

Perceptions of Men With Regard To Human Immunodeficiency Virus (HIV) Voluntary Counselling and Testing, Windhoek

Shipanga Victoria K¹, Nauseb Taimi², Kloppers Joan M²

¹School of Nursing and Public Health, University of Namibia, Namibia

²School of Nursing and Public Health, University of Namibia, Namibia

Corresponding Author: Shipanga Victoria K

Abstract: The paper presents findings of a study on perceptions of men with regard to the testing of HIV and AIDS. It reflects factors contributing to the low statistics of men accessing the HIV and AIDS testing services. The aim of the study was to explore and describe perceptions of men with regard to HIV voluntary counselling and testing (VCT) in Windhoek. The objectives of the study were twofold; to explore and describe the perceptions of men with respect to HIV voluntary counselling and testing and provide recommendations with regard to VCT based on the perceptions of men.

The study applied a qualitative, exploratory, and descriptive design and data was collected through face-to-face, semi-structured interviews. The population comprised all men aged 18 years and older who were visiting the state health facilities in Windhoek to seek any health services during the data collection period and who were able to speak either English or Oshiwambo. Two clinics, one hospital, and a health center were purposively selected for sampling purposes; namely the Katutura Hospital, Katutura Health Centre, as well as the Robert Mugabe and Okuryangava Clinics. The health facilities were selected due to their location and volume of patients. Semi-structured interviews were used for data collection. The interviews were voice recorded, transcribed, and analyzed by using Tesch's approach to data analysis.

The findings showed that men's outlook on VCT was earnest and appreciable and is needed in the prevention and control of HIV. However, factors such as, cultural beliefs, fear of positive results, stigmatization, and masculinity influence men's uptake on HIV voluntary counselling and testing, which could have negative effects on the HIV prevention and treatment programmes.

Key recommendations from this study include the introduction of measures that would reduce the fear of stigma, persistent efforts to encourage HIV counselling and testing among men, and formulation of strategies that can address the needs of men in order to attract the attention of men to HIV testing services. Furthermore, a complete review of the approach to pre and post counselling was recommended to be conducted in such a way that clients would not fear the onset of depression.

Date of Submission: 03-05-2018

Date of acceptance: 18-05-2018

I. Introduction

In Namibia, HIV and AIDS remains a major public health problem with a prevalence rate among pregnant women aged 15 – 49 years of 16.9% [14]. According to the 2011 Population and Housing Census, the population stands at 2 116 077 people, of which 1 084 258 are in the sexually active group of between 15 and 49 years [15]. According to the 2013 Namibia Demographic and Health Survey, forty-nine percent of women and 38 percent of men age 15-49 were tested for HIV in the year preceding the survey and received the test results [12].

Namibia has a generalized HIV / AIDS epidemic with HIV primarily spread heterosexually. Unfortunately, the majority of Namibians do not know their HIV status, which is a gateway to care and treatment for those people who are HIV positive and a key area to reach the ones who are negative with prevention messages. Namibia is a country with a small population that is spread over vast distances, which makes the limited Counselling and Testing centers that are available inaccessible to some population segments [9].

HIV voluntary counselling and testing is one of the key strategies in the prevention of HIV and AIDS and is a critical entry point for access to HIV and AIDS treatment and care. The Voluntary Counselling and Testing (VCT) is defined as an HIV intervention that includes both voluntary pre and post-test counselling and voluntary HIV testing [19]. The low level of participation in routine HIV counselling and testing causes significant challenges for HIV prevention and care programmes in Namibia. Individuals with high risk behavioral profiles are at greater risk of contracting and passing on the virus if they are unaware of their own

partner's HIV status, while delayed enrolment into HIV and AIDS care and treatment programmes is associated with worse long-term health outcomes for infected persons [10].

The scale up of HIV treatment is an important response. However, enrolment for treatment and care continues to be hampered by the low uptake of HIV voluntary counselling and testing, especially among men. The aim of VCT is to inform individuals of their HIV status to enable them to make informed decisions. Global coverage of HIV testing and counselling programmes remains low [20]. It is, therefore, important for all individuals to know their HIV status with the aim of enabling them to make better choices.

II. Material And Methods

The paradigmatic perspective of the study focused on an interpretivism approach to explore and understand the perceptions of men in respect of HIV voluntary counselling and testing. The ontological and epistemological assumptions were applied in the study. In contemporary logical reasoning, three different types of reasoning can be distinguished; known as deductive reasoning, inductive reasoning, and abductive reasoning based on respectively deduction, induction and abduction [4]. In order to derive at logical assumptions during a study, it is important to apply good and correct reasoning with the aim of validating the research findings. In this study, inductive reasoning strategy was applied. The researcher observed the population being studied and interviewed the participants to attain a close familiarity with the population she was examining. The researcher also interviewed a nurse to get a clear picture of the situation. Conclusions related to aspects about the perceptions of men with regard to HIV counselling and testing were drawn from views expressed by men during the interviews.

Study Design: A qualitative, exploratory, and descriptive.

Study Location: Katutura Hospital, Katutura Health Centre, Robert Mugabe and Okuryangava Clinics

Study Duration: October - November 2014

Sample size: 9 Patients (reached saturation).

Sample size calculation: The researcher applied a purposive sampling technique in this study. Of the 10 state health facilities, there are two hospitals and eight health centers / clinics. Two clinics, one hospital, and a health center were selected for sampling purposes; namely the Katutura Hospital, Katutura Health Centre, as well as the Robert Mugabe and Okuryangava Clinics. The researcher purposively selected men who had met the criteria for inclusion in the study while they were visiting the sampled facilities. Purposive sampling was used to select participants in a strategic way that ensured their contribution was relevant to the research questions [2]. The researcher purposively selected participants that were willing to participate in the study and conducted individual interviews until saturation occurred. Data saturation refers to the stage when any additional data collected provides few, if any, new insights [16]. The researcher had initially planned to conduct 15 interviews; however, the point of saturation was reached after nine individual interviews at three health facilities; namely the Katutura Health Centre, as well as the Robert Mugabe and Okuryangava Clinics.

Subjects & selection method: The population comprised all men aged 18 years and older who were visiting the state health facilities in Windhoek to seek any health services during the data collection period and who were able to speak either English or Oshiwambo.

Inclusion criteria:

1. Participants should be men attending the health center during the data collection period;
2. Aged 18 years and older; because participants younger than 18 years would have required parental consent;
3. Able to speak and understand either English or Oshiwambo because the researcher only spoke those two languages; and
4. Willing to take part in the study.

Procedure methodology

The researcher conducted face-to-face, semi-structured interviews by posing a central question: "Tell me your perceptions on HIV voluntary counselling and testing", to ensure that similar aspects of the research topic were discussed with each participant [7]. Follow-up questions were asked from the interview guide during the interview of each participant. The researcher conducted semi-structured interviews because it allowed the researcher to gain the data she required without pigeonholing the responses of the participants [2].

The researcher applied several techniques in order to gain an in-depth understanding of the interviewees. Probing was done in order to understand the participants' views in detail and to afford them an opportunity to elaborate more on the initial response. In addition, the researcher interpreted and sought clarifications when necessary to avoid misinterpretation.

Statistical analysis

Data analysis was conducted using Tesch's open coding method of qualitative data analysis. The eight steps of Tesch's approach of data analysis [6] were used to organize the data systematically. The researcher transcribed all the interviews and thereafter, the process of data analysis was initiated. In order to avoid loss of any meaningful information and to incorporate non-verbal data such as tone of voice, the available voice recordings had been transcribed as soon as possible after each interview. The researcher listened repeatedly to the voice recorded of the interviews while verifying the notes taken. That process allowed the researcher an opportunity to gain a general understanding of the interview content.

III. Result

The findings show that men have a positive perception about HIV voluntary counselling and testing and regard it as a very important and beneficial health service because it helps individuals to know their HIV status and enables them to make the right choices for the future. However, despite the potential known benefits, men experience obstructing factors that discourage them to seek HIV testing services at public facilities. Identified barriers are related to social, behavioral, and cultural issues, such as, fear of being tested positive, fear of being stigmatized. In addition, gender norms of masculinity are also implicated in men's reluctance to seek medical care.

While strategies have already been implemented to motivate people to get tested, statistics show that the uptake is still low, especially by men. Participants, therefore, suggested various strategies that might be implemented to increase the uptake of HIV VCT by men. Among the strategies that they suggested were education, peer talks, and home testing. Moreover, efforts of HIV prevention programmes still need to be strengthened in order to minimize risky sexual practices. In addition, a complete review of the approach to pre and post counselling needs to happen with the aim of conducting it in such a way that clients do not need to fear the onset of depression.

Themes and subthemes obtained from the interviews with men about perceptions of men with regard to voluntary counselling and testing are presented in Table 3.1.

Table 3.1: Identified themes and subthemes about the perception of men with regard to HIV voluntary counselling and testing

Main themes	Sub-themes
<p>3.2.1.1 Theme 1: Men perceived HIV voluntary counselling and testing as readily available and affordable.</p>	<p>a. Availability of VCT services</p> <ul style="list-style-type: none"> • Easily accessible. <p>b. Affordability of VCT services</p> <ul style="list-style-type: none"> • VCT services offered free of charge at public health facilities.
<p>3.2.1.2 Theme 2: VCT attendance is perceived to be influenced by various factors.</p>	<p>c. Motivational perceived factors</p> <ul style="list-style-type: none"> • Awareness of health benefits; • Assurance in relationships; • The urge to know the HIV status; and • Health status. <p>d. Non-motivational perceived factors</p> <ul style="list-style-type: none"> • Negligence of health; and • Masculinity. <p>e. Perceived benefits associated with VCT</p> <ul style="list-style-type: none"> • Informed family planning; and • Healthy and positive living.
<p>3.2.1.3 Theme 3: The uptake of HIV VCT by men is perceived to have barriers.</p>	<p>a. Social and behavioural barriers</p> <ul style="list-style-type: none"> • Fear of positive results • stigma; and • Risky sexual behaviour. <p>b. Cultural barriers</p>

	<ul style="list-style-type: none"> • Shame; and • Cultural beliefs.
<p>3.2.1.4 Theme 4: New strategies targeting men are needed to encourage men to get tested.</p>	<p>a. Educational strategy b. Peer talks c. Home testing</p>

IV. Discussion

Participants shared their experiences and thoughts with respect to barriers that prevented them from accessing HIV Counselling and Testing (HCT). Related factors to social, behavioral, and cultural issues were identified as barriers to HCT.

Barriers related to social and behavioral factors that were mentioned by the participants of this study-included fear of positive results, stigma, and risky sexual behavior. These findings are in agreement with a study conducted in South Africa, which has established that men accounted for only 21% of all clients who are receiving VCT [5]. Reasons why men are reluctant to test stem from three realms: Individual factors, societal factors, and institutional factors. Individual factors for not testing include fear of results, based on the assumption that a partner's HIV status implies that one has the same status, the nugatory perception of knowing one's status, and no sense of vulnerability to HIV. Societal factors that contribute to men not utilizing CT services include stigma and men's gender socialization. Institutional factors include poor treatment by nurses and confidentiality concerns [5]

Environmental factors, such as fear of positive results were dominantly reported by men as the stumbling blocks to the uptake of HIV testing. Men seem to always be afraid of facing their HIV results and being seen visiting VCT centers. It was mentioned that knowing one's results would cause damage to an individual when he is confronted by bad results that might lead to depression.

Fear of stigma was dominantly reported by men as the stumbling blocks to the uptake of HIV testing. It is therefore apparent that stigma and discrimination remain barriers to HIV testing.

Environmental factors are evident in the following statements.

"They are afraid of being told that they are positive. They are just afraid; full of fear" Interviewee # 1.

"It is just because of fear. They are simply afraid of being tested and the results come out positive. Also they fear what people might say about them seeking testing" Interviewee # 2.

"You know men are very secretive, and they think they are the strongest who cannot catch HIV. they are the people who do not want to know their status, because he knows, most of them know they know they are 21 jump street, they know if you get tested you may get bad results, so it better not to go get results that would damage them" Interviewee # 5.

"Aah, eish, -aah like for African men they have this belief that, what you don't know won't kill you, so they prefer not knowing their status aaah, simply because they are afraid to find out if they are HIV positive or not, because in most cases, most of them know that they probably have unprotected sex, with multiple partners, so they feel, that probably once they know they would probably become depressed" Interviewee # 6.

"Men are scared of the results. Maybe they don't feel it is necessary and important" Interviewee # 9.

Findings of this study are supported by the study conducted in Uganda, which concludes that VCT among men is low and reinforces the widely reported observation that men are not fully involved in HIV prevention programmes [3]. The major barriers to VCT use among men are poor utilization of CT services due to poor access, stigma, and confidentiality of services. It is further concluded that AIDS related stigma creates barriers to seeking CT among men and this has led to more than half of the men failing to test for HIV [3]. Men pointed out that they are worried of being labelled HIV infected because they would lose their social privileges. Fear of meeting familiar people at HIV testing clinics is also mentioned; therefore, they prefer to be tested in distant clinics where they are not known.

Stigma and the fear of testing positive are potential barriers to testing. Individuals are more likely to seek HIV testing when it is offered anonymously. Anonymity is a critical component of establishing trust and ensuring client demand for services, as has been shown in the VCT programme in Uganda [3].

People living with HIV and AIDS (PLWHA) face not only medical problems but also social problems that are associated with the disease. One of the barriers to reaching those citizens who are at risk or infected with HIV / AIDS is stigma. Stigma aggravates secrecy and denial that at the same time are catalysts for HIV transmission.

Although the reaction to People Living with HIV and AIDS varies, with some PLWHA receiving support that positively affects them, HIV / AIDS stigma negatively affects seeking HIV testing, seeking care after diagnosis, the quality of care provided to HIV patients, and finally the negative perception and treatment of PLWHA by their communities, families, and partners. It isolates people from the community and affects the general quality of life for HIV patients [8].

Stigma and discrimination negatively affect the response to HIV. The World Health Organization cites fear of stigma and discrimination as the main reason why people are more reluctant to get tested, disclose their HIV status, and take ARV drugs [1]. The AIDS Virus Education and Research Trust further states that the prevalence of fear, stigmatization, and discrimination has undermined the ability of individuals, families, and societies to protect themselves and to provide support and measures to those individuals who are affected [1]. Some participants indicated that men do not get tested due to concerns about their own risky behavior, such as having multiple sexual partners and engaging in unprotected sexual intercourse.

This perception is evident in the statements below.

“Aah, eish, -aah like for African men they have this belief that, what you don’t know won’t kill you, so they prefer not knowing their status aah, simply because they are afraid to find out if they are HIV positive or not, because in most cases, most of them know that they probably have unprotected sex, with multiple partners, so they feel, that probably once they know they would probably become depressed” Interviewee # 6.

“Men are usually scared of the results. Also they are ashamed because they sleep around and have multiple partners” Interviewee # 7.

A significant proportion of men engage in risky sexual behavior, including having multiple sexual partners and engaging in unprotected sexual intercourse. Multiple sexual partners are a common practice and appear to be a manifestation of male dominance in the society. Surprisingly, despite the risky sexual behavior, especially among older men, the awareness of HIV risk is very low. One possible explanation for the apparent discrepancy between multiple sexual partners and risk perception lies in the fact that men regard having multiple sexual partners as a societal norm, therefore, they fail to perceive it as risky sexual behavior [3].

One may conclude from this study that efforts of HIV prevention programmes still need to be strengthened in order to minimize risky sexual practices. In addition, a complete review of the approach to pre and post counselling needs to happen with the aim of conducting it in such a way that clients do not need to fear the onset of depression

Education was identified as the most preferred strategy that should be implemented to improve men’s knowledge and benefits of HCT. Participants felt that more health education for men should be evaluated as a strategy for encouraging men to get tested. This targeted health education should aim at raising awareness about the importance of HCT. This point of view is evident in the statements below.

“I think they just need to be counselled, to understand the benefits of testing” Interviewee # 2.

“The good thing is to do more by educating more people and counsel the people more as well” Interviewee # 4.

“That one can only be through education, especially TV and radio. That one can encourage more men to get tested” Interviewee # 5.

“Maybe stress the importance of getting tested” Interviewee # 9.

In Uganda, mass media and marketing approaches have proven to be successful in improving people’s perceptions with regard to the benefits of knowing their status and increasing the uptake of VCT in some communities. According to the Family Health International (FHI), effective communication in terms of the increasing demand for VCT services may include providing information about where VCT services are available, including the availability of related HIV / AIDS services; addressing the benefits of HIV testing; encouraging target populations to access and utilize VCT services; encouraging sustained behavioral changes after a person has been tested, and encouraging CT as a routine component of health seeking behavior [14].

The participants felt that a trial run of peer talks should also be considered as a platform to discuss matters related to HIV voluntary counselling and testing and its associated benefits. The following statement indicates this suggestion clearly.

“Probably, men-to-men talks like calling out men in the communities and then sitting down and talk about issues without women” Interviewee # 6.

Peer education is a strategy that allows individuals from a target group to provide information, training, or resources to their peers. Peer education interventions might be effective in several important areas. Peer education interventions possibly would lead to more advanced HIV knowledge and an increased condom use in various populations that are at risk [17].

V. Conclusion

Men have an informed perception of HIV voluntary counselling and testing, and emphasize the important role it plays in the lives of individuals. However, men regard the fear of stigma and discrimination as the main barrier to HIV testing, which could have negative effects on the HIV prevention and treatment programmes. This study concludes that measures for dealing with humiliation are deficient. Strategies that focus on men are a gap and a contributing factor to the problem of low uptake of HIV testing among men. The study therefore concludes that efforts need to be intensified in order to successfully implement HIV prevention programmes especially taking into consideration gender specific needs.

It is recommended that awareness rising among men should be increased in terms of prevention of HIV, as well as an understanding of the importance and benefits associated with VCT. Moreover, HIV prevention campaigns should involve men, to influence their peers.

Finally, participants recommended that HIV testing should be conducted in a different environment such as door-to-door home testing as opposed to testing in the traditional health setting in order to avoid stigma and discrimination in society. The Ministry of Health and Social Services has identified inadequate HCT facilities, particularly mobile and door-to-door testing as some of the major gaps in the 2010/11 – 2016/16 national strategic plan, and recommends mobile services in providing access to HCT services, especially in light of the vast distances and the sparse distribution of people in Namibia [11]. Similar findings to the ones identified by MoHSS clearly emerge from this study.

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Shipanga Victoria K1. "Perceptions of Men With Regard To Human Immunodeficiency Virus (HIV) Voluntary Counselling And Testing, Windhoek". *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, vol. 7, no.3, 2018, pp. 54-59.