND TESTING AT THE WESTERN CAPE COLLEGE OF NURSING

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ABSTRACT

Voluntary HIV counseling and testing (VCT) programmes have been regarded as an important strategy in the management of the HIV/AIDS pandemic. This is in light of having statistics showing only one in five South Africans who know about voluntary counseling and testing also went for testing. A number of factors have contributed to the low utilization of voluntary HIV counseling and testing services. Some of theses are: AIDS related stigma, perceptions of people of VCT services and in some cases lack of understanding of what VCT entails.

The aim of the study was to get a better understanding of the barriers which prevented student nurses from participating in voluntary HIV counseling and testing, explore their knowledge of the VCT process, explore factors which influence their decision to test or not to test and their perception of the VCT programme in their college.

An exploratory descriptive study utilizing a qualitative research method was used. In-depth data was collected from a sample of twelve student nurses from the College. Random sampling was used to collect the sample. The study used in-depth interviews with twelve student nurses, six who had attended VCT and tested for HIV and another six who had had not tested for HIV. A semi-structured

interview guide was used for the interviews. The interviews were tape recorded, transcribed and analyzed using thematic analysis.

Students regarded VCT as an important strategy in the prevention of HIV. However there were barriers to successful VCT. These were cited as fear of a positive HIV result, stigma and lack of understanding of the VCT process. Notably, the VCT programme at the college was done twice a year as a campaign for three days by a non-governmental organization. Arguably, there is need for permanent VCT service which would be utilized by the students at the college throughout the year.

DECLARATION

I declare that "Perceptions and attitudes of first year student nurses towards voluntary HIV counseling and testing at the Western Cape College of Nursing" is my own work, that has not been submitted for any degree or examination in any other university, and that all sources that I have used or quoted have been indicated and acknowledged by complete reference.

Signed by _____

Rosiana J. Hara

This_____ date of _____2007

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ABBREVIATIONS

AIDS - Acquired Immune Deficiency Syndrome

HIV - Human Immunodeficiency Virus

WHO - World Health Organization

VCT - Voluntary Counseling and Testing

UNAIDS - Joint United Nations programme on HIV/AIDS

WCCN - Western Cape College of Nursing

HEAIDS - Higher Education HIV and AIDS Programme

CONTENT

CHAPTER ONE

1. INTRODUCTION

This chapter discusses the impact of the HIV/AIDS pandemic and HIV prevalence rates in South Africa, Voluntary HIV counseling and testing, the background of the study, aim and objectives, definition of terms and outline of the study.

1.2. The impact of the HIV/AIDS pandemic in South Africa

Infection with the human immuno-deficiency virus (HIV) and the progression to Acquired Immuno Deficiency Syndrome (AIDS) has become the most significant public health problem worldwide. By the end of 2006 the epidemic had killed 2.9 million people (range: 2.5-3.5 million) worldwide of whom 2.1 million were in sub-Saharan Africa (UNAIDS/WHO, 2006). In South Africa the overall HIV prevalence rate was 10.8% (9.9-11.6%) which translates to 4.8 million people living with HIV in 2005 (Shisana et al, 2005).

HIV prevalence rates vary considerably throughout South Africa. The province with the highest HIV prevalence was found to be KwaZulu-Natal which stands at 16.5% and the lowest being the Western Cape with 1.9%. The highest prevalence rate is among women which is 13.3%, while the men it is 8.2% (Avert, 2007).

A study conducted by Shisana et al, (2002) puts the HIV prevalence rate among health workers at 15.7%. Connelly et al (2005) in a study conducted among health workers found that prevalence rate among student nurses was 13.8% and among

qualified nurses 13.7%. The above statistics clearly show that females at whatever age are the most vulnerable group when it comes to prevalence of HIV/AIDS.

1.3. Voluntary HIV counseling and testing

UNAIDS/WHO (2004) state that Voluntary HIV counseling and testing provides an entry point to other HIV/AIDS services such as prevention and clinical management of HIV related illness, tuberculosis, legal support, the prevention of mother to child transmission and access to antiretroviral therapy. How best to ensure the uptake of VCT is much debated and there have been innumerable campaigns to encourage populations around the world to test. Yet, in a survey done by Shisana & Simbayi (2002) results revealed that only one in five South Africans who knew about VCT also knew their status. This somehow signaled the presence of a serious gap between the acknowledged importance of VCT and its practical implementation. This general trend is mirrored and often particularly pronounced among health workers, especially nurses (Unger, Welz and Haran, 20002).

In South Africa, nurses are presently the group of health workers who are entrusted with encouraging people to test and conduct tests in public health clinics. Yet evidence exists that they themselves are reluctant to be tested or even encourage patients to be tested, thereby seriously undermining the efforts of VCT campaigns (Unger, Welz and Haran, 20002). It is against this background that this

study was designed to explore the attitudes and perceptions of student nurses at the Western Cape College of Nursing (WCCN) towards voluntary HIV counseling and testing (VCT).

1.4 The Western Cape College of Nursing

The Western Cape College of Nursing in Athlone Cape Town is part of the Cape Peninsula University of Technology which trains nurses to become registered diploma nurses at the end of four years training. The College conducts VCT drives twice a year. However, the overall uptake of this initiative has been very low.

In a discussion held by the researcher with a nurse educator from the College early in April, it was noted that only 192 of the colleges' 664 students (29%) had at that time attended the VCT drive. This is despite receiving information on HIV/AIDS and voluntary HIV counseling and testing. The low turnout of student during the campaign at the college has had the college educators concerned about the effectiveness of the programme. Against this background the researcher decided to explore the perception and attitude of student nurses towards voluntary HIV counseling and testing and the WCCN's VCT programme, with the aim of assisting the design and implementing of a more efficient programme at the college.

1.5. AIMS AND OBJECTIVES OF THE STUDY

1.5.1. AIM

The aim of the study was to get a better understanding of the barriers which prevent student nurses from participating in voluntary HIV counseling and testing at the Western Cape College of Nursing.

1.5.2. OBJECTIVES

1. To explore student nurses knowledge of the VCT process.

2. To explore factors that influence student nurses decision to test or not to test for HIV.

3. To explore the students' perceptions regarding the VCT programme in the college.

4. To make recommendations based on the study.

1.6. DEFINITION OF TERMS USED IN THE STUDY

HIV (Human Immunodeficiency Virus) is the virus that destroys the immune system and renders the person susceptible to infections (Whiteside and Sunter 2000).

AIDS (Acquired Immune Deficiency Syndrome) is a syndrome of opportunistic diseases, infections and certain cancers each or all of which has the ability to kill the infected person in the final stages of the diseases (Van Dyk 2001).

Perception: An impression or interpretation based on the understanding of something.

Attitude: An inclination to react in a certain way to certain situation, to see and interpret events according to certain predispositions or to organize opinion into coherent and interrelated structure (Bradran 1995).

Student nurse: A person who is enrolled in a programme of study to fulfill the requirement for a degree or diploma in nursing.

1.7 Outline of the study

Chapter one introduces the general overview of HIV/AIDS. Information covered here includes the HIV prevalence rates in South Africa, Voluntary HIV counseling and testing, background of the study, aim and objectives, definition of terms and outline of the study.

Chapter Two presents the literature review on different models of voluntary counseling and testing, the role of voluntary counseling and testing, health workers attitudes towards voluntary counseling and testing and voluntary HIV counseling and testing at tertiary institution

Chapter Three describes the methodologies, research setting, the study design, sampling, data collection procedures, data analysis procedures as well as ethical considerations used in the study.

Chapter Four presents the findings and their interpretations.

Chapter Five gives overall discussions of the research results.

Chapter Six presents a summary of the research findings as well as giving some conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

The Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) continues to instill fear, anxiety and suffering in many people around the world, with Africa being the hardest hit. The pandemic has bought many challenges to health workers who are the care- givers to those affected and infected by the virus. The promotion of voluntary HIV testing and counseling is now seen as an important approach for the prevention of HIV/AIDS (UNAIDS/WHO, 2004). This chapter will address the following voluntary counseling and testing (VCT), the role of voluntary counseling and testing, models of voluntary counseling and testing, health workers attitudes towards VCT and VCT in tertiary institutions.

2.2. Voluntary Counseling and Testing

Voluntary HIV counseling and testing is the process by which an individual first undergoes counseling that will enable him or her to make an informed choice about being tested. This decision must be entirely the choice of the individual, and he or she must be assured that the process will be confidential (UNAIDS, 2000).

2.3. The Role of Voluntary HIV Counseling and Testing

There is increasing recognition that voluntary counseling and testing plays an important part in the prevention of HIV, early diagnosis of HIV as well as timely therapeutic and prophylactic intervention (Gage and Ali, 2005). The major benefit of detecting the disease at an early stage is that people who test positive can adjust their lifestyle and start treatment at the earliest stage. New improved development in HIV/AIDS treatment and care coupled with programmes such as VCT means early detection is beneficial to people infected with HIV. However not all who may be at risk of HIV infection are willing to be tested, at the same time the offering of counseling and testing alone does not improve uptake of VCT (Peckham and Edwards, 2003).According to Cartoux, et al. (1998) people with some knowledge of HIV infections and those who have good access to voluntary counseling and testing are most likely to go for HIV testing. At the same time, people who assume that they are already infected are most likely to develop negative perception towards testing.

To enhance the acceptability of voluntary counseling and testing it is important to develop efficient ways of providing the services as a way of encouraging people to attend voluntary testing and counseling. (Killewo,et al.1998).

Counseling and testing service delivery models should be able to achieve different goals and reach different target groups. A policy statement on HIV

testing by UNAIDS/WHO (2004) was put in place to scale- up the provision of voluntary HIV testing and counseling. This policy emphasises on the '3Cs,'which are; confidential, counseling and consent. The policy further recommends that there should be some development of various type of testing model to improve the accessibility and acceptability of VCT services in different settings in a community.

2.4. Models of Voluntary Counseling and Testing Clinics

There are a number of voluntary counseling and testing service models being used to expand entry point to HIV testing as well as promoting testing as a routine practice (Family health international, 2005). These models are designed to target different groups and achieve different goals in the population. One model may provide an entry point to clinical care for those living with HIV. Another model maybe for the prevention of mother to child transmission of HIV or yet another model maybe used as a prevention tool for the general population (Family health international, 2005). Literature show that there are six models for the delivery of VCT services, and at the same time, highlights the benefits and challenges of each model as outlined below.

2.4.1. The Stand Alone Model

This model is also commonly known as the freestanding or VCT site model; these sites are operated by Non-governmental organizations (NGO). The only service

offered on these sites is voluntary counseling and testing. The sites are located in high population density areas where HIV infection rates are high. These sites provide client-initiated testing as clients often self- refers to the sites on a voluntary base to know their HIV status. The major benefits of this model is that it attracts population groups that would not attend a health facility based VCT, and such groups include young people, men and couples. These sites are normally known to be able to meet the demand for voluntary and counseling services in such areas (Family Health International, 2005).

However these types of sites face the challenge of being stigmatized as they are associated only with HIV. Furthermore the medical and psychosocial follow-up on clients can prove to be difficulty as the site is not linked to any medical facility or any other support services (Family Health International, 2005).

2.4.2. The Integrated Model

In this model, the integrated voluntary counseling and testing services are offered in clinical settings; alongside other services such as antenatal care, STI clinics and general in and out- patient clinics. In some cases a youth friendly corner is provided where young people are attended too. (Family Health International 2005, UNAIDS/WHO, 2004). These sites provide a provider-initiated testing, and the two main approaches used in these sites are routine testing and diagnostic testing.

The major benefit of the integrated model is that voluntary counseling and testing is promoted as part of general health services. This in turn allows for normalization of HIV. The other benefit is that health workers are directly involved in HIV prevention programmes as they can easily make some direct referral to other relevant services such as welfare support and family planning within the setting

The challenges that this type of a model usually faces is the difficult in enforcing quality assurance measures as well as maintaining the quality of voluntary counseling and testing services, especially where there is high patient load. It can cause shortage of health workers as there is always a competing demand for health workers' time (UNAIDS/WHO, 2004).

2.4.3. The Quasi-integrated Model

The quasi-integrated model is the one where the NGO and health sector contribute together towards the management of services at a site, where in turn the model capitalizes on the strength of both the stand alone and the integrated models.

The main benefit of this model is that it reaches many clients through client-initiated and provider-initiated counseling and testing. The NGO staff manages the counseling and testing on fulltime bases.

The only major challenge facing this type of model is that of ineffective partnership between the NGO and health facility. This in turn results in poor management of the services (Family Health International, 2005).

2.4.4. The Private Sector Model

The private sector model is offered by the private doctors in their offices. It provides services to people who are less likely to use public hospitals. The benefits are that clients get a high quality of care and that all clients perceive private care as very private and confidential.

The major challenges that this type of model faces is that the providers often have no or at most have inadequate training in HIV counseling, and at the same time, the services are inaccessible to the poor (UNAIDS/WHO' 2004).

2.4.5. The Mobile Model

The mobile model takes the service into the community where services are offered out of a van or a designated place in the community. Services are offered to the general population. These could be attendees at cultural, sport events or hard to reach groups such as truck drivers and sex workers. The major benefit of this model is that it improves access for hard-to-reach and rural population.

A number of challenges facing this type of model are that it is expensive and not cost effective, as it requires a lot of resources such as manpower and equipment. The follow up after post test can be difficult. They can be difficulties in prioritizing HIV testing where clients have other pressing health needs (UNAIDS/WHO, 2004; Family Health International, 2005).

2.4.6. The Home-based Model

Home-based or family-based counseling and testing is still in the pilot phases. According to Family Health International 2005 this model is similar to the mobile model. The services are offered within homes to family members that include children where appropriate.

The main benefit of this model is that it addresses the need of the entire family at once. On the other hand, its main challenges are that it is time consuming as providers have to walk from home to home and testing of everyone at the same time may lead to premature disclosure, which in turn may be difficulty as an infected family member would have to deal with the knowledge of his or her status first before other members know (Family Health International, 2005).

2.5. Health Workers Attitudes towards Voluntary Testing and Counseling

Nurses are the frontline caregivers of individuals affected and infected with HIV/AIDS. They are the health workers who have regular and prolonged contact

with individuals in hospitals, clinics or communities where their main task is to render emotional support and physical care to patients. Therefore it is imperative that these nurses have a firm knowledge of and attitude towards HIV/AIDS so as to cope with challenges they face in their working environment of preventing HIV infections, educating people about HIV/AIDS as well as protecting themselves against acquiring the virus (Walusimbi and Okonsky 2004). However, beliefs and misconceptions of voluntary counseling and testing have prevented them from getting tested for HIV (Unger, Weiz and Haran 2002). This has been shown in studies done by Smit (2005), Walusimbi and Okonsky (2004) on health-care workers, the results revealed that nurses had fear and anxiety of occupational exposure to HIV, which usually left them feeling helpless and emotionally stressed as there was no cure for AIDS. Results also revealed that nurses perceived an HIV positive result as a death sentence, and most had the belief that after voluntary counseling and testing, a rapid deterioration in health would occur due to knowing their HIV status if it was positive. It is without doubt that the above findings have shown some contributing factors to nurses' unwillingness to have HIV testing and to encourage patients to undergo similar tests.

In a descriptive cross-sectional survey conducted in Zimbabwe with 186 health care workers, with the majority being nurses, the results revealed that 87.4% had not gone for VCT and 77% did not want to have an HIV test. The reasons for the unwillingness to have an HIV test were: 84.2% were not ready to go; about 72.7%

did not have the courage to go. 57.9% indicated that there was no need to go as there was no cure for HIV/AIDS. 84.2% would not be able to cope with the result while 67% indicated that they needed counseling before they could attend VCT (Tarwireyi and Majoko, 2003).

In another study conducted in Kwazulu-Natal at a district hospital by Unger, Weiz and Haran (2002) a questionnaire-based survey among 200 nurses was done to examine knowledge, attitudes and beliefs regarding the benefits and harms of VCT and risk perception of occupationally-acquired HIV. The results found that 42% of the nurses would not recommend patients to go for VCT due to unavailability of antiretroviral treatment as they did not perceive any benefits in testing for HIV. They questioned the ethics of testing without treatment. With regard to needle stick injuries the study found that 25% would not have an HIV test if they were to have a future needlestick injury, and a further 40% of nurses had had needlestick injuries, sometime or another. It was concluded, based on the above results that nurses in fact constitute a barrier to the success of voluntary testing and counseling among themselves and also to the communities in poor areas where people have no access to anti retroviral drugs (Unger, Weiz & Haran 2002).

2.6. Voluntary HIV counseling and testing in tertiary institutions

The HIV/AIDS pandemic has presented a major challenge to tertiary institutions in South Africa. It is estimated that 25% of university of technology students and 20% of university students have contracted HIV (HEAIDS, 2004).A study conducted among university students in Zambia and United Kingdom revealed that 35.0% and 15.0% of students in these respective countries were willing to get tested. But only 10.0% of Zambian and 7.0% of United Kingdom student had actually tested for HIV (Baggaley, 1997). In institutions the average university student falls into the category of high-risk group making them vulnerable to HIV infections due to their age and socio-spatial characteristics. These young people are most likely to acquire HIV infection due to their perception of and risk-taking behaviors while on campus (Anafi and Awusabo-Asare 2002).

Hence, the challenges faced by tertiary institutions is to develop institutional HIV/AIDS policies, integrate HIV/AIDS into their curricula, develop and implement awareness programmes, establish voluntary and testing centers or integrate into the student health services (Barnes, 2000). The HIV/AIDS Audit Interventions in South African Higher Education Report (2004) reveals that institutions have responded to HIV/AIDS pandemic by establishing a variety of HIV/AIDS prevention programmes. These include peer education, VCT and STI treatment. Some institutions have VCT services on site and a few have off site VCT services. The report indicates an increase in the utilization of VCT services

on site in most institutions. The establishment of institutional HIV/AIDS policies in some institutions has seen the infusion of HIV/AIDS into the curriculum at undergraduate academic courses. Although they are some challenges which many universities face, some success has been seen in others.

According to Anafi and Awusabo-Asare (2002) the challenges faced by some tertiary institutions in Ghana has been that some campuses have no student health facilities which has made it difficult to implement VCT services Some administrators were preoccupied with the daily survival of their institutions to such an extent that most had not given much thought to the issue of HIV/AIDS on their campuses. They further state that despite some challenges at other universities, some have made head-way in implementing VCT services on their respective campuses such as allocating financial and other resources for the running of the programmme at one university. Other universities have trained counselors who are also chaplains to hold counseling sessions with students.

In South Africa, although there are challenges with the implementation of HIV/AIDS programmes in tertiary institutions, some improvement has been seen in the implementation of VCT services in most universities and universities of technology as most are able to provide prevention services which include VCT services to students and staff members (Higher Education HIV and AIDS Programme, 2004).

2.7 CONCLUSION

In conclusion, if the HIV/AIDS pandemic is to be contained a concentrative effort between the educational institutions, students and health departments is needed to fight the pandemic. It is therefore imperative that HIV/AIDS and VCT issues are addressed, so as to combat barriers surrounding testing. One major role that voluntary counseling and testing offers is that it provides an entry point to counseling and testing to various groups accessing these services.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter presents the research methodology used in the study. It focuses on the study design, sampling, study population, study setting, data collection and procedure, data analysis, validity and rigor and ethical considerations.

3.2 Study design

A descriptive exploratory study design was utilized to conduct this study. The study design allowed the researcher to focus on finding answers to the questions centered on the attitudes and perceptions regarding voluntary counseling and testing of the participants (Denzin and Lincoln, 2000).

The qualitative method was considered to be appropriate for this study because of its usefulness in exploring people's knowledge, views and experiences (Ulin, Robinson and Tolley, 2005). Pope and May (1995: 42) states that "The goal of qualitative research is to understand social phenomena in their natural settings; it focuses on the meanings, experiences and views of all participants." This method allowed the researcher to gather in-depth and rich data on the topic. It also allowed for an in-depth and deeper understanding the participants' actions and the

meaning of such action with respect to the participants perspective point of views (Brink, 2006).

3.3 Study setting

The Western Cape College of Nursing offers courses to students, which lead to the registration of registered diploma nurses at the end of four years. The college also offers postgraduate degrees in BTech and MTech to professional nursing practitioners who are serving in the community and want to upgrade their diplomas. These courses are in community nursing, occupational nursing, oncology and palliative nursing. In 2004 the college merged with the Cape Peninsula University of Technology under the Department of Education. This has meant that the college is now able to offer a four year BTech degree to students. The first intake of student nurses for the four year BTech degree was in January 2005.

3.4 Study population

Brink (2006: 132) defines study population as “an entire group or persons or objects that are of interest to the researcher.” The study population was the 303 first year student nurses at the Western Cape College of Nursing (WCCN). The focus was on first year student nurses as they had just completed their high school. The researcher wanted to know how much these students knew about HIV/AIDS and VCT coming from high school into a tertiary institution.

3.5 Sampling

An adapted form of random sampling was used to select the participants. This sampling method was chosen for this study due to the sensitivity of the topic. It also meant that all the students had a chance of being chosen to be interviewed, or students could make themselves available on voluntary basis. Random sampling gives a chance to each individual in a study population of being included in a sample (Katzenellenbogen, Joubert and Abdool Karim, 1997)

The researcher briefed all 303 students in their two respective classrooms on the purpose of the study using the participation information sheet as a guide. The researcher emphasized that participation in the study was on a voluntary basis and that no student was under any obligation to participate. An explanation of the process of collecting the sample was explained to the students and questions from the students were answered. A multisampling procedure was used which included purposely selecting those who had tested for HIV and those not tested and a random selection of the final sample. The sampling procedure was as follows:

The researcher with the help of a nurse educator handed out pieces of paper to the students who had voluntarily accepted to participate in the study.

The papers were to be marked ‘YES’ or ‘NO’ and a phone number. The marking ‘YES’ meant that the student had been tested for HIV and the ‘NO’ meant that the

student had not be tested. These pieces of papers were then put in two marked boxes and sealed. The researcher then randomly selected six papers from the 'NO' box and six from the

'YES' box and telephoned the students asking if they were still willing to be interviewed.

3.6 Data collection

Data was collected from 28th September to 3rd October 2007 at the Western Cape College of Nursing (WCCN). To collect the data, face- to- face or in-depth interviews using an interview guide (Appendix 1) were conducted. According to Ulin, Robinson & Tolley (2005) in-depth interviews are usually informal, guided by a few broad topics rather than a detailed questionnaire. This created "an atmosphere of having a conversation with a purpose" (Burgess, 1984:102).

3.6.1 Procedure

The researcher conducted the interviews with 12 participants on one to one bases. Prior to conducting the interviews the researcher again explained the purpose of study, and written consent was obtained from the participant (Appendix 2).The interviews were conducted in English and lasted for approximately 45 minutes. During the interviews probing was done to get clarity and further explanation on the issues being discussed. This was done to enable the participants to give their

own understanding of the topic under discussion (Kvale, 1983). Participants were encouraged to ask questions. The interviews were tape- recorded and notes manually taken.

3.7 Data analysis

Marshall and Rossman (1995) define data analysis as "a procedure of categorizing, structuring and putting meaning to the mass of collected data". Patton (1990) refers to it as a process of systematically organizing the interview transcript, field notes and other accumulated material in a way that would clearly address the research question and so that the final results are presented and understood by others. Immediately after completion of the interviews, the taped interviews was listened to and transcribed word for word. The transcriptions were read and key ideas and emerging themes were identified and noted.

Data was then coded, which involved marking sentences, paragraphs or phrases which contained material that were relevant to identified themes. Themes and codes were carefully explored so as to compare section of the data that might appear to belong under a category and sub category. A list of categories and sub categories were identified and data is discussed under these categories and sub categories in the result section as follows:

1. Category: Knowledge of voluntary HIV counseling and testing

Sub-category: Understanding the process of voluntary HIV counseling and testing

Family and friends knowledge of VCT

Benefits of knowing one's HIV status

2. Category: Attitudes towards voluntary HIV counseling and testing

Sub-category: Reasons for testing

Reasons for refusal to test

Stigma from fellow students

3. Category: Voluntary HIV counseling and testing at the college

Sub-category: VCT drive

Low attendance during the drive

4. Category: Suggestions for improvement

Sub-category: Need for integrated service

Need for continuous health promotion

3.8 Validity and Rigor

Trustworthiness is the fundamental criterions for qualitative research (Ulin, Robinson and Tolley, 2005).The following criteria were applied to the study to ensure validity and credibility of the study: thick rich description and researchers' reflexivity.

3.8.2. Thick description: Increased credibility was sought through the description of the setting, the participants and the themes of the study which is provided in detail. This rich detail allows for other researchers to make decisions about the applicability of the findings to other settings or similar contexts.

3.8.3. Researchers' reflexivity: It is worth noting that the researcher is aware of her long interest in HIV/AIDS having done counseling before. She is of the view that VCT programmes are extremely important in the fight against the pandemic, and supports the provision of VCT services in all community facilities as an entry strategy for primary prevention and access to treatment, care and support services for people infected and affected by the pandemic. To address the potential for professional bias, the researchers ensured rigor through systematic design, collecting and analysis of data (Creswell and Miller, 2000). The researcher used direct quotations from interviews to ensure validity of the results

3.9. ETHICAL CONSIDERATION

Approval for the study was obtained from the University of the Western Cape Higher Degrees Committee. Permission was sought from the principal of the Western Cape College of Nursing and was granted. The purpose and process of the study was clearly explained to the participants followed by the collection of written consent from each participant using a pseudonym from volunteers.

Participants were assured of anonymity and confidentiality of their participation in the study at all times. The participants were assured of their right to participate or decline or even withdraw from the study at any time should they feel uncomfortable. The tapes and other information used in the study were kept under safe and private conditions. Due to the sensitivity of the study topic the student counselor was on hand in case a participant became emotional upset during the interviews. Students were able to give the interviews without any emotional upset, so the student counselor was not required.

3.10 LIMITATION OF THE STUDY

Since the participants of this study were only first year's student nurses, these findings do not represent the whole population of the student nurses at the college.

The data collected from the single college of nursing may not truly reflect the perceptions and views of student nurses in other colleges of nursing, so the results can not be generalized

3.11 SUMMARY

Chapter 3 described the methodology used in the study. It explained the research setting, data collection procedure and how data was analyzed. Finally the chapter explained how ethical considerations were applied in this study.

Chapter 4 present an analysis of the perceptions and attitudes of student nurses towards VCT at the college.

CHAPTER FOUR

RESULTS

4.1. INTRODUCTION

In the previous chapter, the methodology followed in conducting this study was discussed. In this chapter analysis of data will be presented using thematic analysis. The interpretation of the finding will be presented in the discussion section.

As previously noted in the previous chapter, the interviews were conducted between September and October 2007. The participants were all first year student nurses and at the time of interviews were attending theory classes at the college. The participants consisted of 12 student nurses, six had attended the voluntary HIV counseling and testing sessions and got tested for HIV, and the other six had not attended the voluntary HIV counseling and testing and were not tested. It should be noted that the researcher was not interested in the status of the student nurses.

A semi-structured interview guide was used and probing was used to get clarification of questions. Data gathering was based on the personal views of the student nurses. The interviews were conducted within the Western Cape College of nursing campus. A room at the college was allocated to the researcher where the interviews were conducted with the students.

4.2. Profile of the participants in the study

There were 9 females and 3 male student nurses, their ages ranged between 19-25 years.

The majority had just finished their secondary education. Only two had worked before joining the nursing college

4.3. KNOWLEDGE OF VOLUNTARY COUNSELING AND TESTING

4.3.1. Understanding the process of voluntary counseling and testing

The student nurses who had gone for voluntary counseling and testing had a good understanding of the process. They were able to provide information and describe the process of pre-counseling and post-counseling.

> *"It is when you go and sit with the counselor who tells you what will be done umh... things like, why you want to test for HIV, to whom you will tell the results and more, after that blood is taken and then a few minutes later, the counselor talks to you about the results"*

> *"The counselor talks to you, why you want to test and tells you about HIV/AIDS before the blood is taken and she talks again before telling you the result."*

This is in contrast to student nurses who had not tested. They had no idea about the process of voluntary counseling and testing. Although they knew the definition of voluntary counseling and testing, they could not describe the process. Responses were:

> *"I know what VCT is…it is when you go to a counselor talk about HIV/AIDS. But I don't know the VCT process."*

> *"I do not know what goes on there, but I know what VCT is."*

One student nurse who had no idea what of VCT was gave this response

> *"I don't know any thing."*

On further probing, her response was

> "*Oh, I have heard about it at the opening ceremony of the VCT drive, I don't know the process."*

4.3.2. Family and friends' knowledge of VCT

Student nurses who knew the process of voluntary counseling and testing, had taken the initiative of informing friends and especially family members about voluntary counseling and testing and some students nurses had family members who were living with HIV.

"Yes family members know about VCT one member in my family is HIV positive I know because he told us."

"My friends know about HIV/AIDS and VCT and also my family. I like to tell them about HIV/AIDS."

Interestingly, student nurses who had not attended voluntary counseling and testing agreed that family and friends should be informed about VCT but never discussed VCT with friends or family members; they felt that talking about it caused a lot of stress and were not comfortable talking about it. Student found it difficulty talking about HIV/AIDS with family members as it involved talking about sex which is not discussed at home, so VCT could not be discussed. Their opinions were:

"I don't discus VCT with my family or friends as I don't want to be stressed thinking about it, you know this thing about VCT really stresses me out and nobody will listen to you in my home."

"I am not ready to discuss about VCT with my friends because they do not attend the VCT, so why talk about it. You just get stressed."

"You know it is hard to talk about HIV/AIDS and VCT. You need courage because at home the family does not want to discuss it."

4.3.3. Benefits of knowing one's HIV status

Student nurses, who knew the benefits of knowing one's HIV status, felt that knowing one's status ensured that one took the necessary steps to prevent being infected and that one could take measures to prevent infecting others if one found one was positive, or got treatment if infected. Some of their comments were:

"If you are HIV negative you feel free and do not mess around."

"If you are negative then you can tell your boyfriend to use a condom if he has not been tested, because you don't want to be infected."

"There are drugs which you get at the clinics if you are positive, which can prolong your life."

On the other hand, student nurses who had not attended voluntary counseling and testing had no clear idea of the benefits of knowing one's status; some felt there was no benefit in knowing ones status. Others knew the benefit of treatment in the prevention of mother to child transmission. Some were not sure of the benefit to

an HIV positive person as students saw clients who were put on antiretroviral drugs died while on treatment. Their opinions were:

"Is there any benefit in knowing?"

"If you are HIV positive some clinics do have drugs to give you and you worry all the time. You know some people die even if they are given drugs."

"I don't know any benefits I see people die in hospital but they are on treatment."

"I hear about benefits for one knowing his status, I know only one, where pregnant mothers are tested and given niverapine to prevent the baby from getting HIV."

4.4. ATTITUDES TOWARDS VOLUNTARY COUNSELING AND TESTING

4.4.1. Reasons for testing

Student nurses who had been tested for HIV indicted that one reason for testing was to know their HIV status.

"Yes I have been tested, but after a long debate with myself because of the stress you know. I wanted to know my status."

"Yes I wanted to know my status, it is important for me to know. instead of just stressing about it and these days you can get antiretroviral drugs which can prolong your life."

Two of the student nurses mentioned getting tested at antenatal clinics one of them said.

"I was pregnant, so at the clinic I was tested last year to see if I have HIV so that I can get drugs if I am positive so that my baby will not get infected."

4.4.2. Reasons for refusal to test

One of the most common reasons cited by the student nurses for not testing was the fear of a positive result, or believing that they were not infected. Some students viewed a positive result as a death sentence.

"No I have not tested as I am afraid of the results, and I will die quickly if I know I am positive because of the stress."

"No I have not as you know; if you get the positive result you will stress a lot and not concentrate in lectures or practical in the hospital, you can even leave nursing because you can't cope anymore."

"I have not tested because I know; I am not infected because I use a Condom all the time."

Interestingly, on mentioning that one could attend counseling without getting tested

all the students had no idea. One student's response was:

"I did not know that, I thought one goes to VCT for counseling and testing."

4.4.3. Stigma

Student nurses who had not tested for HIV were concerned about stigma; this was expressed in the following ways:

"Stigma worries me because if one goes for testing and then later they become sick and lose weight; people say that you have AIDS that is why you went for testing."

"So far I know that if some students know that one misbehaves and test for HIV they spread lies, like if you get sick and are not feeling alright. People look at you in a funny way all the time they don't tell you to your face but their action tell."

One student nurse had this to say

"If only people with HIV/AIDS were not treated badly I would go for testing, but I am afraid tomorrow it will be me."

Surprisingly, some students who had tested were not concerned about stigma, as it was felt that it was better to know one's status and get treatment early if one is positive. These students had been tested before and so had good knowledge of HIV/AIDS, VCT, prevention and treatments. Some responses were:

"If you test, it is for your own good not other people, so people can say what they want at the end of the day it is your life."

"It is my life, I have to take care of it, and I will get treatment if I am positive and will live longer."

"Stigma, I don't worry about it, it is my life not other people.

4.5. VOLUNTARY HIV COUNSELING AND TESTING PROGRAMME AT THE COLLEGE

4.5.1. VCT drive

Interestingly student nurses who had had an HIV test and those who had not tested equally agreed that it was a good idea to have the drive at the college. They indicated that it was better to be tested at the college than in a clinic outside, the

reason because participants didn't have to travel far; students were able get more information on HIV/AIDS during the drive and it was just for them. The responses from some of them were:

> *"It is good to have a VCT drive, it is better to test here than at the clinics outside the college because it is quick and accessible."*

> *"Yes it is good to have a VCT drive at the college as students get more information about HIV/AIDS during the drive."*

> *"Although I did not test, I think it is a good idea to have a drive here at the college, because we hear a lot more about HIV/AIDS."*

4.5.2 Low attendance

Student nurses who had had an HIV test stated that few people attended the VCT drives due to fear, some even mentioned ignorance about the process of counseling and testing. Despite having information on VCT during the drive, there was the fear of the outcome of the results. They explained:

> *"Students are scared to go for voluntary counseling and testing, because they don't know what goes on there."*

> *"Some students what can I say… are ignorant of what goes on during voluntary counseling and testing with counselors."*

Student nurses who had not had the HIV test stated that they were scared but also lacked confidence in taking the step of getting tested. Some just did not want to get tested without elaborating why they felt that way. None of the students had ever tested for HIV, but had attended the opening of the VCT drive.

"You know I can not go there because I am scared, I do not have the confidence to just go there like that."

"I don't want to attend the counseling and testing, but I heard the Messages and saw the plays which are like real. But you know, I just don't want to test."

"Yes I was here at the college in February when the VCT drive was done, but I did not test."

4.6 SUGGESTIONS FOR IMPROVEMENT OF THE VCT PROGRAMME

Student nurses were asked to point out areas that needed improvement some of these areas were:

4.6.1Need for integrated service

Interestingly, all students suggested that the programme should be part of the health clinic at the college, to provide continuous services on a daily bases. This integrated service would benefit those who do not get tested during the VCT drive.

> *"The VCT programme should be together with the clinic so that students can get tested any time they want to."*

> *"If the clinic here at the college has VCT, people who had not tested during the drive could get tested there."*

4.6.2 The need to promote VCT in the college

The students who had attended the voluntary counseling and testing felt that there was a need for intensive promotion of voluntary counseling and testing in the college, as they felt that not many student nurses took the VCT programme seriously. This was also found in a study in Ghana at a tertiary institution where 74.9% of students had not heard of any HIV programme and 14.3% said there was

no information on HIV on campus (Anafi and Awusabo-Asare). One of the student nurses comment was:

> *"How can we as nurses go out and preach to the community about HIV/AIDS and VCT when most of us do not go for VCT we need to be the first people to know about VCT , test ourselves and then go out, you know."*

Another student's comment was:

> *"The students need to be more educated about VCT and the benefit of testing…I mean students should take care of their health before it is too late; there is need for more information.*

CHAPTER FIVE

DISCUSSION

5.1. INTRODUCTION

This chapter discusses the results of the study. The study aimed at getting a better understanding of the barriers which prevented student nurses from participating in voluntary HIV counseling and testing. The study had student nurses who had been for voluntary counseling and testing and had actually been tested for HIV, while other students had not tested for HIV, but had attended the motivational talks during the opening of the VCT drive at the college.

5.2. Knowledge of voluntary counseling and testing

The results of the study indicate that student nurses who had gone through the process of the voluntary counseling and testing in the college had a good knowledge of VCT and its process. On the other hand those who had not attended VCT knew the definition of VCT but did not know what VCT entailed. The findings in this study are similar to a study by Ikechebelu, Udigwe, Ikechebelu and Imoh (2006) of undergraduate students in Nigeria. Their results revealed that out of 260 students only 115 were aware of VCT and knew the process. The results also revealed that the knowledge of the VCT process by these students was low.

The study finding revealed that student nurses from a social environment where HIV/AIDS and VCT was talked about and less stigmatized were happier to test. In contrast from a social environment where HIV/AIDS and VCT was not talked about and stigma was a concern were less likely to be tested. A similar response was found in a study by Fako (2006) where students who had quality interaction with family, which included emotional, psychological bonding and sex was discussed with family members were more willing to get tested. In contrast, students who had no discussions on sex, quality interactions, emotional or psychological support from their family were unlikely to get tested.

In this study it was evident that some student nurses were not comfortable discussing HIV/AIDS and VCT with family members or friends. The reason given was that such discussions would create disharmony between family members because they felt that the integrity of individual family members would be question. Other students revealed that family members were reluctant to discuss the issue as treatment was not found in all clinics in communities. Therefore, there was no point in talking about HIV/AIDS and VCT. This is similar to a study done in Kenya and Uganda where young people acknowledge the difficulty in bringing up the subject of HIV testing to an adult as they would be perceived to be sexual active (Horizon,2001). A study by Unger and Haran (2002) found that nurses were reluctant to recommend patients for VCT due to the nurses perceive beliefs of the benefits of testing for HIV. They questioned the ethics of testing without

treatment. Admassu and Fitaw (2006) in Ethiopia found that 83.8% of different professional workers which included student nurses, hospital staff and community groups were willing to be tested if antiretroviral were available

The results showed that student nurses who had attended VCT knew the benefit of knowing their status. They knew that the early knowledge of one's HIV status had an important benefit both in terms of prevention and care. Students were able to point out a number of benefits of knowing one's status such as: taking steps to remain negative if one is negative, remaining faithful to one partner, using condoms at all times to prevent re-infection if one is positive and taking of antiretrovirals to prolong one's life if one is positive. While those who had not tested had limited knowledge of the benefits, most seemed to know the benefit of prevention of HIV from mother to child.

This is in line with a report by WHO (2002) which states that in many parts of the world severely affected by HIV/AIDS fewer than one in ten people with HIV know that they are infected. Those who know that they are HIV positive are likely to make informed decisions with respect to sexual practice.

5.3. Attitudes towards voluntary counseling and testing

There was positive attitude towards voluntary HIV counseling and testing by student nurses who had tested, as most gave the main reason for testing being to know one's status and some mentioned getting treatment if one is positive. This is

similar to a study done by Ikechebelu, Udigwe, Ikechebelu and Imoh (2006) in Nigeria which found that the majority of students who went for HIV testing just wanted to know their status. While a study by Admassu and Fitaw (2006) in Ethiopia found that 83.3% of different professional workers which included student nurses, hospital staff and community groups were willing to be tested if antiretroviral treatment was available. It is assumed that when people are conscious of their status they will act accordingly in order to prevent spreading the infection or contracting the disease.

The overwhelming majority of student nurses who had not attended VCT had a fear of a positive HIV result. They believed that a positive result caused depression and an early death. They were also concerned of not being able to finish college due to stress and what their family and friends would say if they were HIV positive. This is in line with a study conducted by Admassu and Fitaw (2006) in Ethiopia where the lack of appropriate knowledge, psychological, cultural and economic factors as well as lack of appropriate care and support services was identified as factors which hampered the use of VCT services. A study by Hamil, Copas and Murphy (2006) revealed that 26% of the health professionals would rather not know their status due to the concern about losing employment and life insurance benefits. In Zimbabwe, Tarwireyi and Majoko (2003) found that health workers were reluctant to have an HIV test which inhibited their ability to be role models.

5.4. Voluntary counseling and testing at the college

All participants agreed that a VCT drive at the college was a good idea, as the initiative allowed students and other staff members to take part in voluntary counseling and testing within the college. The initiative was seen as a way of reinforcing the knowledge that the students had of HIV/AIDS and VCT. Educational intervention in HIV/AIDS has been done in several studies. Uwakwe (2000) in a study done in Nigeria revealed that after an intense instruction on HIV/AIDS with regards to knowledge enhancement and attitudinal transformation, student nurses were better informed about HIV/AIDS than previously, and there was a more positive attitude towards the disease and patients. McCann and Sharkey (1998) examined the effect of a six week study unit addressing HIV/AIDS to student nurses and it was found that there was a more positive attitude towards patients following the educational intervention.

Although all the students agreed on the importance of VCT drive, it was worrying to note the low attendance of students of HIV testing. A number of student nurses attended the motivational talks and plays during the VCT drive, but did not attend the actual counseling and testing.

People often do not access VCT due to the inability to handle the psychosocial turmoil of an HIV positive result, as well as a feeling of fatalism. The feeling of hopelessness and despair can be changed by communicating about the benefits of

knowing one's HIV status to clients, which will enable one to do something about one's health status. Therefore, clients should be reassured that apart from only taking antiretroviral medication, there are other options that could be taken to maintain a health immune system and treat opportunistic infections (van Dyk and van Dyk, 2003).

In this study, as previously noted, students were unaware of the possibility of receiving counseling with option of not taking an HIV test. As a result, they avoided voluntary counseling and testing altogether. Similar finding was reported in Uganda where young people were unaware of the option of counseling without testing (McCauley, 2004). This could be due to the fact that information pertaining to the availability of counseling only without testing is not emphasized.

5. Stigma

Interestingly, students who had not been tested revealed that they did not attend VCT due to fear of stigma, especially social isolation and be subjected to gossip and rumors. They believed that they would be stigmatized by fellow students especially if they were HIV positive. This is similar to a study done in Kenya and Uganda where 85% of young people cited fear of someone finding out that they had been tested for HIV (Horizon, 2001). Stigma associated with HIV/AIDS has also resulted in people not revealing their status or getting tested (Kalichman and Simbayi, 2003). A study in Nigeria by Onabanjo (2004) revealed that 75% of

students were unwilling to go for voluntary testing and counseling for fear of being stigmatized. Among health workers in Kampala 29% indicated that they never talked with patients about how to prevent HIV/AIDS and 26% had never referred any patient for HIV counseling (Mungherera, van der Straten and Hall, 1997). In Malawi, Talasheka, et al (2007) found that health workers felt uncomfortable talking about HIV/AIDS to people for fear of people feeling singled out on suspicion of having HIV. Stigma has emerged as a major limiting factor in HIV/AIDS prevention and care. If stigma is not conquered, HIV/AIDS will not be defeated (Uys, 2000).

5.6. Need for integrated service

All student nurses agreed that there was a need for an integrated service. Currently the VCT drive is being run by non-governmental organizations which provide their services twice a year, at the beginning of the year in February and end of the year in September. These campaigns run for three days. Students pointed out that an integrated service would provide service to those students who had decided to test for HIV after the VCT drive.

Although there is no single ideal model for VCT service delivery in any population, there are different VCT model clinics available which could be used at the college. The stand alone or freestanding model is operated by non-governmental organizations and its purpose is to provide VCT services only,

clients to this clinic are self-referral. The integrated model is set within a clinical setting alongside other services and offers VCT services which is provider-initiated. The quasi-integrated model is a combination of non-governmental and health sector working together, clients have the benefit of client-initiated and provider-initiated counseling and testing. The private sector model provides services to those who are less likely to attend the public hospitals. The mobile model offers services in a designated place or a van in a community and the home based model offers services to family members in homes (Family Health International, 2005).

The integrated model of VCT services as part of the college health clinic would benefit the students who would prefer to have VCT offered at the college health clinic. Boswell and Baggaley (2002) also acknowledge that integration of VCT services into schools and colleges would provide easier, more acceptable and accessible VCT and other services to students, who would otherwise not attend a primary health care facility. The other benefit for the integrated services would be that the VCT services offered at the college would be utilized by the student nurses only. Young people are often reluctant to attend formal health care services and reproductive health services due to judgmental attitudes of some counselors. They want information confidentiality, low-cost HIV testing and friendly professional counseling from health care workers (Boswell and Baggaley, 2002; Horizon, 2001).

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

This study set out to explore the attitudes and perceptions of student nurses at the Western Cape College of Nursing (WCCN) towards voluntary HIV counseling and testing. This part presents the conclusion to the study.

Firstly the results of this study indicate that student nurses who had an HIV test had a general good understanding of voluntary HIV counseling and testing process. Students who had not tested for HIV did not know what the process of VCT entailed.

Secondly, fear of stigmatization by friends and other students was mentioned as one reason for non-participation in VCT. Other reasons given for not testing were: fear of a positive result, believing not to be infected; and thinking that a positive result means a death sentence.

Thirdly, the study has also established that students were not aware that one could have counseling without getting tested during the drive.

Fourthly, the study has also revealed that students who had been tested were knowledgeable on some of the benefits of knowing one HIV status. While those who had not tested were only able to mention mother to child transmission as a benefit.

Lastly, the study has found that voluntary HIV counseling and testing was done twice a year at the beginning and at the end of the year by a non-governmental organization for three days only. This means that students willing to be tested after the VCT drive could only be tested at a primary health center. This, arguably limits the student nurses chance of participating in voluntary HIV counseling and testing.

6.2 RECOMMENDATION

The following are the proposed recommendations which are based on the findings of the study:

- Integrate VCT programme into the college health clinic. This will enable students to access VCT at any time.

- Ongoing messages on HIV/AIDS and VCT to be presented to students and staff once every two month, through motivational talks by guest speakers or drama by visiting drama groups.

- Although HIV/AIDS is covered during some practical and theory lessons, there is need for the development of a curriculum which could specifically cover HIV/AIDS and VCT addressing important issues. The educational intervention will be able to enforce the understanding of HIV/AIDS and VCT among the students, as well as providing a platform for promoting VCT to the general population. This, arguably, will increase student nurses level of comfort in dealing with the pandemic.

- Further research on perceptions and attitudes of student nurses towards voluntary HIV counseling and testing be conducted in South Africa in order to broaden the understanding of voluntary HIV counseling and testing behaviors among this group of people.

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APPENDIX: 1

INTERVIEW GUIDE

1**.** Have you ever tested for HIV?

2**.** Tell me about your decision that led you to test/not test

Tell me the process of VCT?

Have your friends/family tested? Why?

What does your friends/family know about HIV/AIDS and VCT?

What are some of the benefits of knowing one's HIV status?

3. What is your opinion on the VCT programme offered at the Western Cape College of Nursing?

Tell me about this programme.

Is it a good idea to have a VCT drive at the college? Why?

Were you here during the last VCT drive?

What did you think of it?

Why do you think so few people attended?

What would you do differently to encourage people to attend?

4. Is there anything else you would like to discuss concerning the above issue?

Thank you for participating in the interview.

APPENDIX: 2

CONSENT FORM

PERCEPTIONS AND ATTITUDES OF FIRST YEAR STUDENT NURSES TOWARDS VOLUNTARY HIV COUNSELLING AND TESTING

I understand the aim of the study is to explore the perceptions and attitudes of students nurses towards voluntary HIV counseling and testing (VCT). I also understand that the information gained in the study will assist the college in designing a better and more effective VCT programme in the college.

Whatever information I will provide will be strictly confidential. I will use a pseudonym instead of my real name.

My participation in this study is voluntary and I am under no obligation to participate. I may ask questions during the discussion if you wish. If there is any thing that I prefer not to discuss, I can say so. I am free to withdraw from the study any time during the discussions if I do not want to continue participating in the study

I consent voluntarily to be a participant in this study

Signature of the interviewer: ……...

Date: …….

Signature of the interviewee……..

Date: ……

Thank you for participating in the study.

APPENDIX: 3

School of Public Health
University of the Western Cape
P/B X 17,
Bellville, 7535.
September, 2007

The principal,
Western Cape College of Nursing,
Klipfontein road,
Athlone.

Dear Sir/Madam,

RE: APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT THE WESTERN CAPE COLLEGE OF NURSING

I am a postgraduate student of public health at the University of the Western Cape, I plan to carry out a research study on 'Perceptions and attitudes of first year student nurses towards voluntary HIV counseling and testing in the Western Cape College of Nursing'. This is in fulfillment of the requirement for a Masters degree in Public Health. I write to ask if you would allow your first year student nurses to participate in the study and give their views on the subject.

A copy of research proposal, which has been approved by the Higher Degrees committee at the University of the Western Cape, is attached.

I look forward to your consideration in this matter.

Yours sincerely,

ROSIANA J. HARA (Masters Student)