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**CLIENTS' PERCEPTIONS OF HIV/AIDS
VOLUNTARY COUNSELLING AND TESTING
(VCT) IN MOZAMBIQUE**

Esmeralda Mariano
Eduardo Mondlane University
Maputo, Mozambique

Background

HIV/AIDS became a major public health problem in nowadays. UNAIDS and WHO have estimated that about 40 million people in the world were living with HIV/AIDS at the end of 2003 (1). Sub-Saharan Africa is the region with the highest burden, constituting almost 70% of people living with HIV/AIDS worldwide. Mozambique is one of the most affected countries in the region, with an estimated HIV/AIDS prevalence among adults (15-49 years) of 13.6% in 2002 (1, 3). To reduce the growth and size of HIV/AIDS epidemics at population level, prevention efforts must be effective. WHO interventions in prevention focus on key areas such as: testing and counselling as the entry point to both treatment and prevention; comprehensive programmes to prevent HIV/AIDS infection among women, infants and young children; and target interventions for vulnerable populations, including sex workers and people living with HIV/AIDS.

As stated by the WHO report (1), an effective Voluntary Counselling and Testing Services (VCT) program should begin with raising a community awareness on the benefits of the testing and counselling, both in preventing the spread of the infection and meeting the need for care and support in that community.

Recent studies indicate that overall coverage of testing and counselling is extremely poor in countries with highest HIV/AIDS burden. Worldwide, only 5% of people with HIV/AIDS are estimated to be aware of their status (1). Therefore, access to testing and counselling is the key for successfully implementing antiretroviral therapy and avoiding re-infection and transmission by behavioural changes. However, HIV VCT is not available in most regions in Africa (2, 3). There are few studies describing barriers to HIV testing in sub-Saharan Africa (5) which are particularly related to disclosure of HIV/AIDS status to sexual partners, fears of VCT attendance due to stigma and discrimination (5, 14).

In Mozambique, the overall health sector response to HIV/AIDS has been limited, both geographically and programmatically. In 2000, the government approved the National Strategic Plan to fight the epidemic, following the above WHO recommendations. The National AIDS Control Program defined Voluntary Counselling and Testing (VCT) as a main prevention strategy since May 2001. By January 2002, seven VCT facilities were established in five provinces (3), and by 2003 forty-seven VCT opened throughout Mozambique (1). VCT facilities have been operationalized by NGOs in partnership with local health services, although not all provide antiretroviral therapy. The availability of antiretroviral therapy is still limited to a few pilot sites (1, 9). In 2002, control and counselling for prevention of mother to child transmission were introduced in Mozambique, most in urban areas. VCT facilities are growing rapidly and Ministry of Health found that there is great demand for their services; nevertheless the reported number of tested and counselled persons is too limited if compared with Mozambique situation (3).

What is VCT?

Voluntary testing and counselling is a gateway to prevention and treatment, an essential tool in the control of HIV/AIDS epidemic (1). HIV testing and counselling is a direct, personalized and person-centred intervention, tailored to prevent transmission and obtain referral to additional medical care, preventive, psychosocial and other needed services in order to remain healthy (7). Counselling was designed to help persons interpret the meaning of negative or positive antibody results, to initiate and sustain behavioural changes that reduce risk of becoming infected and to assist HIV positive individuals in avoiding infecting others (1, 7). VCT is also a critical component of preventive strategies to reduce transmission of HIV/AIDS from mother to child.

Why is it important to address the topic?

VCT is an important step in the development of a comprehensive package of HIV/AIDS services; it is an effective strategy in reducing risk behaviours among individuals at risk for HIV/AIDS. VCT is the setting of information exchanges between a provider and a client, it helps the individual to reach

an appropriate decision and act on it. The counselling is supposed to include a discussion of medical and lifestyle issues grounded on individual's concerns, fears and values related to reproductive and sexual health. Individual perceptions towards VCT are shaped by cultural values, opinions about the role of health system and the nature of interactions with providers. Addressing clients' perceptions of VCT is crucial (7) to improve their satisfaction and health outcomes, helping a continued and sustained use of services (8).

What has been done in Mozambique?

Few studies have been systematically conducted on VCT issues in Mozambique. Most of the studies reported are based on evaluation of program interventions, which concentrated on youth in the main city of Maputo. Only one study (13) has explored the consequences in women tested HIV positive in Mozambique, revealing barriers of seeking VCT services. Fear of rejection and blame was perceived by several women as consequence of disclosure of HIV/AIDS status. The interventions on youth revealed the higher level of attendance, mainly counselling (51%) versus contraceptives (30%) and STIs treatment and antenatal care (13%) (10). The positive motivations among the youth in seeking VCT were curiosity and perception of personal or one's partner susceptibility to be at risk. Youth reported fear to use these services due to stigma. (10). The report on the program also stressed for the necessity of increasing the involvement of male in reproductive and sexual health education matters and for the importance of integration of VCT as part of youth-friendly services, aimed to maximize preventive strategies (11).

What needs to be done?

A review of the interventions recommends for more researches on effectiveness of VCT services aiming to define strategies of support for clients. VCT has just been introduced in Mozambique; it is important therefore to improve the quality and effectiveness of the services (3, 6, 8, 9, 13). Studies may be extended to a broader population constituted by actual and potential users attending VCT services. Monitoring the quality of counselling may not only report the attendance, coverage and return rates of clients. Although good quality of service is reflected by clients' attendance, it is also important to ensure that effective counselling strategies have been provided. A comprehensive understanding of individuals' desires and motivations about their sexual life may enable policy makers to identify appropriate strategies to improve programs. Perception of personal susceptibility to HIV/AIDS infection is the main factor motivating clients to overcome barriers for seeking VCT. Despite literature pointed out barriers on VCT attendance, there is a lack of understanding from researchers and health care providers about sexuality, fear of stopping reproduction and adoption of new feeding strategies which hamper adequate intervention. An approach to explore motivations for testing and counselling could be the qualitative study. Qualitative methods have increasingly been accepted in public health as legitimate strategies in the acquisition of useful knowledge, alongside quantitative approaches. The importance of sexual health research has been emphasised by the HIV/AIDS epidemic, whose complexity has demanded nuanced social analyses of practices related to sexuality and risk-taking. Public health oriented research makes use of qualitative methods to explore local sexual practices, experiences of sexual illness/health and responses to HIV/AIDS (15).

Objectives

General objectives

The aim of this study is to improve VCT services concerning sexual and reproductive health matters and HIV/AIDS prevention, through the evaluation of the perception of their appropriateness in clients' perspective: why do they go, how do they perceive it, what do they get?

Specific objectives

- to explore the clients' motivations and barriers regarding VCT services attendance
- to determine clients' expectations of VCT services and their needs for information
- to identify adequacy of the information given in VCT services compared to clients' needs
- to assess the responses of VCT services regarding sexual counselling of people living with HIV/AIDS

Study setting

This research will be conducted in Maputo city, which contains an estimated population of 1'216'873 (16), in a sub-urban area. The neighbourhood of Maxaquene was selected as it is characterized by the presence of different ethnic groups, among which the most important is Tsonga, a patrilineal society where polygamy is not a rare practice, in a context where lot of men are mineworkers in South Africa. The target population is heterogeneous, with different levels of education and socio-economic conditions. The HIV/AIDS prevalence rate in Maputo is increasing from 10% in 1998 to the current level of 17% (1). More women than men are infected with HIV and women comprise 60% of all infected adults in Mozambique. HIV infection is significantly higher among women in the age range 15-24 years (estimated at between 11% and 19%) than among young men in the same age group (estimated between 4% and 7%) (1). Maxaquene is a more vulnerable neighbourhood, with high prevalence of HIV/AIDS and will be selected also because having a health care centre (Centro de Saúde de Maio) which provides VCT services, antiretroviral treatment, day hospital for severe HIV/AIDS patients, maternity and other health facilities. The health centre provides services not only to clients from neighbouring areas but also from other provinces.

Method

The research project will be a qualitative exploratory study regarding clients' perceptions of voluntary counselling and testing services. Data will be collected through in-depth interviews of clients both women and men seeking VCT services and people living with HIV/AIDS. Semi-structured in-depth individual interviews are used in order to provide insights and understanding of individuals' experiences and feelings, about their motivations and barriers towards VCT services. The technique of direct observation will be used to follow the interactions between providers and clients during the counselling and testing.

Sampling selection (Inclusion and exclusion criteria)

A total of 45 participants (women and men) will be recruited using referral techniques, before and after counselling and testing; age will range from 15 to 49 for women and from 15 to 60 for men. Sampling will be based on clients seeking VCT services, attempting nearly equal sex proportion. Participants will be selected throughout health care providers or counsellors, identifying clients willing to participate in the study. Exclusion criteria will be applied only for those who are not seeking VCT services.

Topic of some themes that can be developed to the further questions and adjusted at different situations as following:

1. The reasons for seeking VCT
2. The benefits from VCT
3. The barriers of VCT
4. Information searched (what people want to know)
5. Information given in VCT affecting sexual life
6. Sexual life before seeking VCT
7. Current sexual life

8. Importance and value of sexual activity
9. Perceptions of sexual life of a person with HIV/AIDS
10. Kind of information needed regarding HIV/AIDS prevention
11. Kind of information a HIV infected pregnant woman needs

The research team for the study consists of two experienced researchers (one anthropologist and one psychologist) who will develop research questions and interview clients. Training will be provided for the researchers in order to increase their skills on sensitive issues of sexuality.

Analysis

Qualitative data will be transcribed (if the interviews are recorded) and organized by theme, a program for qualitative analysis of text (NUDIST) will be useful. The study will use the grounded theory (GT) approach, which emerged as one of the most popular and rigorous methods of deriving theories from qualitative data. GT is an appropriate approach for conducting research with no strong theoretical basis and is aimed at analysing data rather than a specific technique of data collection. However, data collection for GT involves an iterative process in which data from an interview are analysed before conducting another; so it is possible to introduce new elements into subsequent interviews, which are 'grounded' in the information collected before (17).

Outcomes

Dissemination of the results will inform for programs and policy development on STD, HIV/AIDS and sexuality, to support decision-making to improve the coverage and quality of VCT services. The outcomes will contribute to the development of relevant messages on HIV/AIDS prevention.

Time duration

1 year.

Ethical considerations

Research on sensitive issues raises specific ethical concerns, therefore, informed consent will be provided for the participants about purposes and objectives of the study, confidentiality, privacy, and benefits. The research will ensure also that it does not cause the participant any form of harm (moral, physical or emotional). The interviewers will be trained to respect the respondents' comments, values, beliefs, decisions and choices. Participation will be voluntary. Local ethical approval from the Ministry of Health will also be required, submitting all the necessary documents.

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