Araştırma/Research Article *TAF Prev Med Bull 2010; 9(4):309-314*

Acceptability and Barriers to Uptake of Voluntary Counselling and Testing for HIV amongst Pregnant Women in Nigeria

[Nijerya'da Hamile Bayanlar Arasında Gönüllü HIV Testi ve Danışmanlığına Ulaşılabilirlik ve Engeller]

SUMMARY

AIM: This study was designed to determine the acceptability of voluntary counselling and testing (VCT) for HIV and identify possible barriers to it's uptake amongst pregnant women in a Nigerian community.

METHODS: One hundred and twenty seven consenting pregnant women attending antenatal clinic at Federal Medical Centre, Owo were randomly selected and interviewed by the authors and two trained assistants. The study was conducted between August and October, 2007. The information obtained with the aid of semi –structured questionnaire included their bio data, awareness about VCT and vertical transmission of HIV-AIDS. Other information obtained included acceptability of VCT and barriers to its uptake.

RESULT: Majority (85%) were aware about vertical transmission of HIV, most (83.5%) knew of VCT. They were predominantly willing to accept VCT (77.2%) and were ready to recommend VCT to others(76.2%). The main identified barriers to uptake of voluntary counseling were fear of possible outcome (82.7%) and risk of divorce (70.9%).

CONCLUSION: Most respondents were aware of voluntary counselling and testing for HIV as well as the vertical transmission of HIV. Majority were willing to accept HIV test and recommend same to others. Barriers to uptake of HIV test included fear of possible outcome, lack of felt need, stigmatization and financial constraint. There is need to extend voluntary counselling and testing for HIV to all antenatal patients.

ÖZET

GİRİŞ: Bu çalışma, Nijeryalı bir toplumda gebeler arasında gönüllü HIV danışmanlığı alma ve test yaptırma (VCT) durumunun kabul edilebilirliğini ve olası engelleri belirlemek için tasarlanmıştır.

YÖNTEM: Araştırma Owo, Federal Tıp Merkezi doğum öncesi kliniğine başvuranlar arasından, rast gele seçilmiş ve araştırmaya katılımı kabul etmiş yüz yirmi yedi gebede, yazarlar ve iki eğitilmiş yardımcı personel tarafından geçekleştirilmiştir. Çalışma Ağustos ve Ekim 2007 tarihleri arasında gerçekleştirilmiştir. Bilgiler yarı yapılandırılmış anket yardımıyla toplanmış, anket bio veri, VCT ve HIV-AIDS dikey bulaş hakkında farkındalık vb. sorulardan oluşmuştur. Toplanan diğer bilgiler arasında; VCT kabul edilebilirliği ve önündeki engeller bulunmaktadır.

BULGULAR: Katılımcıların çoğunluğunun HIV dikey bulaşının farkında olduğu (%85) ve VCT'yi bildiği (%83,5) ağırlıklı olarak VCT'yi kabul ettikleri (%77,2) ve diğerleri için VCT tavsiye hazır oldukları (%76,2) saptanmıştır. Gönüllü danışmanlık için belirlenen ana engelin olası pozitif sonuç (%82,7) ve boşanma riski (%70,9) olduğu tespit edilmiştir.

SONUÇ: Katılımcıların çoğu HIV de dikey bulaşma, gönüllü danışmanlık ve test yaptırma konusunun farkındadır. Çoğunluğu HIV testini kabul etme ve başkalarına aynı testi tavsiye konusunda isteklidir. HIV danışmanlığı alma ve test yaptırma konusundaki engeller ise; pozitif sonuç korkusu, damgalanma ve mali kısıt eksikliği şeklindedir. HIV için test ve gönüllü danışmanlık konusunun tüm doğum öncesi hastalara ulaşacak şekilde genişletilmesi gereklidir.

Charles Oluwole Omolase[1], Samuel Oladiran Faturoti[2], Bukola Olateju Omolase[3]

[1]Department of Ophthalmology, [2]Department of Gynecology and Obstetrics, [3]Department of Medicine, Federal Medical Centre,Owo, Ondo State, Nigeria.

Key Words: HIV, Voluntary Counseling and Testing, Nigeria.

Anahtar Kelimeler: HIV, Gönüllü Danışma ve Test Yaptırma, Nijerya.

Sorumlu yazar/ Corresponding author: Charles Oluwole Omolase, Department of Ophthalmology, Federal Medical Centre, P.M.B 1053, Owo, Ondo State, Nigeria. omolash2000@yahoo.com

INTRODUCTION

No other disease has captured people's attention in recent times as much as HIV-AIDS. In 1987, the WHO first recognized the seriousness of emerging AIDS epidemic and since then HIV has become a global problem (1). The number of people living with HIV continues to grow as does the number of deaths due to AIDS. A total of 39.5 million people world wide were living with HIV in 2006. This figure includes the estimated 4.3 million adults and children who were newly infected with HIV in 2006 which was about 400,000 more than 2004. Overall Sub-Saharan Africa is home to an estimated 27.4 million children and adults infected with HIV, 1.1 million more than in 2004 (2).

Mother to child transmission is the most common mode of HIV transmission in children which can be vertically transmitted from HIV positive pregnant women to her unborn baby during pregnancy, labour

and delivery or through breast feeding. Vertical transmission rates in Africa are between 21–43% and most infants acquire HIV during the peri partum period (3). A recent trial of nevirapine in Uganda showed a reduced risk of HIV transmission of almost 50% during the first 14–16 weeks of life (3). Pregnant women susceptible to HIV and its transmission to the fetus provide a unique opportunity for preventive strategy against HIV infection of new born babies (4).

There is increasing optimism about the benefits of antenatal HIV testing in terms of measures that can greatly reduce the chance of the babies being infected (5,6).

Voluntary counselling and testing is a process by which an individual undergoes counselling to enable him/her to make an informed decision about being tested for HIV, assess their personal risk for HIV and develop a risk reduction strategy (1). Voluntary counselling and testing services are essential components of HIV prevention and care programmes.

In developing countries specifically in Sub Saharan Africa voluntary counselling and testing rates among pregnant women approached for participation in prevention of mother to child transmission of HIV clinical trials ranged between 33% to 95% (7). Factors associated with reluctance to HIV testing were fear of HIV positive result, stigmatization, discrimination, domestic violence, separation or divorce and higher education (8–11).

The advantages of ascertaining a pregnant woman's HIV positive status before delivery are clear: transmission to the baby can be roughly halved by avoiding breast feeding and reduced by a further two thirds by the administration of zidovudine (12). Further risk of transmission may be possible by offering ceasarean section (13). Compulsory testing is undesirable and illegal (14). There is no evidence that it would work and it risks' deterring women from seeking antenatal care. Gibb et al reported that any discussion of HIV transmission with a pregnant woman increased the likelihood of testing (15). Simpson et al showed that offering the test with or without a detailed discussion increases uptake (16).

In view of the adoption of voluntary counselling and testing (VCT) for HIV at Federal Medical Centre, Owo, Ondo State, Nigeria this study was designed to ascertain the acceptability of this measure and identify possible barriers to uptake of VCT. We hope that the outcome of this study will guide us in evolving strategies to improve the uptake of voluntary counselling and testing for HIV amongst our patients.

MATERIAL AND METHODS

This study was conducted between August and October,2007 at the ante natal clinic of Federal Medical Centre, Owo. Ethical clearance was obtained from the ethical committee of the hospital prior to carrying out this study. Every consenting third consecutive antenatal patients were randomly selected and interviewed by the authors and two assistants with the aid of semi-structured questionnaire. Informed consent was obtained from each of the respondents. Information obtained with the aid of the semi structured questionnaire included bio data of the respondents, awareness about voluntary counselling and testing for HIV. Other information obtained included the acceptability of voluntary counselling and testing for HIV to the respondents as well as the possible barriers to it. The data obtained was collated and analyzed with SPSS 14.0 statistical soft ware package.

RESULTS

One hundred and twenty seven pregnant women attending the antenatal clinic of Federal Medical Centre were interviewed, their ages ranged from 17 years to 43 years. Nearly all of them; 125 (98.4%) were married while one each was separated and single respectively.

Majority; 106 (83.5%) were Christians while the rest;21 (16.5%) were Muslims. Most respondents;57 (44.9%) had tertiary education, while; 50 (39.4%) and 16 (12.6%) had secondary and primary education respectively. The remaining 4 (3.1%) had no formal education.

The ethnicity of the respondent revealed that most were Yorubas;107 (84.3%), few were Ibos; 12 (9.4%), one respondent was Hausa (0.8%) while the other ethnic groups accounted for the remaining 7 (5.5%).

As shown in table 1 the respondents were predominantly traders accounting for 35.4% while some were teachers; 24.4%.

Knowledge about vertical transmission of HIV: Majority of the respondents;108 (85%) knew about vertical transmission of HIV while the remaining 19 (15%) did not know.

Awareness of voluntary counselling and testing for HIV: Most;106 (83.5%) were aware of voluntary counselling and testing for HIV while the remaining 21 (16.5%) were not aware.

Table 1. Shows occupation of the respondents

Occupation	Frequency	Percentage (%)
Farming	1	0.8
Trading	45	35.4
Teaching	31	24.4
Schooling	12	9.4
Civil Service	11	8.7
Artisan	12	9.4
Unemployed	15	11.8
Total	**127**	**100**

Acceptability of voluntary counselling and testing for HIV: Majority of the respondents;98 (77.2%) were willing to accept voluntary counselling and testing for HIV while only few; 29 (22.8%) declined voluntary counselling and testing for HIV.

Most (76.2%) were willing to recommend voluntary counselling and testing to others while the rest (23.8%) will not.

Source of awareness about voluntary counselling and testing for HIV: As shown in table 2 most respondents (65.5%) were informed about voluntary counselling and testing for HIV by health workers.

Table 2. Source of awareness about VCT

Source	Frequency	Percentage (%)
Health worker	72	65.5
Media	20	18.2
Lecture	5	4.5
Church	2	1.8
Family	6	5.5
NGO	5	4.5
Total	**110**	**100**

Table 3. Barriers to uptake of VCT for HIV

Barriers	Frequency	Percentage (%)
Fear of outcome	105	82.7
Risk of divorce	90	70.9
Financial constraint	80	63
Lack of felt need	75	59.1
Discrimination	73	57.5
Ignorance	71	56
Stigmatization	24	18.9

The identified barriers to uptake of voluntary and counselling for HIV as detailed in table 3 included fear of possible outcome (82.7%) and risk of divorce (70.9%).

DISCUSSION

The age range of 17-43 years is in keeping with what is expected of antenatal patients who are in their reproductive age group. Trading and teaching ranks high among the occupation of the respondents. This is actually expected of women in child bearing age group as they are likely to give preference to occupation that will enable them care for their families.

The respondents were predominantly Yorubas, this finding is not surprising in view of the fact that the community is a Yoruba community. Majority of our respondents were Christians this is also in tune with the predominant religion in the study community.

It is heart warming to note that most pregnant women interviewed were aware of the risk of mother to child transmission of HIV. This is quite commendable in view of the fact the hospital is located in a semi-urban area.

Adeneye et al in a study carried out in Ogun State, Nigeria reported that only 27% of antenatal patients interviewed knew about vertical transmission of HIV however 89% expressed willingness to be tested for HIV (17).

The acceptance of VCT amongst our respondents is high and it is in keeping with the findings of Carusi et al in USA in which 72% of the study population accepted HIV testing (18). In another study though on post partum women in Botswana only 54% of them approached accepted VCT (7).

However the findings of this study is less than that of Gysel et al in Uganda in which almost all the women in the study population were willing to take the HIV test (3).

In another Ugadan study conducted in the Northern part of the country VCT uptake was 55.6% of the overall study population (19), this is far less than our own findings. The awareness of the risk of mother to child transmission in this study is also higher than that of a study carried out in Sudan in which more than half of the respondents knew about it however up to 72.8% were willing to have HIV test (4).

In Thailand, 98% of pregnant women accepted HIV testing during antenatal visits (20). In a study conducted by Fauci amongst pregnant women in Southern India 86% of the study population reported that they would agree to test for HIV (21).

In a study conducted in a Teaching Hospital in Nigeria, most women (81%) interviewed approved of VCT (22).

To the credit of the health workers in the hospital of our study, almost half of the respondents got to know of VCT through health workers. This is likely to be as a result of the fact that the management of the hospital had sent some members of staff for training in voluntary counselling and testing for HIV. The media also contributed a little to creation of awareness about voluntary counselling and testing for HIV in our study population, however more awareness can still be created through the mass media. It is surprising that non governmental organization contributed little to the awareness of our study population. This could be due to concentration of non governmental organizations' activities in the cities at the detriment of rural/semi-urban communities. Some of the respondents identified fear of the possible outcome of HIV test as a barrier to accept HIV test. This is quite understandable as testing positive for HIV will definitely have a tremendous negative impact on the person concerned. Thus some may prefer not to know their HIV status rather than go for the test with the possibility of testing positive. Stigmatization was also identified as a barrier to testing for HIV. All hands must be on deck to ensure elimination of stigmatization of HIV-AIDS patients. They should be allowed to fully integrate into the communities without any form of discrimination. It is also understandable that risk of divorce was identified as a barrier to uptake of HIV test. It is a common practice for who ever tests positive to be abandoned by their spouses especially in a polygamous setting.

We are however surprised that financial constraint was identified as a barrier in this study in view of the fact that HIV test is free in the hospital. This finding is also not in keeping with the fact that majority of the respondents were employed.

Lack of felt need was identified as a barrier to uptake of HIV test by some of the respondents, this is disturbing in view of the possible implication of this. If they don't see the need, they are not likely to access voluntary counselling and testing for HIV even when it is readily available. This could contribute to the spread of HIV-AIDS if not curtailed, thus a lot of efforts should be made to educate and convince the populace to access voluntary counselling and testing for HIV.

This study is a descriptive one which focused on a small portion of the population of pregnant women in Nigeria, thus the findings of this study cannot be generalized.

CONCLUSION

Most respondents were aware of voluntary counseling and testing for HIV as well as vertical transmission of HIV-AIDS.

Majority of the respondents were willing to accept HIV test and also recommend voluntary counseling and testing for HIV to others.

Recommendation

1. We should continue to educate our patients on the risk of vertical transmission of HIV and need for them to access voluntary counseling and testing for HIV.
2. Rapid test for HIV should be evolved to ensure that results can be ready within a day.
3. There is need to extend voluntary counseling and testing for HIV to all antenatal clinics.
4. There is need for confidentiality at voluntary counseling and testing for HIV sites to protect the interest of the patients.
5. Stigmatization and discrimination against HIV-AIDS patients should be eliminated.

ACKNOWLEDGEMENT

Special thanks to the respondents for graciously accepting to participate in this study. We wish them safe delivery. The support of the management of Federal Medical Centre, Owo is also acknowledged. We are grateful to the nursing staff at the antenatal clinic for their cooperation.

REFERENCES

1. Shangula MN. Factor affecting voluntary counseling and HIV testing among pregnant women in Tsumed district, Oshikoto region, Namibia. Minithesis submitted in partial fulfillment of the requirements for the degree of masters in Public Health in the school of community and health sciences. University of Western Cape, 2006.
2. AIDS Epidemic update: Special report on HIV AIDS. UNAIDS/06. 2006, p. 29E: 1-96.
3. Gysels M, Pool R, Nyanzi S. Attitudes to voluntary counselling and testing for HIV among pregnant women and maternity staff in rural South West Uganda. Int.Conf. AIDS. 2000; July 9-14; 13: 159.
4. Mahmoud MM, Nasir AM, Gassmelseed DEA, Abdalelhafiz MA, Elsheikh M, Adam I. Knowledge and attitudes towards HIV voluntary counselling and testing services among pregnant women attending an antenatal clinic in Sudan. Journal of Medical Virology. 2007; 79(5): 469-473.
5. Dunn DT, Newell MN, Aidas AE, Peckham CS. Risk of human immunodeficiency virus type 1 transmission through breast feeding. Lancet. 1992; 340: 585-8.
6. Sperling RS, Shapiro DE, Coombs RW, Todd JA, Hermon SA, Mcsherry GD et al. For the Paediatric AIDS clinical trials group protocol 076 study group. Maternal viral load, zidovudine treatment and the risk of transmission of human immunodeficiency virus type 1 from mother to infant. N Engl J Med.1996; 33: 1621-9.
7. Thior I, Gabatiri L, Grimes J, Shapiro R, Lockman S,Kim S, Kabaabetswe P, Garmey E, Montano M, Peter T, Chang SY, Marlink R, Essex M. Voluntary counselling and testing among post partum women in Botswana. Patient Educ Couns. 2007; 65(3): 296-302.
8. Vender Staten A, King R, Grinstead O, Serufilina A, Allen S. Couple communication, sexual coercion and HIV risk reduction in Kigali, Rwanda. AIDS. 1995; 9: 935-44.
9. Cartoux M, Meda N, Vande Perre P Newell MC, Devincenzi I, Pabis F. The Ghent International Working group on mother to child transmission of HIV testing by pregnant women in developing countries: An International Survey. AIDS. 1998; 12: 2489-93.
10. Royce RA, Donaldson K. HIV counselling and testing in a cohort of pregnant women attending public prenatal clinics. Abstract WeC3593. Vancouver. X1 International Conference on AIDS. 1996.
11. Gailland P, Melis R, Nwanyumba F, Claeys P, Muigai E, Mandaliya KA, Bwayo J, Temmerman M. Vulnerability of women in African setting, lessons for mother to child transmission prevention. Programmes AIDS. 2002; 6: 937-8.
12. Connor E, Sperling R, Gelber R, Kiselev P, Scott G, O'Sullivan M. Reduction of maternal-infant transmission of Human immunodeficiency virus type 1 with Zidovudine treatment. N Engl J Med. 1994; 231: 1173-80.
13. Dunn D, Newell MC, Mayaux M, Kind C, Hulto C, Goedert J et al. Mode of delivery and vertical transmission of HIV, A review of prospective studies. Journal of Acquired immune deficiency syndrome. 1994; 7: 1064-6.
14. Danielle M. Antenatal HIV testing has been done badly in Britain and needs to improve. BMJ. 1998; 316: 241-242.
15. Gibb DM, MacDonagh SE, Gupta R, Tookey PA, Pecham CS, Ade AE. Factors affecting uptake of antenatal HIV testing in London: Result of a multicentre study. BMJ. 1998; 316: 259-61.
16. Simpson WM, Hohnstone FD, BoydFM, Goldberg DJ, Hart GJ, Prescott RJ. Uptake and acceptability of antenatal HIV testing: Randomised control trial of different methods offering the test. BMJ. 1998; 316: 262-7.
17. Adeneye AK, Mafe MA, Adeneye AA, Salami KK Adewole TA. Willingness to seek voluntary HIV counselling ant testing(VCT) among pregnant women in Ogun State, Nigeria. Abstract no MOPeE4097. Int Conf AIDS. 2004.
18. Carusi D, Learman L, Posner SF. Human immunodeficiency virus test refusal in pregnancy: a challenge to voluntary counseling. Obstet Gynecol. 1998; 91(4): 540-5.
19. Fabiani M, Cawthorne A, Nattabi B, Ayella EO, Oggwang M, Declich S. Investigating factors associated with uptake of HIIV voluntary counselling and testing among pregnant women living in North Uganda. AIDS Care. 2007; 19(6): 733-739.
20. Tapparo J. National HIV AIDS incidence surveillance using bed capture immunoassay among pregnant women and female sex workers. Thailand. 2006.

21. Fauci AS. Infectious disease consideration for the 21st century. African Medical Journal. 2001; 7: 675-85.

22. Iliyasu Z, Kabir M, Galadanci HS, Abubakar LS, Aliyu MH. The clinical challenge of HIV epidemic in developing world. Niger J Med. 2005; 14(1): 27-32.