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A CROSS-SECTIONAL STUDY ON KNOWLEDGE AND ATTITUDE TOWARDS VOLUNTARY COUNSELING AND TESTING FOR HIV/AIDS AMONG YOUTH AT BUSOTA HEALTH CENTRE III KAMULI DISTRICT.

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Abstract

Background

Globally, more than half of the population knew their HIV status in 2022. The remaining did not know they had HIV and still needed access to HIV testing, which is an essential gateway to HIV prevention, treatment, care, and support services. This study assessed the knowledge and attitude towards Voluntary Counseling and Testing for HIV/AIDs among youth at Busota Health Centre III Kamuli District.

Methodology

A descriptive cross-sectional study design was used, and data was collected on a sample of 60 respondents**.** The respondents were selected by using the purposive sampling method as a sampling technique and a semi-structured questionnaire with open and closed-ended questions written in English as a data collection tool. Data was analyzed manually using tally sheets and entered into the computer using the Microsoft Excel computer program illustrated using graphs and figures for quantitative data.

Result

The majority (60%) of the respondents were females, (50%) of the respondents were aged (22-25) years. (90%) of the respondents had ever heard about voluntary counseling and testing for HIV/AIDS, (85%) of the respondents knew having unprotected sex mode of HIV/AIDS transmission, and (66.7%) knew of a health facility as the place where VCT could be sought. (90%) of the respondents were willing to go for HIV testing in the future, (80%) of the respondents preferred to do the HIV/AIDS testing from the Hospital, (87%) of the respondents perceived knowing one's HIV/AIDS status as very important and (95%) agreed that VCT should be confidential.

Conclusion

Generally, the overall knowledge was good, with most respondents having an agreeable attitude.

Recommendations

The administration of Busota Health Center III should put more effort into community enlightenment about HIV/AIDS, its transmission, and educating the youth, thus minimizing stigma.

Keywords: *Knowledge and Attitude, Voluntary Counseling and Testing (VCT), HIV/AIDS transmission, Busota Health Centre III.*
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Background

Approximately 86% of people with HIV globally knew their HIV status in 2022. The remaining 14% (about 5.5 million people) did not know they had HIV and still needed access to HIV testing, which is an essential gateway to HIV prevention, treatment, care, and support services. The global target for HIV status awareness is 95% by 2025, and there is a lot of work still to be done to attain it. (UNAIDS, 2023). In Uganda, a significant number of new HIV infections is estimated at 52,000, mostly affecting young unmarried females and previously mostly affected married uncircumcised males. At the population level, a significant number of individuals are not virally suppressed, among which are either unaware of their HIV-positive status (~120,000) or failing on ART (~75,000). The undiagnosed HIV+ is currently estimated at 200,000, which is about 78% of the six regions with urban communities. There's also significant HIV-related morbidity and mortality, with over 17,000 deaths annually (Mukonda et al., 2020).

Data from Uganda Populations Based HIV Impact Assessment 2020/2021 indicates that HIV testing for young people living with HIV 15-24 is only 63.7% for females and

47.3% for males, which is still low (UGANDA AIDS COMMISSION,2023). A study at Gulu Regional Hospital on the spread of HIV in Northern Uganda among 384 participants by Assumpta. et al. (2021) showed that 41.6% of the participants had a strongly positive attitude. However, 40.0% believed knowing HIV status was not beneficial because of fear of stigma (Obai et al., 2017).

In Busota Health Centre III, Kamuli District, turn to Voluntary counseling and HIV testing is still low since the quarterly report 2024 of the health facility showed that only 356 people had visited the Health facility for HIV/AIDS counseling and testing (Mbago, 2023). It is, hence, according to this background, that the researcher picked interest to carry out this study and identify or generate data to assess the knowledge and attitude towards Voluntary Counseling and Testing for HIV/AIDs among youth at Busota Health Centre III Kamuli District.

Methodology

Study design

A descriptive cross-sectional study design was used to collect quantitative data. This is simply because it is suitable for the collection of data at one point in time in a dynamic population.

Study area

The study was conducted in the outpatient department at Busota Health Centre III, a Zone 1 Health Centre managed by the government to deliver services to the general public. The facility was originally a Health Center II and was elevated to a Health Center III in 2018. It's located in Busota ward, Kamuli municipal council along Kamuli Jinja road. The hospital serves several villages in Kamuli district, which include Butaama, Butabaala, Butimba, Bwambala, and Bwese, offering services like ART treatment, emergency, OPD, maternity, laboratory, and theatre services and, on average, receives over 100 people on a daily.

Study population

The study included youth (15-25 years) seeking medical services at the Outpatient department at Busota Health Centre III in Kamuli District.

Sample size estimation

The sample was estimated using Burton's formula (1965). The assumption was that the sample was representative; the sampling error was small, the sample was viable in the context of funds available for the research study, systemic bias was controlled in a better way, and results from the sample study were generalized.

S= GR / O

Where;

S=desired sample size, G=number of respondents interviewed per day, R=maximum number of days for data collection, and O=maximum time the interviewer spent on each respondent.

Thus, the sample size was calculated as follows: S= (10x30)/5

S= 60

Therefore, 60 respondents were used as the sample size.

Sampling technique

The sampling technique refers to the criteria used to select respondents which were used in the study. The youth found seeking medical services at OPD ready to consent, following the inclusion and exclusion criteria, were selected using a purposive sampling method until the required sample size was obtained.

Selection criteria

Inclusion criteria

The inclusion criteria comprised of youth (15-25 years) who were found seeking medical services at the outpatient department at Busota Health Centre III, Kamuli district, and willing to participate in the study.

Exclusion criteria

Those youth in the sample who were too weak to participate or continue with the study, including those who wished to be discontinued.

Those youth in the sample who the researcher wished to replace and those who would willingly refuse to adhere to the guidelines provided for in this project.

Study variables

Dependent variable

Voluntary Counseling & Testing for HIV/AIDS among youth attending Out-Patient Department services at Busota Health Centre III was the dependent Variable.

Independent variables

Knowledge and attitude towards Voluntary Counseling & Testing for HIV/AIDS were the independent variables.

Data collection methods.

Data was collected using semi-structured questionnaires that were used in English and translated into the local language that is Lusoga, and also interviews with those respondents who cannot read and write.

Data collection tools

Data for the quantitative part of the study was collected using a semi-structured questionnaire with closed and open-ended questions written in Lusoga language, which is easy to read and understandable. This is because it helped the researcher to gain insight into hidden aspects as well as allowing open-ended responses from participants for more in-depth information. It also encourages two-way

communication and also allows respondents time to open up about sensitive issues.

Data collection procedure

A letter of introduction from the school was presented to the in charge of Busota Health Centre III, who later granted permission to the researcher to collect data, further helping to introduce the researcher to the individuals attending OPD as our respondents. Upon reaching the respondents, the researcher introduced himself and informed them of the reason for carrying out this research and the benefits that would be gained at the end of the study. However, they were informed that information obtained during the study was to be kept confidential, that their names were not to be needed on the questionnaire, that it was voluntary, and that they could withdraw at their wish. Following the provision of the questionnaires, participants were provided with verbal explanations on how to answer the questions on each objective. Those who were not able to read and write were interviewed by the researcher or an assistant while recording the questionnaire. The questionnaires were then collected after completion for management and analysis.

Quality control

Pre-testing of the research tool

The data collection tools were discussed with the research supervisor to ensure accuracy and appropriateness. For consistent and reliable results from the research, the tools were constructed in the local language that is Lusoga, and appropriate vocabulary for easy understanding for the selected respondents.

Piloting of the study

This was done in the first week before actual data collection in the Out-Patient Department at Busota Health Centre III. This helped the researcher to determine how effective or valid the research was. The relevance, reliability, and suitability of the research tool were assured through pre-testing of the questionnaire on five respondents at OPD at Busota Health Centre III thereafter, the questionnaires were edited to fill in all the missing information and ambiguous questions, training of the research assistants to avoid many errors, and ample time was given to collect data.

Data analysis and presentation

Data processing commenced soon after the field activity and was done in the following ways: all responses from the data collection tools were compiled and summarized using pens and pieces of paper, and the data obtained was coded in the form of words, numbers, and tables for presentation. Data editing was done by checking the quality, like accuracy, completeness, and consistency, and then using the Microsoft Excel Word package in the form of bar graphs, frequency distribution tables, and pie charts with the narrative following.

Data management

After checking for completeness and accuracy, a filled questionnaire was kept under lock and key, and those with mistakes were corrected before respondents could leave the session and thereafter were kept for privacy and confidentiality.

Ethical approval.

An introductory letter was obtained from the school and approved by the principal, which in turn was used to get permission from the in-charge of Busota Health Centre III, who later introduced the researcher to the attendees of the Out-Patient Department (OPD), who were our respondents. Access to study data was limited to the researcher and only two research assistants. A written consent was obtained from the respondents for their approval to be part of the study. Participants were assured of confidentiality and anonymity.

Informed consent

To obtain informed consent, the research was open to the respondents about the purpose the study as purely for academic use, and requested for participants' consent. This involved signing a consent form to prove that the participants have accepted to engage in the study without coercion.

Results

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Table 1 shows the distribution of respondents according to demographic data (N=60).

Variables	Categories	Frequency	Percentages
Sex	Male Females	24 36	40 60
Total		**60**	**100**
Age (in years)	15-18 19-21 22-25	15 15 30	25 25 50
Total		**60**	**100**
Level of education	Primary level Secondary Institution/University No formal education	24 16 08 12	40 26.7 13.3 20
Total		**60**	**100**
Marital status	Single Married Divorced Widowed	38 08 11 03	63.3 13.3 18.3 05.1
Total		**60**	**100**
Religion	Muslim	14	23.3
	Catholic	14	23.3
	Anglican	26	43.3
	SDA	06	10.1
Total		**60**	**100**

Table 1 revealed that the majority (60%) of the respondents were females, whereas the minority (40%) of the respondents were male by sex, the study findings revealed that most (50%) of the respondents were in the age bracket of (22-25) years, whereas the least (20%) were in the age bracket (15-18) years. Regarding the study findings regarding the educational level, most (40%) of the respondents had attained a primary level of education, whereas the least (13.3%) had attained University level. In addition to that, the study findings also revealed that the biggest percentage (63.3%) of respondents were single, and the least (3.3%) percentage was divorced. The results also showed that most (43.3%) respondents were Anglican, followed by Catholics and Muslims, both with (23.3%) and SDAs (10.1%) by religion.

Knowledge Towards Voluntary Counselling and Testing For HIV/AIDs Among Youth

Figure 1 shows the distribution of respondents according to whether they had ever heard about voluntary AIDS counseling and testing (N=60).

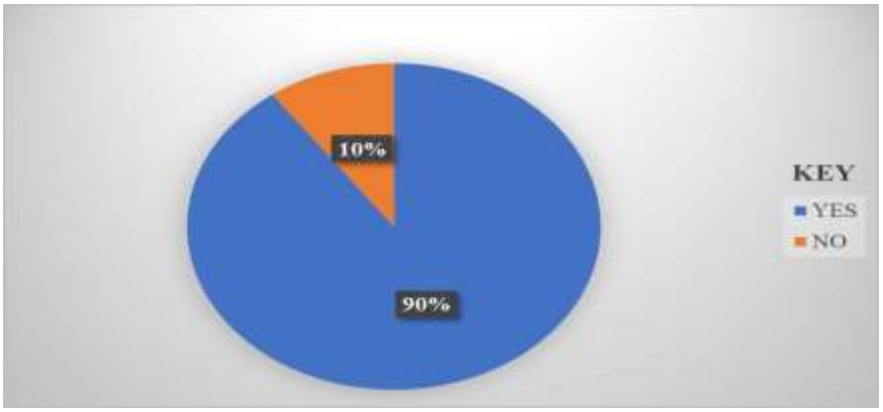

Figure 1 shows that the majority (90%) of the respondents had ever heard about voluntary counseling and testing for

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HIV/AIDS, whereas the minority (10%) had never heard about voluntary counseling and testing.

Figure 2 shows the distribution of respondents based on the sources from which they obtained information about voluntary counseling and testing. (N=54).

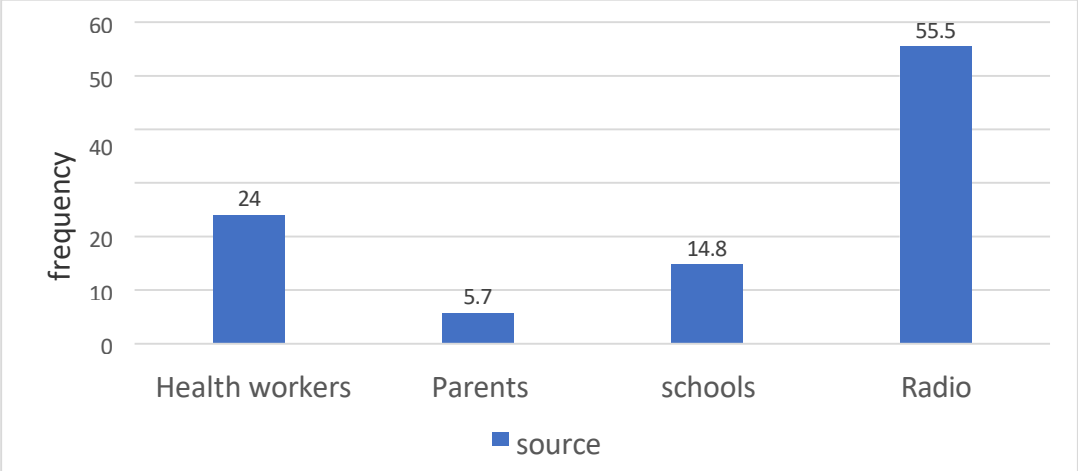

Figure 2, shows that more than a half of the respondents (55.5%) reported having obtained their information about Voluntary HIV testing and counseling from Radio whereas the minority (5.7%) of the respondents obtained their information from their Parents.

Figure 3: Shows the distribution of respondents based on their knowledge of the mode of HIV/AIDS transmission(N=60)

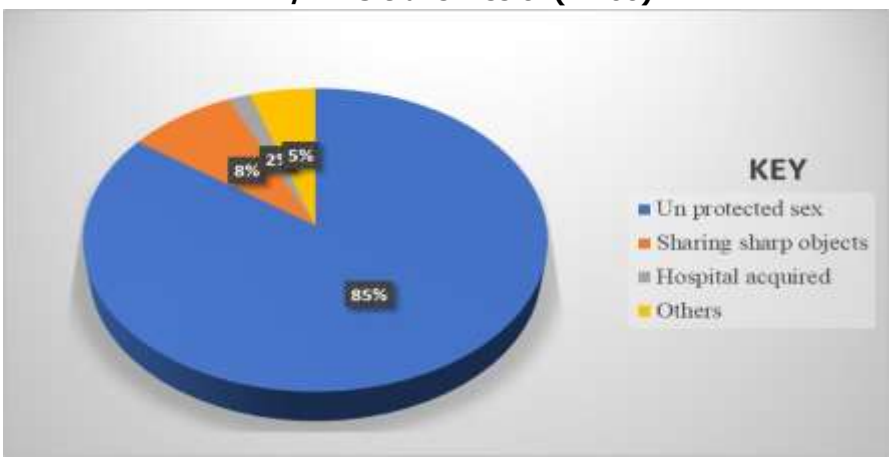

Figure 3 shows that the majority (85%) of the respondents reported that they knew unprotected sex to be the most common mode of HIV/AIDS transmission, whereas the minority (2%) of the respondents knew sharing sharp objects was the most common mode of transmitting HIV/AIDS.

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Figure 4: Shows the distribution of respondents according to their knowledge of about where VCT are conducted from(N=60).

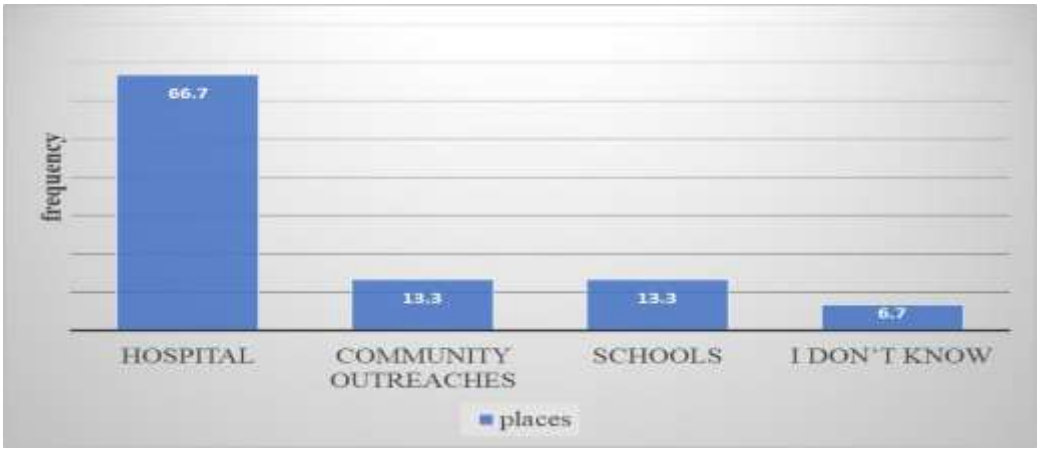

Figure 4: indicates that, majority (66.7%) of the respondents knew that VCT could be sought in the Hospital whereas the minority (6.7%) reported that they didn't know where to seek VCT from.

Table 2: Shows the distribution of respondents based on the preventive methods of HIV/AIDS they knew (N=60)

Response	**Frequency(f)**	**Percentage (%)**
Abstinence	3	5
Condom Use	42	70
HIV testing	15	25
Others	0	0
Total	**60**	**100**

Table 2 indicates that the majority (70%) of the respondents knew the use of condoms as the preventive method for HIV/AIDS, whereas the minority (25%) of the respondents reported knowing HIV/AIDS testing as the preventive method.

Attitude Towards Voluntary Counselling and Testing for HIV/Aids Among Youth

Table 3: Shows distribution of respondents basing on whether they were willing to go for VCT in the future (N=60).

Response	**Frequency(f)**	**Percentage (%)**
Willing	54	90
Not willing	6	10
Total	**60**	**100**

Table 3 shows that the majority (90%) of the respondents were willing to visit the VCT center to check their status in the future, whereas the minority (10%) were not willing to visit the VCT center in the future to test their HIV/AIDS status.

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Table 4: Shows distribution of respondents according to where they preferred to do their HIV testing and counseling from (N=60).

Response	Frequency(f)	Percentage (%)
Hospital	48	80
Homes(self-testing)	12	20
Workplace	0	0
Others	0	0
Total	**60**	**100**

Table 4 shows that the majority (80%) of the respondents would prefer to do their HIV testing from the Hospital, whereas the minority (20%) of the respondents would prefer doing their HIV testing from their homes, and none of the respondents preferred to do the testing from their workplace.

Figure 5: Shows the distribution of respondents according to their perception about whether it is important to know one's AIDS status (N=60)

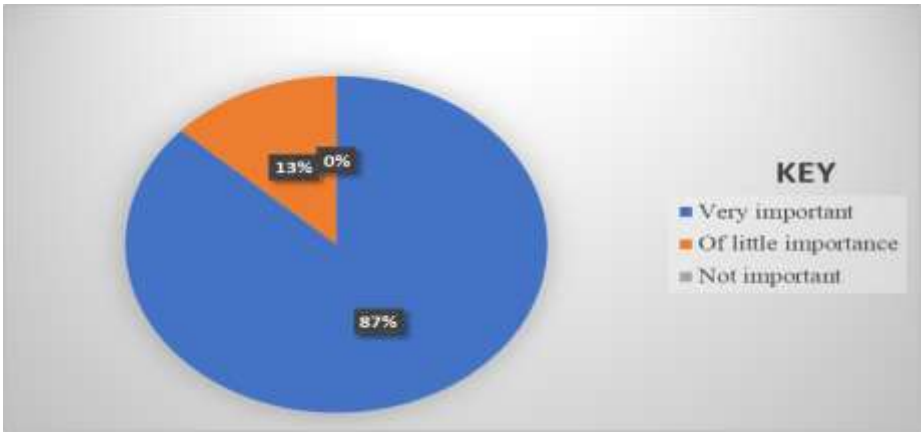

Figure 5 indicates that the majority (87%) of the respondents reported that knowing one's HIV/AIDS is very important, and the rest (13.3%) of the respondents reported that it was of little importance to know one's HIV/AIDS status.

Table 5 shows the distribution of respondents according to whether VCT should be confidential (N=60).

Response	Frequency(f)	Percentage (%)
Agree	57	95
Disagree	3	5
Total	**60**	**100**

Table 5: shows that, majority (95%) of the respondents agreed with VCT being confidential whereas the minority (5%) didn't agree with VCT being confidential.

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Figure 6 shows the distribution of respondents based on the preventive method of HIV/AIDS they preferred to use (N=60).

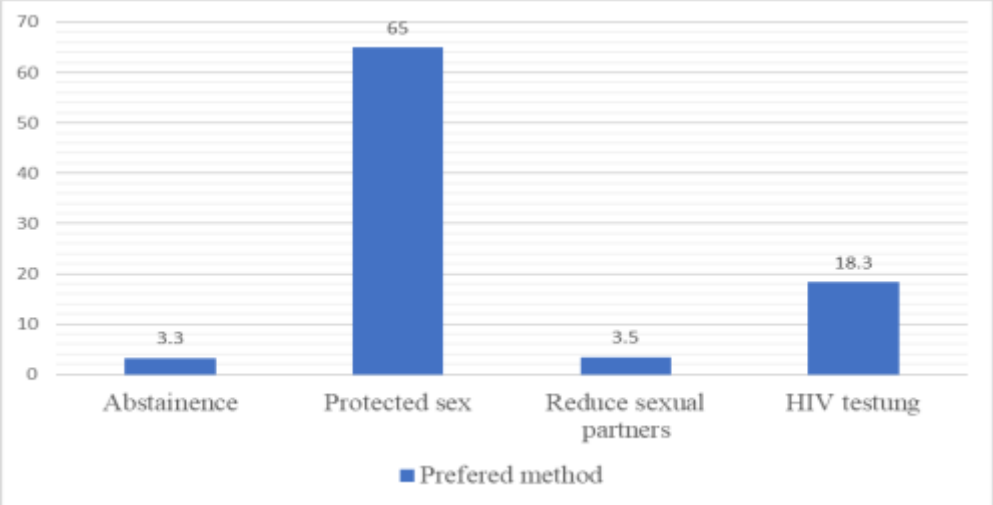

Figure 6 shows that more than half (65%) of the respondents preferred having protected sex as a means of prevention and control of HIV/AIDS, whereas the least (3.3%) preferred abstinence as a means of HIV/AIDS prevention including HIV testing.

Discussion of results.

Knowledge of voluntary counseling and testing for HIV/AIDS among youths

The study discovered that (90%) of the respondents had never heard about voluntary counseling and testing. This could be a result of the increased government efforts and strategies in sensitizing the community about HIV/AIDS. This is not in line with the study that was carried out by Luqman A. Bisiriyu (2021), where results revealed that (74.6%) of the respondents knew VCT.

The study also revealed more than half of the respondents (55%) had obtained information about voluntary counseling and testing from Radio. This could be because Radios are the most common means of communication and passing out information to the people, especially in such a rural area, and they cover a wide range of the population. This is in line with the study that was conducted by Assumpta (2021), where results showed that the majority of the respondents (63.4%) respondents reported that Radios are the most common source of VCT information.

The study also revealed that the majority (85%) of the respondents knew unprotected sex as the mode of transmission. This is probably because most people's mindset is that sex is the only mode of transmission of HIV/AIDS. This was in agreement with the study by Mensah (2022), where results showed that (88.49%) of the respondents knew about HIV/AIDS transmission as they quoted unprotected sex and blood transfusion. The study revealed that the majority (66.7%) of the respondents mentioned Hospitals to be the place where VCT could be sought. This could be because the Kamuli district is a rural area, there are very few community outreaches conducted there, and the a large number of uninformed parents, hence people knowing only about Hospitals. This is not in line with a study by Anongeba (2022), where results revealed that eight in ten that is (80%) of the respondents were unaware of a VCT Centre. The study further revealed that only (25%) of the respondents knew that VCT could be used as the preventive method for HIV/AIDS transmission. This could be a result because people preferred condom use and limited information on VCT. This is not in line with the study conducted in Khartoum, Sudan, by Abusalih (2021), where results showed that the majority of the respondents (88%) believed that HIV testing (VCT) is important to prevent transmission of HIV/AIDS.

Attitude towards Voluntary counseling and testing for HIV/AIDS among the youths.

Nearly all respondents (90%) were willing to go for HIV testing in the future. This is because of their desire to know about their status and ensure that they maintain good health since the respondents are all young and sexually active, hence more prone to HIV infection due to their lifestyle. This is in line with the study on utilization of VCT by Luqman Bisiriyu (2021), where results revealed that (70%) of the respondents were willing to utilize VCT as far as the service is to be given at free cost by the government.

The study also revealed that the majority (80%) of the respondents preferred to do HIV/AIDS testing at the Hospital. This is because Hospitals are known to be the primary providers of Health Services. This is not in line with the study conducted by Anongeba (2022), where results revealed that (64%) of the respondents indicated that they would prefer being tested in youth-friendly clinics if

available. The study also revealed that (87%) of the respondents perceived knowing one's HIV status as very important, while the remaining (13%) of respondents perceived it to be of little importance. This could be because of the awareness of the people about HIV/AIDS as a deadly disease. This is not in line with the study conducted by Assumpta (2021), where results showed (40%) of the respondents believed knowing one's HIV status was not important because of fear of stigma.

The study further revealed that nearly all respondents (95%) agreed that VCT should be confidential. This could be due to people's fear of being stigmatized if found to be HIV positive. This is in line with a study conducted by Abusali (2021), where results showed that (87%) of the respondents preferred the confidential linkage testing methods. The study further revealed that more than half of the respondents preferred using protected sex as a means of prevention and control of HIV/AIDS transmission. This is because of the age group of the respondents, who are all youth with lifestyle challenges like strong sexual desires and drive compared to other age groups, hence preferring protected sex rather than reducing multiple sexual partners. This is in disagreement with the study conducted in Southern Ethiopia by Sintayehu (2020), where nearly all respondents (98.2%) agreed that avoiding multiple sexual partners could protect them from HIV/AIDS.

Conclusion.

The study established that the overall knowledge of VCT among the youth was good, which was evidenced by the majority of the respondents having never heard about voluntary counseling and testing for HIV/AIDS, more than half of the respondents had obtained information about VCT from Radios.

The study further established that the majority of the respondents had agreeable attitudes toward voluntary counseling and testing. Most of the respondents were willing to go for HIV testing in the future, and also, more respondents preferred to do the HIV/AIDS testing from the Hospital.

Limitations

Encountered financial constraints in gathering information from the internet, libraries, and printing costs

There was also challenge in getting inadequate and inaccurate information from respondents due to the sensitive nature of the study.

There was also a challenge of inadequate time to conduct the study

Language barrier since the study was conducted among illiterate and literate participants from different tribes.

Recommendations.

The researcher, therefore, strongly recommended that the local authorities should keep working together with the health workers at Busota Health Center III, Kamuli district, to consistently sensitize the youth in the community about HIV/AIDS as a disease, this can be done by doing more reach out programs in schools and the community. Through this, youth will be educated more about the disease and its various modes of transmission and the various methods that can used to prevent transmission of the disease, which emphasizes the need for the youth to go for HIV/AIDS. This will help increase the number of youths that take part in HIV testing.

Secondly, Parents too should actively take part in educating their children about HIV that is during their parenting moments at the family level since the family is the foundation of the community, there's still much need to educate people about HIV stigma as it is one of the factors that scares people to take part in HIV testing for the fear to find out when they're HIV positive.

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I salute all the institutions and individuals that I may have omitted. Thank you all.

List of abbreviations

AIDS: Acquired Immunodeficiency Disease Syndrome
ANC: Antenatal Care
ART: Antiretroviral Therapy
DPHA: Diploma in Pharmacy
FMoH: Federal Ministry of Health
HCT: HIV Counseling and Testing
HIV: Human Immunodeficiency Virus
MoH: Ministry of Health
MPP: Minimum Prevention Package Intervention
NARHS: National AIDs and Reproductive Health Survey
OPD: Out Patient Department

SNAP: Sudan National AIDS Program
UAHEB: Uganda Allied Health Examination Board
UNAIDs: United Nations Agency for International Development
VCT: Voluntary HIV Counseling and
Testing VCT: Voluntary Counseling & Testing
WHO: World Health Organization?

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There is no source of funding.

Conflict of interest
The authors declare no conflict of interest.

Availability of data
Data used in this study is available upon request from the corresponding author.

Authors contribution
EII designed the study, conducted data collection, cleaned and analyzed data and draft the manuscript SN supervised all stages of the study from conceptualization of the topic to manuscript writing.

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Sharifah Nabukenya is a research supervisor at the Kampala School of Health Sciences.

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