

Factors Affecting the Attitude of Young People towards HIV Testing Uptake in Rural Ghana

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Abstract

Voluntary Counseling and Testing (VCT) is an integral component of HIV prevention and care strategies worldwide. Attitude of young people towards HIV testing in Techiman Municipality has negative outcome of testing uptake; leading to missed opportunities among this group. Previous studies have confirmed that factors that influence such attitudes include counselors' attitude, level of awareness, perception about people living with HIV/AIDS and respondent's socio-demographics such as age, gender, study level and location of residents. Voluntary counseling and testing (VCT) has been one of the key policy responses to the HIV/AIDS epidemic, principally as a primary prevention strategy and as an entry point to other HIV/AIDS related services [6]. While undergoing VCT services, individuals learn about their sero-status and gain knowledge on avoiding risky behaviors to protect themselves and others [7-9]. VCT also serves as the basis for accessing HIV treatment and care as well as emotional support that enable individuals to cope with HIV-related anxiety and plan for their future [7-9]. Despite its strategic importance, the VCT uptake has been low in Ethiopia, as elsewhere in Africa [3, 10-13]. In 2005, the VCT uptake in Ethiopia was extremely low with only 4 % of women and 6 % of men ever tested for HIV [11], which increased to 38.8 and 41.1 %, respectively in 2011 following the rapid scale up of primary health care facilities, under the rural Health Extension Program (HEP), and increased accessibility to free anti-retroviral drugs [3]. However, the VCT uptake in 2011 was lower among rural residents (30.9 % for women and 36 % for men) compared to the urban residents (63.8 % of women and 58.5 % of men). It is widely accepted that the uptake of VCT is influenced by socio-demographic characteristics such as age, gender, marital status, educational attainment, socio-economic status, and area of residence [12-17], behavioral and psychosocial factors such as high risk sexual partner, HIV/AIDS related knowledge, confidentiality, self-perceived risk, stigma and discrimination, and perceived benefits of VCT [10, 12-22], and health service delivery environment. Taiwo and Osezua with similitudes with Ghana AIDS Commission (GAC), found that HIV guiding and testing (HCT) is a foundation among preventive procedures and is the entryway to treatment, care, backing, and preventive mediations for people contaminated with HIV and to give

referral to exceptional consideration [3,7]. In this manner, WHO suggests HIV advising and testing with linkages to anticipation, treatment and care for youths from key populaces in all settings, (both low and thought scourges) [4,8]. In any case, advising and testing of HIV and take-up isn't sufficiently including the youths, in spite of their huge extent of the present HIV trouble [9].

Past examinations show that urban occupants were seen as more willing than country locals to experience testing for HIV. Set up boundaries of HIV testing included surrender and misuse, conjugal separation, segregation, mental pain, discouragement, accessibility and classification [10,11]; contrasted with factors related with HIV testing among youngsters including sociodemographic factors, age, sexual orientation, instruction, riches and HIV media crusade in different examinations. There is still space to improving the low extent of youngsters who test for HIV [11]. Thusly, further broad investigations that will investigate the explanations behind the expectations for not ready to have HIV test are suggested [12]. Dire need to factor in young people's wellbeing relatively in the improvement of HCT program is likewise required. Study territory and period: The investigation was directed in the Tuobodom Municipality in the Brong Ahafo Region of Ghana. In light of the information from the Municipal instruction office, at present in the Tuobodom Municipality, there are four government and one private Senior High Schools giving training all the time and during the investigation time frame, September to December, 2015. The example size was controlled by utilizing single populace extent recipe with the accompanying presumptions: 67.6% pervasiveness (p) of VCT take-up, an examination led by Ghana Demographic Health Survey in 2008 (GDHS, 2008), 5% negligible mistake (d) and 95% certainty time frame ($\alpha=0.05$). An aggregate of 386 respondents were utilized in this investigation.

Inspecting procedure: A homogeneous gathering of 15-multi year senior secondary school understudies were chosen for this investigation. To get a delegate test populace for the overview, a multi-stage examining procedure was utilized so as to choose the investigation units likelihood proportionate example size (PPS) was utilized to decide the example extent. Since there was more than one school, four governments possessed schools were chosen arbitrarily from every one of the schools. In the wake of recognizing the particular schools, rundown of

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understudies' names in the individual schools and class were taken from the register and appointed as needs be. The dependant variable of the investigation was HIV trying take-up. Free factors included Socio-segment factors, (age, sexual orientation, religion, ethnicity, spot of home, and year of study). Sexual practices, HIV hazard observation, Knowledge and demeanor towards HIV/AIDS and HCT.

A sum of 386 understudies were remembered for the investigation. The understudies were chosen relatively considering all administration schools and both genders in an arbitrary manner. An organized self-managed poll received from existing study was created to be filled by the understudies. The survey was set up in English. The survey was pre-tried among a comparative objective gathering among Aworowa Senior High School understudies. Respondents who were associated with the pre-test didn't take an interest in the genuine examination.

Information quality affirmation: Properly structured and pre-tried survey was utilized. The poll was pre-tried to enhance clearness. The principle journalist regulating the survey was enough prepared and administered during information assortment and passage; and twofold information section was utilized to guarantee information quality. To decrease quiet submission predisposition, where respondents will in general concur with explanations as introduced, inquiries on Likert scale were adjusted to have some decidedly expressed and others adversely stated.