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Assessment of Counseling Centre Factors that impede/promote Voluntary Counseling and Testing services among youth in Anambra State

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Abstract

The aim of the study is to assess the counseling centre factors that impede/promote VCT services among youths. These factors were assessed using a questionnaire as the instrument. A multistage random sampling was used to select 400 respondents from different local government areas in Anambra state of Nigeria. The results show that the youths identified lack of confidentiality (mean score 2.6), as the only counseling centre factor that may impede their response to VCT; while centre factors that promote youths' response to VCT services include availability of Antiretroviral drugs (mean score 3.0), freedom of services (mean score 2.8), centre openness on weekends (mean score 2.5), friendly and non judgmental attitude of service providers (mean score 3.0) and numerous VCT centers (mean score 2.9). It was then recommended that counselors should improve on these counseling centre factors that promote VCT use as identified.

Keywords: Counseling centre, impeding factors, VCT services youths.

Introduction

People who are worried about confidentiality or belong to a group that are already unsupported or marginalized do not utilize Voluntary Counseling and Testing (VCT) services (UNAIDS 2001). VCT services are known to offer a confidential service as the individual and the counselor share the test result (Bowell and Baggaley 2002).

Method of reporting can be (a) named reporting in which test results are kept by the clinic, or (b) anonymous testing where someone wanting test can attend without giving the name. The rationale for named reporting is for surveillance of HIV within communities (UNAIDS 2001). VCT services should match the medical and emotional needs to maximize client uptake of the service (Abraham and Subrahmanion 2000).

The attitudes of health care providers play a crucial role in addressing sexual issues with young people. Adequate training should be provided to counselors, training on gender and sexuality norms in their community is very important (Sadik 2006).

Another clinic factor that can affect VCT service utilization is cost. It is important to develop and use a low cost diagnostic test for this could enhance the utilization of VCT (West et al 2007). According to Hudded and Fourier (2005), introduction of user free services cannot compensate barriers created by other factors in the centre. Lack of continuity of care can lead to missed opportunities to provide sexual and reproductive health services including management of STI and other reproductive tract infections and advice on impact of anti-retroviral on sexual and reproductive life (Bell et al 2007); where the clients were not referred but had to proactively seek out different types of care providers themselves (Sylvester et al 2005).

There is a dearth of information on VCT centre factors affecting VCT utilization by youths particularly in Anambra state. Hence eliciting the information on factors that impede/promote VCT services among the youths are vital and a timely activity in order facilitate HIV prevention efforts of the state.

Methodology

A cross-sectional description survey research design was used to study the youths' knowledge of VCT in Anambra state of Nigeria within the youth population (15-29 years) of 1,307,637 (National Population Commission (NPC) 2006).

Multistage, simple random and proportionate selection techniques were used in selecting the subjects. This involved random selection of two local governments from each of the three senatorial zones of the state, making a total of six (6) local government areas. The six local government areas selected were Oyi, Ogbaru, Ihiala, Nnewi North, Awka South and Idemili North. A community was selected using simple random sampling from each of the selected local governments.

The communities selected were Okpoko, Umunya, Ihiala, Nnewi, Awka and Ogidi. The total population of youths in these communities according to NPC (2006) is 137,074. Proportionate sampling was used to select a total of 400 youths that were used for the study.

The instrument of data collection was a questionnaire. Split-half method was used to test the reliability of the instrument. The researchers administered the instrument to the youth in various churches, football fields and in schools. Permission to carry out the study was obtained from community leaders verbally. Informed concert was equally obtained from each participant. The data were analyzed using SPSS version 17.

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RESULTS AND DISCUSSION

Table 1: Counseling centre factors that impede/promote VCT N=397

Counseling centre factors that impede VCT	SA	A	D	SD	X
Cost of VCT	49	95	151	102	2.2
Lack of confidentiality	83	142	105	67	2.6
Judgmental attitude of service providers	90	113	132	62	2.4
Poor quality of VCT service	57	106	168	66	2.4
Inconvenient hours of service	57	117	148	75	2.4
Long waiting period for result	53	100	145	99	2.3
Distance of VCT centre	52	102	154	89	2.3
Lack of treatment with ARVD	63	93	150	91	2.3
Average %	63(16%)	109(27%)	144(36%)	81(21%)	2.4

Table 2: Counseling Centre factors that promote VCT

Counseling centre factors that impede VCT	SA	A	D	SD	X
Assurance of confidentiality of test	149	168	63	17	3.1
Availability of treatment with ARVD	122	162	86	27	3.0
Provision of condom	57	80	133	127	2.2
Free services	86	140	128	43	2.8
ICentre remaining open on weekends	62	121	154	60	2.5
Friendly and non judgmental attitude of service providers	128	170	71	28	3.0
Nearness of VCT centre	122	158	76	41	2.9
Average %	104(26%)	143(36%)	102(26%)	49(12%)	2.8

For provider and counseling centre factors that impede VCT as shown in Table 1 and 2, 49 respondents strongly agreed to cost of VCT as a factor that may impede or hinder VCT, respondents just agreed, 151 disagreed and 102 strongly disagreed to the item. Their responses yielded a mean score of 2.2 negative responses.

Judgmental attitude of service providers received 83 strongly agreed responses., 142 agreed responses, while 105 and 67 respondents disagreed and strongly disagreed to the item respectively. A mean score of 2.6 positive responses was got. 57 and 106 respondents strongly agreed and agreed to poor quality of VCT services while 168 disagreed and 66 respondents strongly disagreed. A mean score of 2.4 was got. Inconvenient hours of service received 57 strongly disagreed responses. A mean score of 2.6 negative responses was got from their responses.

For long waiting period for result, 53 respondents strongly agreed to the item, 100 respondents just agreed, while 145 disagreed and 99 strongly disagreed. Their responses yielded a mean score 2.3 negative responses. Distance of VCT centre and lack of treatment with ARVD had a mean score of 2.3 negative responses, respectively. For counseling center factors that promote VCT, assurance of confidentiality of test received 149 strongly agreed responses, 168 agreed

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responses; 63 disagreed and 17 strongly disagreed responses. Responses yielded a mean score of 3.1 positive responses.

Availability of treatment with ARVD had a mean score of 3.0 with 122 respondents strongly agreeing and 162 agreeing to the item. 86 and 27 respondents disagreed and strongly disagreed respectively. Provision of condom had a mean score of 2.2. Free services of VCT had a mean score of 2.8 positive responses with 86 respondents strongly agreeing to the item, 128 respondents disagreed and 43 strongly disagreed. A mean score of 2.5 was got from responses to center being open on weekends. For friendly and non judgmental attitude of service provider, a mean score of 3.0 was got from the responses with 12 strongly agreeing to the item, 170 agreeing, 71 showing disagreement and 28 strongly disagreeing.

For nearness of VCT center as a factor that promotes VCT, 122 respondents strongly agreed to the item, 158 agreed while 76 disagreed and 41 strongly disagreed. A mean score of 2.9 positive responses was got. The table equally shows that youths had average of 63(16%) responses for strongly agreed 109(27%) responses for agreed giving a total of 172(42%) responses representing positive response to counseling centre factors that impede VCT. On the other hand, an average of 144(35%) youths disagreed and 81(21%) strongly disagreed giving a total of 225(57%) responses representing negative response to counseling center factors that impede VCT.

For counseling center factors that promote VCT, youths had average of 104(26%) for strongly agreed and 143(36%) for agreed, making a total of 247(26%) responses representing positive response while they had an average of 102(26%) disagreed response and 49(12%) strongly disagreed responses making a total of 151(38%) responses representing negative response to counseling center factors that hinder VCT.

Kruskal Wallis and Mann Whitney statistics were used to examine the association between some demographic variables like age, sex, educational level, marital status and occupation; and factors that either impede or promote utilization of VCT. Using Mann Whitney test statistics, gender showed no significant relationship with factors that either promote or hinder VCT (P>0.05) for factors that promote VCT and (P>0.05) level of significance for factors that hinder VCT.

Table 3: Association between demographic variables and factors that promote VCT using Kruskal Wallis test statistics **N=380**

Demographic variables		Freq. (N=380)	Kruskal Wallis	P-value
Age	15-19yrs 20-24yrs 25-29yrs	126 151 103	22.67	.000*
Marital status	Single Married Separated Divorced Widowed	334 24 11 7 4	2.915	0.572
Educational level	Primary Secondary Tertiary	8 184 188	41.452	.000*
Occupation	Apprentice Trading Private/company worker Govt. worker Applicant Student	14 28 24 25 14 275	6.839	0.233

*Significant P<0.05

Table 3 shows that there is significant relationship between age (P=0.000)* and educational status (P=0.000)* of respondents and factors that promote VCT. Participants between 20-24years with higher educational level agreed to the factors that promote VCT.

Table 4 reveals that there is significant relationship between marital status and educational level of respondents and factors that hinder VCT. Never married youths with higher educational level agreed to the factors that hinder VCT among youths in Anambra state. Pearson R Spearman correlation was further used to correlate demographic variables with factors that either promote or hinder VCT. The findings reveal that age (PearsonR =.203. P=.000, P<0.05 level of significance) and educational level (PearsonR =.321, P<0.05 level of significance) of respondents correlated with factors that promote VCT. Only educational level (PearsonR=-.136, P= .008, P<0.05 level of significance) of respondents correlated with factors that hinder VCT. Hence interventions that improve factors that promote VCT should focus more on youths who are less educated and younger.

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Table 3: Association between demographic variables and factors that hinder VCT

N=380

Demographic variables		Freq. (N=380)	Kruskal Wallis	P-value
Age	15-19yrs 20-24yrs 25-29yrs	126 151 103	22.67	0.182
Marital status	Single Married Separated Divorced Widowed	334 24 11 7 4	22.671	.000*
Educational level	Primary Secondary Tertiary	8 184 188	8.437	.015*
Occupation	Apprentice Trading Private/company worker Govt. worker Applicant Student	14 28 24 25 14 275	1.752	0.882

Significant P<0.05

Counseling centre factors that impede/promote youths' response to VCT

Youths identified lack of confidentiality (mean 2.6) as the only counseling centre factors that may impede their response to VCT. Issues on confidentiality were found in many studies and literatures to affect VCT use. A research in Kenya and Uganda by Horizon (2001) revealed that many young people wished that confidentiality will be ensured in matters concerning HIV counseling and testing. International HIV/AIDS Alliance in 2006 reported that many people would prefer a setting for HIV counseling where counselors understand the consequences of violating confidentiality.

On counseling centre factors that promote youths' response to VCT, the following were identified.

- Availability of treatment with Antiretroviral drugs (mean score 3.0). International HIV Treatment Preparedness Summit in 2003 saw provision of treatment with ARVD as something that would encourage people to learn facts about HIV and utilize counseling, testing and care; hence the findings in this study are in line with their postulation.

- Free services (mean score 2.8). This finding agrees with studies in Kenya, Zambia, Zimbabwe and United States which suggest that cost factors significantly affect uptake and acceptability of VCT services (Danesyn et al 2002). " Center remaining open on weekends (mean score 2.5). This finding also agrees with postulations of Boswell and Baggaley (2002) that uptake of youths in this study equally identified availability of support services and lack of stigma/discrimination as factors that will promote their response to VCT. This seems to be in line with the observation of Feldman (200) that there is less stigma associated with HIV in communities that have good counseling services, and active support group services. VCT is significantly influenced by service operating hours and that approaches known to be effective with young people include offering services in weekends as well as center remaining open through lunch or break hours.

- Friendly and non judgmental attitudes of service providers (mean score 3.0). This finding is not different from the findings of Mcphail et al in 2008 among South African Youths which revealed that young people want counselors who are friendly and will not shout at them. It also agrees with the postulations of Boswell and Baggaley (2002) that young people want counselors or medical personnel who would not judge them as being sexually active and having difficulty engaging and listening to their needs.

- Nearness of VCT centre (mean score 2.9). This concurs with the finding of Onabanjo in 2004 in Lagos, Nigeria where 75% of the students used for his study identified lack of VCT centre in and around the school as a deterrent to their using CVT services.

Finally, assurance that test result will be confidential (mean score 3.1) was identified by youths as a counseling center factor that will promote VCT and this has been previously discussed.

Conclusion

It can be concluded from this study that counseling centre factor that may impede youths response to VCT service include lack of confidentiality while factors that promote it are availability of antiretroviral drugs, free services, centre openness on weekends and friendly and non judgmental attitude of the providers.

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Recommendations

It is recommended that counselor must maintain confidentiality, have antiretroviral drugs, provide free services and maintain a friendly and non-judgmental attitude.

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