

**THE ROLE OF VCT IN PREVENTING HIV AMONG FEMALE  
YOUTHS IN SELECTED PARTS OF LUWINGU DISTRICT, ZAMBIA**

**BY  
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**A dissertation submitted to the University of Zambia - Zimbabwe Open University (UNZA/ZOU) in fulfilment of the requirements for the award of the degree of Masters of Science in Counselling Program.**

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## **Declaration**

I declare that **the Role of VCT in Preventing HIV among Female Youths in Selected Parts of Luwingu District, Zambia** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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Signature (GETRUDE SATYELE)

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## **Approval.**

The undersigned approves that, she has read and hereby recommends for acceptance by university of Zambia - Zimbabwe Open University, a dissertation titled: The role of VCT in preventing HIV among female youths in selected parts of Luwingu District, Zambia. In partial fulfilment of the requirements for the degree of Masters of Science in Counselling Program.

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DR. R. CHIKOPELA (Supervisor)

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Date

## **Dedication**

This work is dedicated to the beloved members of my family. They mean the world to me. Especially to my supportive mother, I say thanks for teaching me the importance of education, hard work, and honesty. I cannot imagine how life would have been without you, Mama may your soul rest in peace.

## **Acknowledgment**

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## **Abstract**

The main purpose of the study was to examine the role of VCT in the Prevention of HIV among Female Youths in Selected Parts of Luwingu District. The study employed a qualitative approach particularly a descriptive case study design to collect and analysed data. The study objectives were: to find out the attitudes of female youths towards VCT uptake in selected parts of Luwingu district, to establish the benefits of VCT in the prevention of HIV among female youths in selected parts of Luwingu district, to ascertain the challenges that affect the role of female youths in the uptake of VCT in selected parts of Luwingu district and to suggest the possible measures to address the challenges affecting the role of VCT in the prevention of HIV among female youths in selected parts of Luwingu district. The study involved 30 respondents from selected parts of Luwingu the data were collected through unstructured interviews, and focused group discussion and thematic analysis was used to analyse qualitative data.

The result of the study shows that, VCT plays a significant role in preventing people from HIV in that when one knows his/her status, they can be able to make informed decision about their future. The study revealed that if VCT were well managed, accessible and conducive more youths can be tested counselled and know their results. It is likely that this would reduce stigma and fear attached to HIV and lead to more open approach to HIV and VCT related services. Among others, the study identified inadequate and conducive of VCT Centers or testing rooms, stigma, confidentiality and fear as major challenges affecting the accessibility to VCT Centers. Therefore measures are needed to improve on quality of VCT and primary health care generally for youths, paying specific attention to improve confidentiality of HIV status of clients.

**KEY WORDS:** VCT, Female youths, HIV testing, Prevention

## Acronyms and Abbreviations

AIDS	:	Acquired Immune Deficiency Syndrome
ARV	:	Antiretroviral drugs
CSO	:	Central Statistics Office
HIV	:	Human Immune Virus
MOH	:	Ministry of Health
NAC	:	National AIDS Council
NASCOP	:	National AIDS and STD Control program
NACP	:	National AIDS control program
NDP	:	National Development Plan
NGO	:	Non-Governmental Organization
PITC	:	Provider Initiated Testing and Counselling
PLHA	:	People Living with HIV/AIDS
PMTCT	:	Prevention of Mother to Child Transmission
TB	:	Tuberculosis
UNAIDS	:	United Nations program on HIV/AIDS
VCT	:	Voluntary Counselling and testing
WHO	:	World Health Organization
ZDHS	:	Zambia Demographic Health Survey

# CHAPTER ONE

## Introduction

This study is concerned with the role of VCT in Preventing HIV among Female Youths in selected compounds, Luwingu District, This chapter provides background information, statement of the problem, purpose of study, objectives, study questions, significance of the study, delimitation of the study, the definitions of terms used in the study and the chapter summary.

### 1.1. Background

VCT services are widely recognized as having an effective role to play in the fight against HIV/AIDS, by providing contact centres where information, guidance and referral to medical treatment can be sought (Hutchinson & Mahlalela, 2006; Horizons, 2001). Information, counselling and testing also go hand-in-hand with promoting and reaffirming safer sex practices for those who test negative (Sherr et al., 2007; Arthur et al., 2007). However, these services cannot be effective if they are not accessed by community members and young people (15–24 years) in particular.

HIV/AIDS Counselling involves educating a client or a group of clients on the control, management and prevention of HIV/AIDS. Counselling assists people to make informed decisions, cope better with life challenges, lead positive lives and prevent further transmission of HIV. Voluntary Counselling and Testing can be defined as a confidential face-to-face interaction between a professional counsellor and a client or a group of clients with a view of assisting the clients to make informed decisions and adjust effectively in life. +HIV/AIDS Counselling consists of three stages, which are pre-test Counselling, post-test Counselling and follow up. HIV/AIDS test involves a scientific analysis of a client's blood in order to determine his/her HIV/AIDS status. CT is a key element to identifying HIV infected persons who could benefit from therapeutic interventions (Gainella et al. 2011).

Therefore, HIV testing provides an opportunity for people to find out their HIV status which may influence changes in HIV risk behaviour, thus helping to reduce the spread of HIV. In addition, HIV testing also leads to early diagnosis and treatment which are associated with good illness outcomes, while delayed diagnosis and treatment increase the disease burden and

represent missed opportunities in terms of prevention (Miro et al. 2011). This lack of use of VCT is particularly noticeable amongst young people, even though new HIV infections are greatest amongst the group aged 15–24 years — they tend to be aware of VCT, yet few have accessed these services and know their HIV status (MacPhail et al.; 2008, Bell et al., 2007; Boswell & Baggaley, 2002). Perceptions of both HIV/AIDS and VCT are still shrouded in stigma and mistrust, creating barriers to accessing VCT services at individual, interpersonal and community or cultural levels (Bell et al., 2007; Skinner & Mfecane, 2004).

The youth is characterized by strength and vitality which predispose the young to a high level of involvement in sexual activities and the attendant risks such as unwanted pregnancy, abortion and infection with Sexually Transmitted Diseases. According to Cawlwy et al. (2014), young people are highly vulnerable to HIV and other STDs. He asserted that in many countries 60% of all new HIV infections are among the age group 15-24 years and stressed that the highest rates of STDs are usually found among the youths of ages 20-24 years followed by 15-19 years. It was estimated that in Nigeria, 3.1% of people living with HIV/AIDS are between the ages of 15 and 19 years. Although the statistic is low, it is relevant that the views of youths are sought as regards factors hindering their VCT attendance in order to prevent the spread of the virus.

The HIV and AIDS epidemic has continued to be one of world's dreadful challenges for more than two decades now. It has claimed many lives of people from AIDS related illness in the world since the start of the epidemic (United Nations Program on HIV and AIDS, 2017). It has become a global concern. It is killing people in the most terrifying circumstances. The first recognized cases of AIDS occurred in the United States of America in 1981 (Dyk, 2008). This implies that for thirty-nine years now (1981 – 2020) the world has been on high alert against HIV and AIDS. Despite the efforts done to fight the epidemic during these years by government and Non- governmental agencies, The Role of VCT in Preventing HIV among Female Youths still abound. Unfortunately, the trend is inexorably still upwards despite the slight decrease.

While HIV and AIDS can be considered a global epidemic, it has an overwhelming negative impact on sub-Saharan. According to UNAIDS (2017) by 2002, Africa was identified as the continent with the highest HIV prevalence with 42 million people infected with the virus and about 19.4 million (17.8 million - 21.1 million) people were living with HIV in eastern and southern Africa of which 270000 (52000 - 110000) new infections among youths in eastern

and southern Africa in 2016. Youths were and are the most vulnerable people because of a host of social-economic reasons among these are poverty, sexual exploitation, violence and lack of information on HIV and AIDS. Over 30% of youths were found to be infected with HIV and AIDS in Africa. The Role of the epidemic has certainly not been confined to the health sector, households, workplaces and economies. But also rural communities have also been significantly affected (Moerschbacher, et al, 2008).

It is important to note that HIV and AIDS are two of the world's major public health issues, with sub-Saharan Africa being the most affected region. In 2015, it was estimated that 36.7 million people were living with HIV and AIDS, of whom 25.5 million were living in sub-Saharan Africa (UNAIDS, 2016). The introduction of rapid HIV antibody tests has facilitated HIV diagnosis of people worldwide, especially those in low-income countries (Zachary et al., 2012). HIV-testing is a critical step in HIV treatment cascade (diagnosis, linkage to care, engagement in care, retention in care, initiation of antiretroviral therapy, and viral suppression) (Thierman et al., 2006). In 2007 the World Health Organization (WHO) recommended routine HIV testing among youth in epidemic settings, and many countries in sub-Saharan Africa proposed to mobilize youth and to ensure 'youth friendly' HIV testing services (WHO, 2007).

HIV/AIDS services in Zambia started with provision of HIV Counselling and testing. The Zambia Service Provision Assessment of 2005 estimated that 44% of health institutions in Zambia offer VCT services and this includes both government and private institutions (CSO & MOH, 2005). VCT services offered in both government health institutions and some non-governmental organizations (NGOs) are free of charge. There are also a number of private health institutions that offer VCT services at a minimal fee. However, despite VCT services being readily available and offered free of charge in government health institutions, only 10% of the population knows their HIV status (CSO, MOH & Measure Evaluation, 2000).

In Zambia, HIV/AIDS is aggravated by inadequate sexual health education, inadequate voluntary HIV testing and counselling, unhealthy cultural practices and poor health care system. HIV/AIDS is a dangerous virus which destroys the body's immune system. It leads to a progressive loss of a specific type of immune cell called T-helper, or CD4 cells. As the virus multiplies in the body, it damages or kills the cells and weakens the immune system leaving the infected person vulnerable to various opportunistic infections and other illnesses. Good health is an essential condition to meaningful national development. HIV/AIDS is a

threat to life, thus individuals need to know their HIV status through testing. This is necessary because such a test helps to reduce transmission and involvement in risky sexual behaviours. It also promotes early treatment and adjustment.

HIV/AIDS continues to be a major developmental challenge for Zambia, which still has one of the highest HIV prevalence rates in the world. The number of people living with HIV has continued to grow from around 89000 in 2005 to 1.2 million in 2016, of which Lusaka and Western province had the highest HIV prevalence rates of 16.1% and 16% respectively. Youths have been severely affected by the HIV epidemic in Zambia, where 85000 youths are estimated to be living with HIV.

It is noteworthy, that in 2016 the estimated annual new infection among adults over 15 years has dropped from 67000 to 46000 during this period while those for children aged 0-14 years has dropped from 23000 to 8900. Similarly, annually people dying with AIDS related diseases in Zambia has also reduced from 69000 to be 21000 out of the estimated 106000 people living with HIV as at December 2016. Due to the ART programs. The survival of PLHIV has increased currently, over 800000 are on life-saving Anti-retroviral Therapy (ART) while around 3 million (42% young people) are counselled and tested and know their results by the end of 2016. In spite of all these achievements, Zambia is still one of the top 10 countries in the world with the highest number of PLHIV (UNAIDS, 2017).

Adolescent aged 10-19 comprise 23 % of the total Zambian population. Based on the re-analysis of the 2013-2014 Zambian Demographic and Health Survey (ZDHS) HIV testing data estimated HIV prevalence rates among adolescent girls and boys aged 15-19 from 2007 to 2014 is at 3.6% (2800) for girls and 1.8% (1600) for boys. Youths have continued to be disproportional affected by HIV due to behavioural, cultural and biological vulnerabilities to HIV infection and this because adolescent faces a lot of numerous challenges in accessing adolescent responsive HIV services or VCT, hence 4 out of 10 adolescent in Zambia reported to have intercourse in 2019. Of these 6 out 10 did not use a condom at last sex. Youths face increased barrier due to a lack of service designed to specifically meet their needs and lack of key data on key affected population make it impossible to detaining the size of vulnerability and solutions to HIV. However, children need special consideration to be able to have a significant impact on national interventions by making them a priority focus (UNAIDS, 2019).

In Zambia HIV prevalence rates peaked to 28% in the late 1990s and declined by over 25% between 2001 and 2009 (Kapata, et al, 2012). By 2015, it was estimated that 1.2 million people were living with HIV and AIDS in Zambia (Zambia national AIDS Council, 2015). An HIV prevalence of 12.9% among adults aged 15-49 years old makes Zambia one of top 10 countries with the highest HIV prevalence in the world (Zambia national AIDS Council, 2015). Zambia has implemented diverse programs to prevent new infections and improve HIV treatment for those infected (Zambia national AIDS Council, 2015). The scale-up of HIV-testing service is one of the effective national strategies to halt the epidemic.

Despite the high HIV prevalence, youth testing rates are low (MacPhail et al. 2009). In Zambia, testing rates have been the lowest for many years among adolescents. HIV-testing rate was positively associated with education attainment, but did not differ regarding geographic location or sexual activity. Urban population, male participants, and people perceived with high risks were more willing to take the test. In rural area Voluntary Counselling and Testing (VCT) use did not differ by gender, while in urban area, men used the service more than women (Fylkesnes, 1999).

Nevertheless, the Government of Zambia is committed to ending AIDS pandemic by 2030 and this will be done by adopting the joint United National Program on AIDS (UNAIDS) Fact Task Goal of achieving the 90-90-90 treatment target by 2020 and the multi-sectoral approach of the NASF program, through formation of Districts AIDS Task Force (DATF) in districts countrywide has provided successful achievements in mobilizing substantial number community based organisations (CBOs) and other NGOs to respond to the need of youths and young children by providing services such as provision of Health, Sex Education support, Youth friendly corner and many other community based health programs (UNAIDS, 2017).

As the cure of HIV/AIDS remains elusive there is need for continued integrated effective intervention strategies. The government of Zambia has joined other African countries in sensitizing people about the importance to go for testing and VCT counselling especially youngsters because they have little information about HIV/AIDS. Some community stakeholders are coming up with strategies to intervene through the formation of support groups, provision of free access to ART and providing food to improve nutrition. However, the issues to do with the effectiveness of such activities still needs to be looked at.

Voluntary Counselling and Testing is HIV testing provided to individuals who seek the service out of their own will without any coercion. Youth particularly those still in their teens are underrepresented among those accessing VCT services (McCauley, 2004), in spite of most HIV infections being estimated to occur among young people 15–24years (UNAIDS, 2004).

Through HIV voluntary and testing (VCT) programmes, youths (female) play a significant role and they have demonstrated their ability to increase safe sexual behaviours and use of care and support services among youths. For example by helping clients learn their HIV zero status and creating a personalized HIV risk reduction plan, VCT can provide information and support necessary to change risky behaviours that could lead to HIV infection or transmission (Mwakato, 2007). Pre counselling and post counselling service, and a risk reduction plan are the key features that distinguish VCT from other HIV testing services.

There are several reasons that might contribute to the increasing rate of STI and HIV infections among adolescents globally, for example, inadequate knowledge of STI and HIV (Idele et al., 2014), negative attitudes to condom use (Bermúdez et al., 2012), and cultural attitudes toward sex (Sychareun et al., 2018). Poor knowledge about HIV and how to prevent infection has remained one of the major reasons for the persistence of HIV among adolescents.

One of the major contributions that youths have made in response to the sexual reproductive health care needs of female youths came from the health sector with the youth-friendly health service initiative. By focusing on making health facilities adolescent-friendly through government health facilities and NGOs operating locally. In Luwingu, the focus was on peer education to increase awareness about sexual and reproductive health among young people and community mobilisation activities through NGOs to inform community gatekeepers about adolescent health needs (Sychareun et al., 2018).

It is important to note that the role of female youths in the uptake of VCT in the prevention of HIV can only be successful if the youths are actively involved in designing, assessing and providing health services by having the opportunity to share their experiences of seeking health services and express their need and preferences. They should participate in certain appropriate aspects of health service provision. A wide range of sexual SRH services should be offered, including counselling about sexual and reproductive health, family planning,

treatment of sexually transmitted infections, antenatal care, birth and postnatal care, and HIV counselling and testing.

Although there are different ways of delivering health care to which young people play a vital role, there seems to be a common understanding that access to friendly health services is vital for ensuring their general wellbeing (Brittain et al., 2015). Moreover, it is widely accepted that youth health services should be clear, accessible, equitable, acceptable, appropriate and understandable (WHO, 2012).

VCT is a vital point of entry to other HIV/AIDS services, including prevention and clinical management of HIV-related illness, TB control, psychosocial and legal support, and prevention of mother to child transmission of HIV. High quality VCT enables and encourages people with HIV to access appropriate care and is an effective HIV-prevention strategy. VCT can also be an effective behaviour-change intervention. VCT offers a holistic approach that can address HIV in the broader context of people's lives, including the context of poverty and its relationship to risk practice. It is out of the realisation of the alarming magnitudes that this study will therefore, the Role of VCT in Preventing HIV among Female Youths in selected compounds, Luwingu District.

## **1.2. Statement of the Problem**

Voluntary counselling and testing for HIV (VCT) is seen as an important component of any HIV intervention strategies, providing a range of benefits to individuals, families and communities. Despite large investments in health facility-based HIV voluntary counselling and testing (VCT) and the recent adoption of provider-initiated testing approaches, the proportion of people and aware of their HIV status has remained well below the levels required to substantially impact the pandemic. There is growing recognition that female young youths in sub-Saharan Africa face important challenges to both accessing and utilizing health care facilities and, as a result, they are under-represented in HIV testing, treatment, and care (Liechty C, 2011).

Although there are massive prevention campaigns and efforts over the country, HIV/AIDS is still a threat and a major crisis affecting the most productive members in Zambia. Youths are most vulnerable groups affected by HIV/AIDS and their loss due to HIV/AIDS and related illnesses compromise their wellbeing. HIV/AIDS is claiming the lives of many young people

at an alarming rate, which leaves many orphans in the care of the grandparents or care for themselves (UNAIDS/WHO, 2006).

Despite the increasing number of VCT Centers and service providers in Zambia and Luwingu in particular, the number of youths attending the services is low and has signified a marginal pace and their underutilization of the VCT services is the concern of many people in the fight against HIV/AIDS. This situation is unacceptable and raises a concern why youths are not playing significance role in VCT services given the fact that services are freely provided. Therefore, there is a need to examine the youth's perceptions and practices on the utilizing the VCTs. Their role towards VCT services in the prevention of HIV would promote a better utility of the offered services and give grounds of safer life, hence, the study sought to assess the Role of VCT in the prevention of HIV among female youths in selected areas in Luwingu District.

### **1.3. Purpose of the Study**

The purpose of this study was to investigate the Role of VCT in the Prevention of HIV among Female Youths in the Selected Parts of Luwingu District.

### **1.4. General Research Objectives**

To explore the role of VCT in HIV Prevention among female youth in selected areas of Luwingu District.

#### **1.4.1 Specific Research Objectives**

The objectives of the study are to;

- ❖ To find out the attitudes of female youths towards VCT uptake in selected parts of Luwingu district.
- ❖ Establish the benefits of VCT in the prevention of HIV among female youths in selected parts of Luwingu district.
- ❖ Ascertain the challenges that affect the role of female youths in the uptake of VCT in selected parts of Luwingu district.
- ❖ Suggest the possible measures to address the challenges affecting the role of VCT in the prevention of HIV among female youths in selected parts of Luwingu district.

## **1.5. General Research Questions.**

What is the Role of VCT in the prevention of HIV among female youths in selected parts of Luwingu district?

### **1.5.1 Specific Research Questions**

The study aimed to answer the following research questions?

- ❖ What are the attitudes of female youths towards VCT uptake in selected parts of Luwingu district?
- ❖ What are the benefits of VCT in the prevention of HIV among female youths in selected parts of Luwingu district?
- ❖ What are the challenges that affect the role of female youths in the uptake of VCT in selected parts of Luwingu district?
- ❖ What are the possible measures to address the challenges affecting the role of VCT in the prevention of HIV among female youths in selected parts of Luwingu district?

## **1.6. Significance of the Study**

It is imperative to note that, formulation of good and sound policies relies heavily on the availability of relevant information, the Information which will be derived from the Role of VCT in preventing HIV among female youths of Luwingu district. It is in view of this that, this study will generate knowledge relevant for and contributing to the existing body of knowledge to the Health sector in Zambia. Additionally, this study is very important as it will help in filling the gap in existing body of knowledge on the Role of stakeholders in improving the effective livelihood of female youths. The study will further help policy makers and planners to consider the issues and undertake measures to solve the problem accordingly. Additionally, findings are noteworthy for this study as they are imperative to outline policy recommendations that are relevant to Zambian health system. Research in the area will incite other researchers to carry out further studies.

## **1.7. Scope and Delimitation of the Study**

The study was conducted in selected parts of Luwingu district in Northern Province of Zambia that have VCT centres. The scope of the study was limited to examining the Role of VCT in the prevention of HIV in female youths in selected parts of Luwingu district. It dealt with the VCT activities in the prevention that promotes the prevention of HIV in female youths. The study further established the challenges faced when using VCT to prevent HIV among female youths in selected parts of Luwingu district. Luwingu is an emerging urban District with the high population number of youths who are at risk of HIV. The study did not cover the role of VCT in the prevention of HIV among the male youths but it is only restricted to female youths because there are at high risk.

## **1.8. Anticipated Limitations of the study**

The study was not funded therefore, finances were a challenge. The study was conducted within the limited and in a small geographical area of Luwingu District, hence the data cannot be a representative and generalized to other Zambian Communities. Discrimination and Stigma attached to HIV and positive status was the greatest challenge that the researcher faced. In the perspective of stigma and discrimination the researcher employed more of HIV/ AIDS education programs that allowed more people to know their HIV status and in turn may reduce stigma and discrimination and foster normalization of HIV testing. The age group that the researcher will be working with in terms of data collection also pursues as a challenge.

## **1.9. Theoretical Framework.**

This study will be underpinned by the theoretical framework of Social Cognitive (Learning) Theory and the Prevention Motivation Theory which was founded by R.W Rodger (1975) and expanded it in 1983. Wirett later expanded it further in (1995).

### **1.9.1. Protection Motivation Theory.**

The Protection Motivation Theory (PMT) proposes that people protect themselves based on four factors: the perceived severity of a threatening event, the perceived probability of the occurrence or vulnerability, the efficacy of the recommended preventive behaviour, and the perceived self-efficacy. Protection Motivation Theory stems from both the threat appraisal and the coping appraisal. The threat appraisal assess the severity of the situation.

The main purpose of developing this theory was to provide an explanation on how people behave when they are threatened and the likely behaviour which they will engage themselves in order to overcome the threat. Therefore, this research has adopted two (2) assumptions which this theory promotes

The threat appraisal – It focuses on the source of the threat and the factors that increase or decrease likelihood of maladaptive behaviours. It involves assessing the severity and vulnerability of the situation. Coping appraisal – It focuses on the adaptive responses and one's ability to cope with and avert the threat. There are three routes through which coping can affect health include the frequency, intensity, duration and patterning of neurochemical stress reactions.

The researcher will use this theory to investigate whether female youths are affected by the Protection Motivation Theory so as to involve themselves in HIV Voluntary Counselling and Testing (VCT). This theory will help the researcher to establish THE ROLE of VCT in the prevention of HIV among female youths in Luwingu district.

Another study in Zambia by Fylkesnes and Siziya (2004) found that testing rate was positively related to the years of education except for two age groups (<8 years vs. >12 years of schooling). The readiness for VCT was higher in age group 20-24 (49%) than in age group 40- 49 (23%). Factors positively associated with readiness for VCT were: 15-24 years of age: self-perceived risk of being HIV infected, 25-49 years of age: poor self-rated health and previous test experience. Barriers to VCT among Zambian population included fear and burden of knowing their status, stress and detriment to health, concern of losing future opportunity for education, work and marriage (Jurgensen et al., 2012).

It is against this background that in order to examine the Role of VCT in the prevention of HIV/AIDS among female youths in selected areas of Luwingu District, this study will employ the Protection Motivation Theory which was originated by R.W Rodgers in 1975. This will establish VCT activities which promotes the protection of HIV among female youths, determine the relevancy of each VCT activity in the prevention of HIV among female youths and establish the challenges which are faced when using VCT to prevent HIV among female youths.

## 1.9.2. Theory of Change

This theory is the articulation of the underlying beliefs and assumptions that guide a service delivery strategy and are believed to be critical for producing change and improvement. The theory of change represents beliefs about what the target population needs and what strategies will enable them to meet those needs. They establish a context for considering the connection between a system's mission, strategies and actual outcomes, while creating links between who is being served, the strategies or activities that are being implemented, and the desired outcomes (Vogel et al., 2012). Although the origin of the theory of change is traced as far back as involving the works of the notable methodologists, such as Huey Chen, Peter Rossi, Michael Quinn Patton, and Carol Weiss, it was clearly articulated as a theory of change 1995 publication, *New Approaches to Evaluating Comprehensive Community Initiatives* by, Carol Weiss, who hypothesized that a key reason complex programs are so difficult to evaluate is that the assumptions that inspire them are poorly articulated. She argued that stakeholders of complex community initiatives typically are unclear about how the change process will unfold and therefore place little attention to the early and mid-term changes that need to happen in order for a longer term goal to be reached.

Theory of change has two broad components. The first component of a theory of change involves conceptualizing and operationalising the three core frames of the theory. Populations you are serving; strategies you believe will accomplish desired outcomes; and outcomes you intend to accomplish. The second component of a theory of change involves building an understanding of the relationships among the three core elements and expressing those relationships clearly (INSP, 2005). There are many change theories and some of the most widely recognized are briefly summarized in this study. The theories serve as a testimony to the fact that change is a real phenomenon. It can be observed and analysed through various steps or phases. The theories have been conceptualized to answer the question, how does successful change happen (Kritsonis, 2004).

In this study the theory of change was used so as to link the VCT's services and the role played by female youths as the move to bring about change in behaviour on the part of the youth so as to control or avoid HIV/AIDS. Change theory has the following stages: (1) Pre-contemplation, is a stage where by an individual is unaware of the problem; no intention to change behaviour is foreseeable. (2) Contemplation is the stage where by Individual is aware of the problem; Serious consideration of change in behaviour. (3) Preparation, in this stage,

an Individual is intending to take action (self-liberation) choosing and commitment to act or belief in ability to change (Morris et al., 2012).

Strengths and weaknesses of change theory: The strength of change model is that it is simple and easy to understand. This model concentrates on the fear of people who oppose the change to happen. This is the main factor, which should be worked out by every organization to bring out change (Robbins, 2003).

### **1.10. Summary**

This chapter provided an orientation to this study by discussing the introduction to the study which included the background information were the study presented the trend and prevalence of HIV at the global, regional and Zambia respectively and it has represented the role of youths and females in particular and the contribution in fight against HIV, the chapter has also presented the statement of the problem, purpose of study, objectives, study questions, significance of the study, delimitation of the study and the definitions of terms used in the study . The Role of VCT in Preventing HIV among Female Youths in selected compounds, Luwingu District, can be achieved if we intensify the use of Adolescent-friendly health services (AFHS) which are considered key to addressing the sexual and reproductive health (SRH) of adolescents. VCT uptake and HIV prevention among young people.

### **Operational Definitions**

The following terms were frequently used in this research hence the need to give operational definitions to ensure a common understanding. For the purpose of this research definitions sited below was used;

#### **AIDS**

Acquired Immune Deficiency Syndrome (Mosby's medical dictionary 2009). In this paper, the term AIDS refers to Acquired (must do something to contact) Immune (ability to fight off infections agent) Deficiency (lack of) Syndrome (cluster of symptoms that are characteristic for a disease).

#### **HIV**

Human Immuno – Deficiency Virus (Sepkowitz K. A. 2001). HIV in this research refers to Human (Isolated to the human species) Immuno-Deficiency (lacking the ability to fight off infections agents) Virus – (a disease causing agent)

## **VCT**

Voluntary Counselling and testing the process by which an individual undergoes Counselling, enabling him or her test for HIV, it has a combination of both the pre-test and post-test.

## **Youth**

The United Nations for Statistical purpose, defines “Youth” as those individuals between the age of 15-24 years without prejudice to other Member States (Pearsall 2001). In the context of this study, the term youth specifically refers to females who are between 15-24 years.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

The previous chapter looked at the background of the study. This chapter discussed related literature to the current study according to specific objectives of the study. Literature review is a key step in the research process and refers to an extensive, exhaustive and systematic examination of publications relevant to the research project (Basavanthapa, 2007). Consequently, this literature review provides an account of what had been published in relation to this current study which was based on the Role of VCT in preventing HIV among female youths of Luwingu district. The researcher used different materials; the review of scholar literatures, books, journals and different websites.

The main purpose of literature review was basically to convey to the readers what knowledge and ideas have been established on a topic, and what their strengths and weaknesses are and why there were a need to conduct a research. The literature review of this study therefore, consists of two aspects that is; the review of empirical studies and also review of theories which will provide a theoretical framework explaining the phenomenon under study.

#### **2.1. Attitudes of Female Youths towards the uptake of VCT**

An investigation on the influence of self-perception of HIV infection on youths' attitudes towards Voluntary Counselling and Testing services in Nigeria indicated that youths with low self-perception were not inclined to reduce risky sexual behaviours or to seek HIV/AIDS counselling and testing. Similarly, another study on the attitudes of the University of Ilorin undergraduates toward Voluntary HIV/AIDS counselling and testing revealed that the respondents had negative attitude towards VCT and gender, age, religion, course of study and marital status had no significant influence on their attitudes. The study recommended that VCT centres should be established in tertiary institutions to enable students have access to VCT. A similar negative attitude was noted amongst students of higher institutions in Ilorin towards the use of antiretroviral agents ((Wringe et al., 2008).

Negative perceptions or barriers to seeking VCT services can be organized around three levels firstly the individual level, secondly the small group level consisting of family, peers and friends, and thirdly, the broader organizational and community level. This approach

allows for the recognition that behavior change is facilitated, constrained and influenced by the social and cultural context in which individuals live out their lives (MacPhail et al., 2008).

At the individual level, barriers to VCT included fear of “what might happen” if HIV positive youth associated VCT with visible symptoms of AIDS and went to VCT in order to confirm the diagnosis. VCT was not associated with healthy individuals (MacPhail et al.; 2008, Bell et al., 2007). MacPhail et al. state, “The perception that VCT is for people who are ill may be a manifestation of the inability of young people to accurately assess their risk of HIV infection” (2008). Other studies have linked this perception to an absence of treatment options associated with VCT, such as access to ARVs (Hutchinson & Mahlalela, 2006). Post-test stress was another barrier. In addition, research conducted by Horizons (2001) revealed that social relations and interactions, communication patterns in families, among couples and among peers may influence people’s decisions regarding HIV testing.

Magnani et al. (2002) found a strong and consistent link between the level of knowledge of HIV and sexual activity. The study revealed that having knowledge of HIV/AIDS was protective against ever having had sex for both male and females. The study concluded that people with higher level of HIV/AIDS knowledge appeared to be more likely to abstain from high-risk sexual activity and to consistently use a condom. A lack of education and knowledge about HIV and its prevention causes higher growth rates, as people are without the information necessary to prevent its spread.

Sexual education is one of the calls governments should make to promote the well-being of adolescents. A number of reviews and meta-analyses have documented effective sexuality education programs throughout the world (Michielsen et al., 2010; Paul-Ebhohimhen, Poobalan, & Van Teijlingen, 2008). Studies have reported that comprehensive sex education (CSE) is effective in reducing sexual risk among adolescents in their systematic review, 30 noted that sex education programs have been effective in increasing knowledge about HIV, improved self-efficacy and condom use, and reducing the number of sexual partners among adolescent populations in low- and middle-income countries.

Thus, youth-friendly health services should aim to improve the arrangement, provision and quality of sexual and reproductive health services so that they are attractive to and used by young people (McIntyre, 2002; WHO, 2012). Several studies worldwide have shown that the implementation of adolescent-friendly standards improved satisfaction among adolescents and the performance of health facilities (Dickson, Ashton, & Smith, 2007). A study

conducted in India showed that more than 80% of adolescents visiting adolescent-friendly health facilities there were satisfied with such facilities, owing to reduced waiting times, more suitable clinic hours and easily accessible health workers (Yadav et al., 2009).

## **2.2. Importance of VCT in Preventing HIV**

The availability of support services such as medical care (ART, treatment of opportunistic infections), family planning, Counselling about reproductive choices, emotional care (family, couple and individual) and Counselling for positive living have been reported to promote VCT uptake (UNAIDS, 2001). In addition higher uptake was found to be associated with socio-economic factors such as higher level of education and source of livelihood.

Voluntary Counselling and testing services can result in positive behavior change including a decrease in unprotected sexual intercourse (Youth net, 2007). It is part of health seeking behavior which refers to those entire things humans do to prevent diseases and to detect diseases in asymptomatic stages or even when they become symptomatic to seek care. Other evidence given out by Coovadia, for a positive impact of VCT services includes facilitating decision-making, accepting and coping with HIV, improving family and community acceptance, increasing condom use, and reducing gonorrhoea rates and HIV transmission.(Coovadia, 2000).

Benefits of Voluntary Counselling and Testing High quality voluntary Counselling and testing not only enables and encourages young people with HIV to access appropriate care but has been demonstrated to be effective in HIV prevention. Research over the last decade has demonstrated the public health benefit of VCT in terms of reductions in risk behavior that are both significant and cost effective (Marks & Crepaz, 2001; Sweat et al., 2000; Forsythe et al., 2002). “Studies of VCT impact among youth in the United States do provide evidence that some youth adopt safe behaviors after testing. Although the U.S. studies often focus on high-risk individuals such as drug-users, runaways, and those in high-prevalence areas, they do look at the behavior of young people”.

In Lusaka, Zambia it was also reported that most people found VCT a useful experience, particularly in making decisions on sexual behavior; sero-positive people valued the Role of VCT in helping them cope with their status and its link to support services while sero negative people valued the assistance that VCT provided in remaining sero-negative. The importance of VCT for both prevention and care is increasingly recognized which includes prevention of HIV transmission from positive tested people to un-tested, mother to child;

prevention of HIV acquisition by negative tested people from positive or untested partners leading to early and appropriate uptake of service for both positive tested and negative-tested people.

Voluntary Counselling and testing is the platform for facilitating early management of HIV-related infections and STIs, identifying the need for prophylaxis and effective use of HIV antiretroviral therapy, medical care family planning, emotional care, Counselling for positive living, social support, improved coping and planning for the future. Societal benefits like challenging stigma, promoting awareness, supporting human rights enabling psychosocial support through referral to social and peer support groups increases the visibility of HIV in the communities. This fosters the enhancement of stigmatization of those with HIV/AIDS (WHO, 2004).

### **2.3. Challenges Faced When Accessing VCT**

The most common reason why people shun VCT services are fear of being HIV positive and stigma attached to being HIV/AIDS. In developing countries other barriers to VCT uptake are distance to VCT centres as well as the cost of the services (Nuwaha et al., 2002). Other barriers are lack of confidentiality, poor quality of services, limited knowledge about the benefits of VCT and availability of VCT services.

The Zambia sexual behaviour survey (2005) revealed that 74.5% of the participants in the study had not gone for VCT because of fear of being found to be HIV positive. A study in South Africa carried out among mine workers to identify barriers to VCT services found that fear of being HIV positive was one of the barriers to VCT uptake (Ginwalla et al., 2002).

According to the study by Family Health International VCT services are viewed to be for the sick (FHI, 2004). Most people think all those who go for VCT are HIV positive and are probably already sick from HIV/AIDS related opportunistic infections. This is because most of the people who have gone for VCT have been those who have already started showing symptoms.

Studies conducted by Health and Development Network (HEART) in Botswana, Tanzania and South. Among other things found as barriers to access VCT services was poor perception of the health services marked as an obstacle to youth going for the health care. Africa have acknowledged that health care services were areas where HIV positive people are often stigmatized (HEART, 2001). Some documented forms of stigma in health care centres

includes judgmental attitudes and wrong assumptions about the sexual lives of people living with HIV/AIDS, segregation of HIV patients in wards and premature discharging of HIV positive patients from hospital regardless of their overall condition immediately or soon after test results are available (UNAIDS, 2001).

A study from Ethiopia, found that perceived stigma associated with positive test results was a significant predictor of low utilization of HIV testing (Tsegay et al. 2013). Other factors, including stigma, distance to testing facilities and concerns regarding accuracy and confidentiality of test results have often been identified for the low HIV testing rates among youth in sub-Saharan Africa (Kalichman and Simbayi, 2003; Kabiru et al., 2010).

Other studies showed that, many people are afraid to seek VCT services because they fear that the results may not be kept confidential (UNAIDS, 2000). Studies done in Vulindlela, Soweto, Tanzania, Zimbabwe and Thailand found that lack of confidentiality was limiting VCT uptake (Om et al., 2006). However, introduction of mobile VCT with rapid test, improved the uptake. VCT uptakes improved because people carrying out the VCT were not known to them and were from other places. Studies by Boswell and Baggaley (2002) also confirmed that young people were not accessing VCT services because of concerns about confidentiality. Also in Zambia confidentiality was among the reasons behind negative response to VCT services. Individuals preferred to attend services whereby they are not known by VCT service providers and privacy was assured. Worries of meeting anybody whom you know at the clinic were among the barrier to young people accessing VCT services, (Younde and Priscila, 2004).

In a qualitative study conducted in rural areas of Uganda, some participants in FGDs commented on having counsellors who were not residents of the area, for they were considered more credible and would offer a greater confidentiality than residents. They even gave their suggestion that Counselling should take place at neutral sites where confidentiality can be assured, for example, having private rooms. Few individuals thought that community centres like schools, churches homes, trading centers can be used to maintain anonymity. (Kipp, Kabarambe, and Konde- Lule J, 2002).

A study conducted among adolescents in Mpigi District of Uganda revealed that many of the males and females were interested in HIV testing but concerned about confidentiality, the testing process, the accuracy of test results, and the cost of VCT services (Bohmer & Kirumira, 1997). This was similar to a study carried out in Zambia which found that privacy

and service quality were also important to youth and they stressed the need for privacy in testing and the availability of complete and accurate information (UNAIDS 2002).

A study in Zimbabwe revealed that young people are less likely to ask questions about these issues without prompting, appear more embarrassed and shy to talk about sexual matters and they have concerns about privacy and confidentiality in Counselling situation (Kim, 1997). There seems to be mixed feelings in communities regarding the value of VCT (Kayawe, 1998). There is lack of qualitative information about young people's attitude to VCT for HIV in East Africa (Amuyunzu-Myamongo, 2005). Thus whether or not a youth seeks treatment with the appropriate providers and at the appropriate time depends on various factors, including the client's socio-economic status, perceived severity of illness and symptom recognition, distance and physical access, and perceived quality and cost of health service provision (Tipping, 1995).

With regard to targeting and audience segmentation in HIV intervention programs, the primary objective is to obtain effective and rapid results by intervening with groups that are at the greatest risk of acquiring and spreading HIV infection. The need for more use of peer education by youths could change the knowledge, attitudes, beliefs, and behaviours related to HIV/AIDS and it also creates change at the group or societal level by modifying behaviour and stimulating collective action that may contribute to changes in policies and programs related to Sexual reproductive health (Lamptey and Potts, 1990).

### **2.3. Research Gaps**

From the literature reviewed, there is limited studies in Zambia which concentrated on researching on how VCT is used to prevent the spread of HIV amongst the female youths. Hence, the majority of the researches were focused on general study of HIV prevention, through the use of VCT. More especially that many studies were conducted on regional or continental level. Thus, these studies didn't reflect the individual efforts and status of the countries like Zambia. It is in this view that this research is conducted in Zambia, so that it could contribute to filling up the information gap. On the other hand, the study literature reviewed that studies conducted in other countries of which they context is entirely different context from Zambia, as such the findings cannot be completely generalized to the Zambian context but some of the issues raised are also practiced in Zambia and therefore, it is very imperative for a study to be conducted in Zambia to find out what can be done to improve the role of female youths in the prevention of HIV.

## **2.4. Chapter summary**

The chapter has reviewed the existing literature which is related to this study and it has indicated that voluntary Counselling and testing is an important entry to HIV and AIDS prevention, treatment, care and support. The review has also shown that VCT uptake varies from place to place but generally low in sub-Saharan Africa. The review also highlighted barriers such as fear of HIV positive diagnosis, stigma and discrimination, distance to VCT service centres and limited knowledge on the benefits of VCT services. Health related barriers such as lack of confidentiality with health providers and poor quality of health care are hindering VCT services. Thus, the chapter showed the gaps which exists in the literature. It also illustrates how this study were used to contribute to the filling up of the existing information gaps.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0. INTRODUCTION**

The previous chapter reviewed related literature to the study to guide the development of the research methodology, which is outlined in this chapter.

#### **3.1. Research Design**

This study employed a qualitative approach, particularly a descriptive case study design. According to Best and Kahn (2009), a descriptive case study is a method of collecting information about people's attitude, or observing a sample of individuals. It can further be used to collect information about people's attitude, tone of voice, gestures, opinion or habits on educational or social issue using questionnaires and interviews. Although it allows us to get an idea of what is currently happening, it is usually limited to static pictures. Not forgetting the fact that a descriptive study exposes the Researcher to their own subjective feeling which may influence the case. Notwithstanding, its weakness a descriptive research was imperative for this study because it aims to accurately and systematically describe a situation or phenomenon and because it can use a wide variety of research methods to investigate one or more phenomenon.

The qualitative approach was more suitable to this study as it seeks to gather in-depth information on the Role of VCT in preventing HIV among female youths of Luwingu district. Denzin and Lincoln (2000:3) indicated that "qualitative research involves an interpretive and naturalistic approach: This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them". They further indicated that it involves mainly interactive techniques such as interviews, observation and discussions. The qualitative approach is a humane approach as it looks deeply at people and their thoughts, feelings and experiences. Qualitative study is able to allow the researcher to collect data using different methods so as to provide the complete story (Neale and Boyce, 2014).

#### **3.2 Population of the Study**

Omari (2011), argues that population is the totality of any group of units which have one or more characteristics in common that are of interest to the researcher. It involves a larger group of people, institution or thing that has one or more characteristics in common on which

a study focuses. It consists of all cases of individuals or elements that fit in a certain specification. In this study, the target population for this study were ART Departments' Staffs because there are knowledgeable and experts in Health related and female youths (peer educators and lay counsellors) who are playing a significant role in the prevention of HIV in Luwingu Township.

### **3.3. Sample Size**

Mark (2010) asserts that samples for qualitative studies are generally smaller than those used in quantitative studies. Sample sizes in a research should not be too large because it may be difficult for the researcher to extract heavy and rich data. (Marshall, 2011) affirms that an appropriate sample size for a research study is one that adequately answers the research question. In this study, no statistics was used and data were collected from 17 respondents. The qualitative sample of 17 participants was large enough to obtain enough data to sufficiently describe the phenomenon of interest and address the research question. Thus, 6 key informants and 24 female youth who include 5 peer educators and 6 lay counsellors. The key informants were 2 male and 4 female, participants who included the ART Profession Counsellors and the ART Clinical officers from within Luwingu. The justification for having such a sample size was that the sample were representative enough for the population and the researcher will be able to collect in-depth information from the respondents.

### **3.4 Sampling technique**

According to Manheim (1977), 'a sample is a part of the population which is studied in order to make inference about the whole population'. The reason for sampling is that in many cases the population is so large and scattered that complete coverage may not be possible. It also offers a high degree of accuracy because it deals with a small number of persons. This study applied purposive sampling to get answers from respondents.

#### **3.4.1 Purposive Sampling**

In this sampling the researcher purposely chose a person who in his judgment about some appropriate characteristics required of the sample members, is relevant to the research topic and easily available to him. Churchill et al, (2002), states that purposive sampling enables the researcher to use judgment to select cases that best answered the research questions and objectives. In this study purposive sampling was used purposive was employed to select

respondents to be involved in the study. For the study to find a sufficient number of respondents to meet the objectives of the study, purposive sampling was thought important.

As stipulated above, the main objective of a purposive sample is to produce a sample that can be logically assumed to be representative of the population and the rationale behind purposive sampling is to capture information from a knowledgeable group of respondents. Respondents to the research was purposively selected. In purposive sampling, the researcher purposively targets a group of people believed to be reliable for the study and also have necessary traits relevant to the study which in this case are ART Department Staffs (Professional Counsellors ART Clinicians and Doctors) Female Youths (peer educators and lay counsellors). Purposive sampling is particularly relevant when the researcher is concerned with using common sense and the best judgment in choosing the right habitations and meeting the right number of the correct people for the purpose of the study (Kombo and Tromp, 2006). Therefore, purposive sampling was used in this study in order to target respondents best able to answer research questions and best able to express themselves and give detailed data on the Role of VCT in preventing HIV among female youths of Luwingu district.

### **3.5. Research Instruments and Data Collection Methods**

The research instrument used in this study were Interview and Focus Group Discussion. The relevant primary data was collected with the use of unstructured interviews and focus group discussions. Secondary data on the other hand, was collected by the use of books, journals and internet information. The researcher employed more than one instrument to gain rich in-depth information about the Role of VCT in Preventing HIV among Female Youths of Luwingu District. Best and Kahn (2009) allude to the fact that, all data collection techniques have strengths and weaknesses. One way to emphasize the strengths and minimize the weaknesses is to use more than one method in a study.

#### **3.5.1. Focus Group Discussions (FGDs) Interviews.**

A focus group is defined as “a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research” (Powell and Single, 1996 in White, 2005: 146). The study conducted two focus group discussions this was because the purposively selected female youth they were coming from different health facilities. Wimmer and Dominic (1987:151) explained that: Focus groups or group interviewing is a research strategy for understanding audience/consumer

attitudes and behaviour. From 6 to 12 people are interviewed simultaneously with the moderator leading the respondents in a relatively free discussion about the focal topic.

Bryman (2008:338) says the advantages of the focus group is that the participants are able to bring to the fore issues in relation to a topic that they deem to be important, be able to argue by challenging each other's views and it further offers the researcher the opportunity to study the ways in which individuals collectively make sense of a phenomenon and construct meaning around it. The use of focus group discussion technique gave the researcher the opportunity to study the various ways in which individuals collectively make sense of the topic on the Role of VCT in preventing HIV among female youths in Luwingu District. Finally, the researcher ensured that time were well managed by encouraging participants to participate. Some stories that emerged from the focus group discussions were followed up and written up as short case stories. This made the research more interesting.

### **3.5.2. Unstructured In-Depth Interviews.**

The unstructured interview is an open situation, which allows the interviewer to be free and flexible. In unstructured interviews, neither the specific questions to be asked nor the range or type of possible answers are pre-defined. They are informal and conversational. The aim is to get the informant to open up so that the researcher gets more information (White, 2005; Kombo and Tromp, 2006). Therefore, it is for the above reason that the researcher employed unstructured interviews technique in data collection with respondents in order to gather a lot of information on the subject matter and since it is a free response in a relaxed atmosphere situation, the answers given will be more reliable. The target respondents occupy certain influential positions in the Health Sector and they are part of decision making process. These were purposively selected because they have a special and rare opportunity of having access to certain information which may not be readily available to the public.

### **3.5.3. Document Review.**

Tesch (1990) observed that document review is a good method of collecting secondary data when answering research questions. It provides a useful check on information that is in existence already relating to the study. For this study, documents were reviewed to strengthen the study.

### **3.6 Data Collection Procedure.**

A brief description of the procedure was provided to give perspective to the present study. Demographic information of the participants were obtained and interview guides as well as focus group discussion guides was prepared for the purpose of this study. In this study, the researcher used all data collection tools presented as a basis for data collection, which allows the researcher to probe for information in relation to the topic. However, an audio tape recorder will be used to record the participants (Peer educators and Lay counsellor, Professional counsellors and ART Clinicians) when authorization to use one was given. Handwritten notes supplemented the audio recording detailing the researcher's observations of the participant. The audio recordings and or the handwritten notes will then be transcribed within a short period of time. Handwritten notes will immediately after the interview entered into a word document. The interview process is defined as a rapport built up by the social interaction between the researcher and participant (Richard & Morse, 2007).

### **3.7. Data Analysis.**

Boswell and Cannon (2011) suggest that in analysing qualitative data, the initial task is to find concepts that help "make sense of what is going on." Ader (2008: 333) described research data analysis as "a process of inspecting, cleaning, transforming, and modelling data with the goal of highlighting useful information, suggesting conclusions, and supporting decision making". These views are further supported by Lewis and Michael (1995) who observed that data analysis is done in a variety of ways depending on the instruments used to collect data and how the researcher wants the information to be presented. In this study, the data was analysed using Thematic Analysis where similar themes are discussed under similar headings with respect to the questions. To conduct a thematic analysis of the data for this phase of the research. The steps included transcription of interviews and FGDs; reading and familiarising myself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes and writing-finalising analysis.

Braun and Clarke (2006) affirm that, thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data. However, this approach involves grouping of the themes from the responses generated on each question during interviews (Patton, 1990). This is possible because interview guides are prepared based on the objectives of the study. The recorded interviews and the field notes are major data sources. The interviews were transcribed as accurately as possible into texts and later coded into conceptual categories of

data by listening to the recorded interviews again and again and comparing them with the transcriptions. Thus, categories of were used to generate themes based on research questions and objectives.

### **3.8. Ethical Consideration.**

It is important in every research study to promote more thoughtful attention to the ethical issues. This is because some studies may potentially put research participants at risk of harm. That being the case, this research study ensured a full consideration of research ethical issues. It therefore, generally put into account general common ethical issues but more so particularly gives attention to ethical issues pertaining to VCT and female youths centered in this research. The rationale for considering ethical issues was based on the fact that the study depended on the female youths as the primary research subjects. To this effect, this study adhered to the following ethical issues:

1. Informed consent; Carrying out any research with children and young people necessitates obtaining children's and young people's informed consent (Kirk, 2007). This study therefore, ensured that informed consent was obtained from the research participants and particularly the researcher saw to it that consent was obtained from children themselves, their guardians and teachers. The researcher enabled participants to be fully aware of what the research was about, its purpose, benefits and consequences and also made them aware that they would be free to withdraw anytime they felt like.
2. Confidentiality and anonymity; the researcher ensured that the principle of confidentiality was upheld, this means according to Thomas and Kane (2009) that whatever information that would be gotten during the interview about the participants would be between the researcher and the research subjects (participants). The researcher also safeguarded the confidentiality by guaranteeing subjects a conducive place for interviews that would not allow third parties to access subject's information. On the other hand, the researcher ensured anonymity by withdrawing the subjects' identity. This was meant to avoid exposing the subjects' identity. And in an event where this study demanded publication, the researcher encouraged children and the key informants to choose their own pseudonyms (not real names) to overcome this problem.

3. Beneficence; this ethical issue basically entails doing good or promoting welfare of the research subjects (Kirk, 2007). Considering this ethical issue, the researcher demonstrated capacity to promote and prioritize the children's wellbeing during the research process. This also entails that the researcher strived to avoid causing any harm on the subjects. In this regard, sensitivity to cultural and social differences was taken into consideration as there was need to remain sensitive to, and cognizant of social and cultural differences and to consider conflicting interests so as not to harm the participants. Furthermore, the researcher ensured commitment to minimizing the risks associated with research investigation, including psychological and social risks, and maximizing the benefits that accrue to research participants.
4. Voluntary Participation, no Coercion and Autonomy; the researcher demonstrated commitment to ensuring the autonomy of research participants, and therefore, allowed free will participation of the children in the research process without coercion of any kind. The dignity and autonomy of all research participants was thus respected throughout the study.

To summer up; this chapter has presented the following section; Research Design were the study employed a descriptive case study, Population of the Study which was the ART staff and female youths (Peer educator and Lay counsellor). Sampling Size and Procedure, the study sampled 30 participants who were purposively sampled, Research Instrument used were interviews and FGDs. Data Collection Procedures the study interviewed participants at their own convenient time. During the interview an audio tape recorder was used to record the participants when authorization to use one was given. Handwritten notes supplemented the audio recording detailing the researcher's views of the participant The Process of Data Analysis the study employed a thematic data analysis where similar themes are discussed under similar headings with respect to the research questions. The steps included transcription of interviews and FGDs; reading and familiarising myself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes and writing-finalising analysis. Lastly the study thought to employ the Ethical Consideration because some studies may potentially put research participants at risk of harm and it also very imperative to follow the research standards.

## **CHAPTER FOUR**

### **PRESENTATION OF RESEARCH FINDINGS**

#### **4.1 Introduction**

The chapter presents the findings and discussions of the results. The purpose of this chapter is to present data as themes become apparent and revealed to the researcher. The breaking down of data in this study was aimed at interpreting meanings from the original transcripts. The interpretation was conveyed through a thorough understanding of analysis of the Role of VCT in Preventing HIV among Female Youths in selected compounds of Luwingu District as reported by the participants. Thematic analysis, as a framework, is a method which works to reflect reality and to disentangle the meanings of an individual's surface reality (Braun and Clarke, 2006). It is thus used in this research to wrap and interpret the data emerging out of the study. The presentations begins with the findings of the study on the demographic and characteristics of key informants and respondents female youths in particular. This is because personal data is helpful in understanding the main findings according to themes and research questions.

The aim of the study was to explore and establish the role of VCT in Preventing HIV among Female Youths and the scope was limited to female youths in selected parts of Luwingu Township. The study main objectives are to find out the attitudes of female youths towards VCT uptake in selected parts of Luwingu district, establish the benefits of VCT in the prevention of HIV among female youths in selected parts of Luwingu district, ascertain the challenges that affect the role of female youths in the uptake of VCT in selected parts of Luwingu district and to suggest the possible measures to address the challenges affecting the role of VCT in the prevention of HIV among female youths in selected parts of Luwingu district. To achieve the study's main aim, data was generated through, interviews with key informants and focus group discussion with female youths as indicated in the methodology chapter.

The findings of the study have been divided into three sections; the first section gives an overview of the demographic information and the characteristics of the key informant and participants. The second section, is the presentation and discussion of findings of themes that have been presented. The following are the themes: Participation of Female youths towards services provision in VCT and the prevention of HIV in Luwingu District, Importance of the role and involvement of female youths in the uptake of VCT in Preventing HIV, Challenges

Associated with the Role of Female Youths in the Uptake of VCT in Preventing HIV and Possible Solution to Effective Participation of Female Youths in Health Service Provision in Luwingu. The above appropriate themes are also discussed in terms of the study research questions. Lastly, but not the least, conclusion and recommendation of the study.

#### **4.2. Demographic and characteristics information of key informants and respondents.**

The total number of respondents involved in the study was 30, 6 key informants and 24 female youth. The female youths respondents were in the age range of 15-24 years. Majority of the respondents were aged 18-24 years. This age range was sampled because the female youths are of age, able to make decisive decision about their lives and it is the age most affected and prone to HIV and in most cases youths are more sexually active at this age.

On the other hand, the interviews were held with key informants and respondents from Luwingu District Northern part of Zambia. The key informants were 2 male and 4 female, participants who included the ART Profession Counsellors and the ART Clinical officers from within Luwingu District. This key informant were selected because they deal with issues related to OVCs and children living with HIV/AIDS in the community. These key informants had rich and in-depth information about the Role of VCT in Preventing HIV among Female Youths in selected Compound, Luwingu District.

## 4.3 Presentation of Research Findings

### 4.3.1. The Attitude of VCT among Female Youths.

The study findings revealed that, the attitudes towards VCT is based on the fact that to some youth who want to initiate new sexual relationship, find themselves in a trend of seeking HIV testing. In such situation girls are seen as initiators in seeking VCT services as a prerequisite for starting the new sexual relationships. This is vividly shown in the FGDs:

*“We go to (VCT centre) because we want to establish a new sexual relationship, you may find that when you start dating a man and in most cases we girl are aware of the risk involved with acquiring HIV/AIDS then together we agree go for the HIV testing before we indulge into sexual affair (we should check our HIV status first then I will be ready to have sex him)”.* (FGDs)

Moreover, in an interviews with professional counsellors, they talked about attitudes of youths who attend VCT services specifically when they have a certain future event plan such as getting married, during anti-natal in the case of a pregnancy, others its during medicals for Scholarship and new sexual relationship or just a mere sexual affair. Counsellors said that, out of these reasons, initiation of new sexual relationship was the more prominent reason related to young people than the rest. One of the Professional Counsellor had this to say:

*“There are those who come because they want to get married we test them, but few individuals are coming for the test because the test results are needed in places where they look for employment opportunities or scholarships, and to others when they enter a new sexual relationship.”* (Female Counsellor)

The study explored the youths' Perception and Knowledge about HIV and VCT. The findings of the study indicated as explained by some youths that, VCT is an act of undergoing counselling and testing for HIV so that one could know their HIV status. The study showed that youths had knowledge about VCT and HIV, like what happens during VCT sessions. Though on a centrally youth are not well-informed about VCT in particular, although high levels of general “HIV/AIDS literacy” did exist.

All in all the study also revealed that the knowledge about VCT and HIV is somehow related education and knowledge acquisition. This is because during the study it was seen that the educated youth easily understand issues surrounding the VCT uptake, therefore are likely to take action especially on issues that affect their lives as compared to the uneducated youths. These findings imply that if HIV/AIDS prevention programs are to be successful, the packaging of VCT messages should consider educational levels and also that more efforts should be directed towards to the less educated. As one participant marked:

*“I was first introduced and learned about HIV/ AIDS when I was in school actually I remember when I was in grade 8 I joined Anti-Aids club and there after I was introduced to the benefits of VCT uptake. As it stands I have been visiting the VCT at least 3 time a year”.*  
(Female youth)

Furthermore, the study has revealed that government through health worker and the community at large are working in collaboration to sensitize and inform the public about the importance of VCT uptake. Encouraging youth to participate in HIV/Aids testing. From this study it was very clear that the government have done its best to provide HIV/AIDS education to locals. One of the ART Clinician suggested that:

*“There should be joint efforts between the government and local leaders in providing HIV/AIDS education to young people”.* (ART Clinician)

The following opinion was raised by respondents during Focus Group Discussion as follows:

*“For me I see that there is a need for a marked cooperation between the Government and local leaders in educating youths and boosting counselling and testing services among young people. It will be better if the Government and the community can be working in cooperation when giving education to us (young people) might result into young people being positive to the services. By HIV/AIDS.”*(FGDs)

To summer up the study has revealed that female youths in many cases attend the VCT especially when they want to engage in new relationships, when then they go for Anti-natal and for medicals. However, it is evident that attitude of female youths is largely affected by lack of knowledge about VCT, thus, it is very imperative to ensure the access to information about VCT is reaching the youths so as to foster there role in the prevention of HIV and in the promotion of VCT uptake.

#### **4.4. Importance of VCT in Preventing HIV among female youths**

The Focus Group Discussion has shown that, wanting to know their status is significantly reason to why they had been tested and those who planned to. However, for youths who had been tested, being pregnant was the driving reason for going to VCT. However, this result indicates a positive attitude towards VCT, other youths revealed that, it is imperative to go for VCT so as to be in charge of your health and positive self-esteem. One of the respondent had this to say:

*“As a youth of my age, I need to know my HIV status so as to live a positive life and be healthy yaaaah..... My boyfriend and I say that if we love each other then we must be responsible. One way of doing this is to know our status and share this with each other, because my HIV status affects him and his HIV status affects me”.* (Female youth)

An interview with key informants expressed the importance VCT in prevention from HIV among female youths and they said going for VCT is an important decision one can make, because you can only know how to take care of yourself when you know your HIV status. One of the key informants (ART clinician) had this to say:

*“It is important to go for VCT especially youth who are sexually active because it’s important to know their HIV status. By virtual of knowing there status they will stay protected and also protect others. They should know where they stand so that if they find out that they are positive they can get treatment on time and stay alive. If they are negative they can stay motivated to remain that way”.* (ART clinician)

The study findings further showed that, VCT plays a significant role in preventing Youth from HIV, it provides the opportunity for early access to prevention and care especially females who are pregnant. Helping those that are uninfected to remain uninfected which is a key to fight against HIV/AIDS and VCT has a major play to role here. One Professional Counsellor marked that:

*From the profession point of view VCT is used as point or a center for estimation of the prevalence of HIV infection. Therefore, we are always encourage the youths to undergo VCT so as to learn about their HIV status and make informed decision”.*

On a contrary, though a good number of respondents expressed the intention of going for VCT, there were very few who would not do so. One participant in FGDs had this to say:

*“I don’t think I am at risk of being HIV. I have not had sex and so I don’t think I am at risk beside that I have not in any contact with blood am careful about that”.* (FGDs)

In summary, the study findings showed that, VCT is plays a significant role in preventing Youth from HIV, it provides the opportunity for early access to prevention and care, especially females who are pregnant. It also important to note that VCT helps female youths to make decision about their future and how to live a productive life.

#### **4.5. Challenges and perception associated with VCT in preventing HIV among female youths**

The study findings indicated that, perception towards VCT uptake is characterised by fear. Fear is one the reason behind low attendance of VCT services by female youths. During the FGDs and interviews youth reported about fear being among of the reasons to some youth’s not attending the VCT services. They talked of fear which is based on the HIV positive, fear related to anxious to HIV positive results. One of the female youth had this to say:

*“mmmmmmmm I am not ready to go for VCT....My Blood Pressure will rise or the pressure might go down if I know that I am HIV positive, I don’t want to die because of this.”*

In addition, Youths are worried about the shame to the family and to be rejected by their friends, family members, and the society at large”.

*“I am so scared.....Because if I find out I am positive I would definitely kill myself. I would just throw myself in the river. Because what is going to happen if I know I am going to die with AIDS. I don't have job so who will look after me. I am not at school and then I will find out I have HIV. I will kill myself”.*

The interview with key Informants revealed that, youths are scared of coming for VCT due to fear which is based on HIV positive results that they might be known to other people. Therefore, people who have such fear are troubled with how confidential results can be, that may be they can be accessed by other people. Art Clinician had this to say:

*“Youths do not believe if results to their testing will be accessible only by them and their counsellors, they think information's will spread out, and this is so due to lack of trust in counsellors, as a result they don't use the services”*(ART Clinicians).

Another form of fear mentioned was concerning stigmatization respondents revealed that among many challenges that affect the uptake of VCT to young people accessing the VCT services is stigma associated to AIDS. Argument from the professional counsellor about this was:

*“They are afraid of the HIV positive results that will lead them into rejection and facing stigma from people surrounding them (society)”.*

The respondents clearly indicated Therefore, in this light it as concluded that having knowledge on VCT did not translate into action. Respondents gave different reasons as to why they did not want to undergo VCT. One reason that was common among respondents was lack of confidentiality of test results at public health facilities.

The findings of study showed that, the respondents had perceived the location of the VCT Centers to be a big challenges when attending VCT services. Some were not pleased with the location of the available VCT Centers which are mostly found within health facilities and they talked about stigma of meeting people they know. This indicated the lack of information about VCT and HIV. While some respondent were against with the VCT Centers being located in hospital premises others were for it. One respondent has this to say:

*“I want to mention that, the location of VCT Centers is not a proper place because I think when going for VCT people will begin to think that am going there for or attending to Treatment related to AIDS..... people are still not well informed about VCT services. Furthermore, Centers around health facilities are not suitable because you are likely to meet several people, even the people that know.... To be honest madam I don't want to be the victim of stigma related to HIV/AIDS”. (Peer educator)*

In addition another respondent had this to say:

*“I would go to the clinic far from home, there are so many people attending the local clinic who know me. I wouldn't want people to see me check my HIV. They will spread the word that I am positive and then what? Everyone will know!”*

Contrary to the above the other youth had this to say:

*“To me I think these sites are located in accessible areas for example; those which are within hospital premises, because I see some of them there, personally I see no obstacles concerning their location” (female youth).*

From the health workers during the interview's it was revealed that,

*“ most of the people do not attend VCT services due to the following reasons as the facility we lack adequate rooms for counselling and testing compromised confidentiality (health facilities only had limited room each for VCT services) ”.(lay counsellor)*

However, the findings of the study has revealed a very profound views from the interviews with key informants. On how VCT can play a role in ending stigma related to HIV testing. Especially in conditions of denial and rejection of results and the study revealed that if VCT were used well managed accessible and conducive more people can be tested counselled and now their results. It is likely that this would reduce stigma and fear attached to the disease and lead to more open approach to HIV and VCT related services.

The suggestions that arose from the FGD and the interviews with participants that could improve uptake of VCT in Luwingu, were sensitization through health education talks and radio advertisements. However some groups in the FGDs said creating clubs, health education extended to schools and offering friendly services could improve uptake of VCT and in turn prevent HIV. If possible conducting workshops involving the young leaders, Outreach services, adolescent Centers and counselling teams should be created in order to capture more youths with video shows and role plays.

In summary, the study also had shown that. Most young people are not going for testing because of fears of being diagnosed HIV positive and lack of confidentiality my health providers. Young people get motivated to go for VCT in places where their peers provide services and where health providers have a welcoming attitude and where privacy is ensured. However, the researcher has observed that from the finding Young people would therefore like to get VCT services in places where special interventions to attract them to the facility are put in place. These include providing VCT services in youth centres with friendly health Service providers, having special room for young people in the health facilities and having youth friendly health providers with clean environment.

## CHAPTER FIVE

### 5.0. DISCUSSION OF THE RESEARCH FINDINGS

#### 5.1 To find out the attitudes of female youths towards VCT uptake in selected parts of Luwingu district.

##### 5.1.1 The Attitude of VCT among Female Youths.

The study findings revealed that, the attitudes towards VCT is based on the fact that to some youth who want to initiate new sexual relationship, find themselves in a trend of seeking HIV testing. In such situation girls are seen as initiators in seeking VCT services as a prerequisite for starting the new sexual relationships. Moreover, in an interviews with professional counsellors, they talked about attitudes of youths who attend VCT services specifically when they have a certain future event plan such as getting married, medicals for Scholarship or employment, having a child, and new sexual relationship or just a mere sexual affair. Counsellors said that, out of these reasons, initiation of new sexual relationship was the more prominent reason related to young people than the rest. However, this findings is collaborated with the findings conducted by Samet et al. (1997), they stated that the main reasons for adolescents seeking VCT services or having HIV test were; for blood donation, pregnancy case, hospital procedures, health insurance, life insurance, job requirement, and military recruitment. Other reasons identified were for immigration requirement, fear of having had sex without condom, use of injecting drugs, influence by physicians, knowing the HIV status in general, distrust of partners, exposure to HIV risk, and due to service providers' referrals. Moreover some, reasons were due to marriage plans, having HIV symptoms, and using VCT centres to get accurate information about HIV

However, the researched noted that the role of youth in VCT and HIV prevention should be to provide information and knowledge of VCT and HIV, this can help youths to have a positive attitude towards VCT and also this is can help both HIV positive and HIV negative VCT clients can better plan the future with accurate knowledge of their HIV status. This may include making decisions about whether or not to have children or get married, arranging care for children or other dependents and will planning. In addition, the researchers concluded that Youth involvement in health education particularly in sexually related matters is very important. For example HIV/AIDS counselling and testing is important because it helps to

prevent contamination from HIV-infected people to their partners not yet tested or tested negative and it contributes to behavioural change.

## **5.2 Establish the benefits of VCT in the prevention of HIV among female youths in selected parts of Luwingu district.**

### **5.2.1 Importance of VCT Uptake in Preventing HIV among Female Youths.**

The Focus Group Discussion has shown that, female youth's participation in the promotion of VCT has contributed to the sharing of information on HIV and other related issues with the client in a friendly manner. The respondent revealed that this goes beyond youths seeking VCT to family members and community at large in creating awareness. Participants mentioned that through their role in promoting VCT provided an opportunity to modify behaviour aimed at reducing the risk of HIV transmission and self-care, irrespective of the test result. An interview with key informants expressed the importance VCT in prevention from HIV among female youths and they said going for VCT is an important decision one can make, because you can only know how to take care of yourself when you know your HIV status. The study findings further showed that, VCT plays a significant role in preventing Youth from HIV, it provides the opportunity for early access to prevention and care especially females who are pregnant. Helping those that are uninfected to remain uninfected which is a key to fight against HIV/AIDS and VCT has a major play to role here.

However, the findings concur with those by Coovadia, (2000). Evidence given out by Coovadia, for a positive impact of VCT services includes facilitating decision-making, accepting and coping with HIV, improving family and community acceptance, increasing condom use, and reducing gonorrhoea rates and HIV transmission. In addition, United Nations Population Fund (2002) posits that knowing one's status provides for the choice whether positive and negative test results. A negative test result can serve as a strong motivating factor to remain negative, while VCT services can link people who test HIV positive to options for treatment, to care and support and allows for adoption of preventive measures.

### **5.3 Ascertain the challenges that affect the role of female youths in the uptake of VCT in selected parts of Luwingu district.**

#### **5.3.1 Challenges and perception associated with VCT in preventing HIV among female youths.**

The study findings showed that, perception towards VCT uptake is characterised by fear. Fear is one of the reasons behind low attendance of VCT services by female youths. During the FGDs and interviews youth reported about fear being among of the reasons to some youth's not attending the VCT services. They talked of fear which is based on the HIV positive, fear related to anxious to HIV positive results. In addition, Youths are worried about the shame to the family and to be rejected by their friends, family members, and the society at large. The findings concur with those by Ginwalla et al.,( 2002) they reported that, Zambia sexual behaviour survey (2005) revealed that 74.5% of the participants in the study had not gone for VCT because of fear of being found to be HIV positive. A study in South Africa carried out among mine workers to identify barriers to VCT services found that fear of being HIV positive was one of the barriers to VCT uptake

The interview with key Informants revealed that, youths are scared of coming for VCT due to fear which is based on HIV positive results that they might be known to other people. Therefore, people who have such fear are troubled with how confidential results can be, that may be they can be accessed by other people. Another form of fear mentioned was concerning stigmatization respondents revealed that among many challenges that affect the uptake of VCT to young people accessing the VCT services is stigma. The finding of the current study is affirmed by the findings carried out by (Nuwaha et al., 2002). Claimed that, the most common reason why people shun VCT services are fear of being HIV positive and stigma attached to being HIV/AIDS. In developing countries other barriers to VCT uptake are distance to VCT centres as well as the cost of the services other barriers are lack of confidentiality, poor quality of services, limited knowledge about the benefits of VCT and availability of VCT services. The respondents clearly indicated Therefore, in this light it is concluded that having knowledge on VCT did not translate into action. Respondents gave different reasons as to why they did not want to undergo VCT. One reason that was common among respondents was lack of confidentiality of test results at public health facilities.

The findings of study showed that, the respondents had perceived the location of the VCT Centers to be a big challenges when attending VCT services. Some were not pleased with the location of the available VCT Centers which are mostly found within health facilities and they talked about stigma of meeting people they know. This indicated the lack of information about VCT and HIV. While some respondent were against with the VCT Centers being located in hospital premises others were for it. The study revealed that most of the people do not attend VCT services due to the following reasons as the facility we lack adequate rooms for counselling and testing compromised confidentiality. The findings of the study is corroborated by the earlier study carried by Younde and Priscila, (2004). Claimed that in Zambia confidentiality was among the reasons behind negative response to VCT services. Individuals preferred to attend services whereby they are not known by VCT service providers and privacy was assured. Worries of meeting anybody whom you know at the clinic were among the barrier to young people accessing VCT services.

On the same view, the similar study by UNAIDS (2002). Which found that privacy and service quality were also important to youth and they stressed the need for privacy in testing and the availability of complete and accurate information. All in all, the findings of the study has revealed a very profound views from the interviews with key informants. On how VCT can play a role in ending stigma related to HIV testing. Especially in conditions of denial and rejection of results and the study revealed that if VCT were used well managed accessible and conducive more people can be tested counselled and now their results. It is likely that this would reduce stigma and fear attached to the disease and lead to more open approach to HIV and VCT related services.

However, the findings of the study has revealed a very profound views from the interviews with key informants. On how VCT can play a role in ending stigma related to HIV testing. Especially in conditions of denial and rejection of results and the study revealed that if VCT were used well managed accessible and conducive more people can be tested counselled and now their results. It is likely that this would reduce stigma and fear attached to the disease and lead to more open approach to HIV and VCT related services. This study concur with the study done by Lamptey and Potts, (1990). Said; With regard to targeting and audience segmentation in HIV intervention programs, the primary objective is to obtain effective and rapid results by intervening with groups that are at the greatest risk of acquiring and spreading HIV infection. The need for more use of peer education by youths could change

the knowledge, attitudes, beliefs, and behaviours related to HIV/AIDS and it also creates change at the group or societal level by modifying behaviour and stimulating collective action that may contribute to changes in policies and programs related to Sexual reproductive health. The suggestions that arose from the FGD and the interviews with participants that could improve uptake of VCT in Luwingu, were sensitization through health education talks and radio advertisements. However some groups in the FGDs said creating clubs, health education extended to schools and offering friendly services could improve uptake of VCT and in turn prevent HIV. If possible conducting workshops involving the young leaders, Outreach services, adolescent Centers and counselling teams should be created in order to capture more youths with video shows and role plays.

However, it is very clear from the findings and the researchers agrees, that friendly health facilities will contribute to the number of youths attending the Health facilities. It is therefore very imperative the services to be youth friendly because youth feel comfortable and stress free where confidentiality and privacy in VCT is guarantee. Therefore, if VCT can be well used, managed accessible and conducive for youths, more can be tested counselled and now their results. It is likely that this would reduce stigma and fear attached to the disease and lead to more open approach to HIV and VCT related services.

## CHAPTER SIX

### CONCLUSION AND RECOMMENDATION

#### 6.0. Introduction.

This chapter is a concise summary of the study and the overall picture from the findings of the research; the role of VCT in the prevention of HIV among the female youths in selected residents of Luwingu. VCT play a vital role in prevention of HIV among the youths in a sense that the more they attend their VCT services the more their live health and able to make informed decision about the future However, the study is that, it has consequently attempted to fill the gap in the body of knowledge and to provide information on the role of VCT in prevention of HIV among female youths.

#### 6.1. Conclusion

This study highlighted the role of VCT in HIV prevention that have been identified in the literature review and confirmed by the results of the study. Female youths do not play a very significant role in promoting the uptake of VCT and also in the prevention of HIV. The major challenges that hinders the full participation by female youths in VCT uptake and the prevention of HIV. Lack of enough youth corner in the district, fear of an HIV positive test and its ramifications of stigma and perceived lack of confidentiality in VCT centers were also some of the reasons forwarded. Knowing one's HIV status was seen as the most important reason for VCT as such knowledge would help reduce HIV risk behavior.

What was revealed from this study was that, most of the young people who attend VCT services are those who want to initiate new sexual relationship, find themselves in a trend of seeking HIV testing. In such situation girls are seen as initiators in seeking VCT services as a prerequisite for starting the new sexual relationships. Others want to plan for their future life and avoid engaging in risk activities while few attend with reasons of knowing their health status and live positively and other it is because of their employment or scholarship opportunities this are among other forces behind some young people in this study being attracted attending the VCT services. Therefore VCT plays a Vital in HIV prevention.

In view of the foregoing, the study revealed that the role of youth is to provide information and knowledge of VCT and HIV, this is because both HIV positive and HIV negative VCT clients can better plan the future with accurate knowledge of their HIV status. This may include making decisions about their lives. In addition, Youth involvement in health

education particularly in sexually related matters is very important and VCT plays a significant role in preventing youth from HIV, it provides the opportunity for early access to prevention and care especially females who are pregnant. Helping those that are uninfected to remain uninfected which is a key to fight against HIV/AIDS and VCT.

Finally, the study finding suggested that there is need for intensified use of peer education by female youths as this would effect changes in knowledge, attitudes, beliefs, and behaviours on HIV/AIDS and VCT and also create change at the group or societal level by modifying behaviour and stimulating collective action that may contribute to changes in policies and programs related to Sexual reproductive health. The study participants recognized the value of anti-AIDS clubs in schools and sports in the community as a way of enhancing the role of female youths in sensitization and encouraging young people of different age groups to go for VCT and HIV prevention. Additionally, sensitization through health education talks and radio advertisements could improve uptake of VCT and in turn prevent HIV. If possible conducting workshops involving the young leaders, Outreach services, adolescent Centers and counselling teams should be created in order to capture more youths.

## **6.2 Recommendations**

The recommendations of the study are based on various issues that emerged from the study findings and suggestions made by participants during FGDs and the key informants interviewed.

Based on the findings, the following recommendations were made:

1. Youths are often particularly vulnerable to HIV infection. Youth friendly centre's must be created and for VCT to be effective for young people, it must take into account the emotional and social contexts of young people's lives, such as the strong influence of peer pressure and development of sexual and social identities. In order to address this, youth focused user-friendly VCT services, offered in non-threatening, safe, easily accessible environments therefore I urge the Ministry of Health to scale up this project in all health facilities and also allocate funding to spearhead the programs under adolescent corners.

2. Urge the international community, particularly donor countries, civil societies as well as private sector to compliment effective national programs, to support programs related to VCT uptake by the youths in Zambia and in counties at high risk and direct special assistance to sub-Saharan Africa.
3. The hospital management should consider to end confidentiality by VCT service providers as it was reported to be one of the main barriers to VCT uptake. VCT services should, therefore, always preserve and safeguard the individual interests of clients and needs for confidentiality at all service points. Health facilities must create procedure for dealing with HIV or AIDS related information, which should be incorporated into the procedures used for handling medical information and other confidential matters. This should be augmented by capacity building training for staff handling HIV related information.
4. The Ministry of Health should promote Public education, which highlights the benefits of testing and counters the widespread misconception that HIV is a death sentence, must be promoted at different levels using the appropriate media. It is only when young people are aware and knowledgeable about VCT can they change their behaviour and attitudes in relation to HIV/AIDS.
5. Since female youths are key decision makers as well, their involvement in VCT promotional activities and discussions should be enhanced in order to demystify HIV and increase young people's knowledge of VCT. Additionally, the Government together with other Organisational partners should ensure health promotion messages are designed in such a way that they move away from the clinic settings where youth's presence is rare. This will encourage youths to share the burden of HIV status and will reduce stigma and discrimination.

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## **APPENDIX B: Informed Consent to the Participants**

My Name Is Satyele Getrude, a student at University of Zambia-Zimbabwe Open University (UNZA/ZOU). I Am Currently Pursuing a Master's of Science in Counselling Program and I am conducting a research on the Role of VCT in Preventing HIV among Female youths in Selected Residents, Luwingu District, Zambia. The study is purely for academic purposes and the information given will be important because it will help the policy makers and implementers of programs know the extent of the problem so as to find long lasting solutions.

You are being requested to take part in the research study mentioned above. The information given will be highly confidential. Before you decide whether or not to take part in this study, I would like to guarantee you that there are no risks involved in this study. You will be asked questions on the research topic. If you agree to take part, you will then be asked to sign this consent form. Your participation in this study is voluntary and you can withdraw any time during the course of the interview because you are under no obligation to participate.

*THANK YOU MAY GOD BLESS YOU.*

## **APPENDIX B2: Consent Form for Use of Audio Tape**

### **Participant**

I have read and understand the information provided above about the study and the process involved. I hereby give my consent to have the interview/focus group discussion audio tape recorded. I understand that the information on the audio tape will be kept confidential and will be used by Ms. Satyele Getrude only for the purposes of this study. I understand that the recordings will be kept in a safe place and will be destroyed once Ms. Satyele Getrude has completed her studies.

Participant's Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Satyele Getrude (Researcher) \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix C: Participants Demographic Information and Focus Group Guide**

Age.....

Sex.....

What is your marital status? .....

What is the highest Level of education attained? .....

What is your current employment status? .....

### **FOCUS GROUP DISCUSSION GUIDE**

1. Have you heard about HIV Voluntary Counselling and Testing services? And how do you perceive VCT services?
2. What do you think are the importance your roles in the prevention of HIV?
3. Are the VCT services offered at facilities encouraging and motivating youth to test?  
Yes / No, Give reasons for this?
4. What problems do female youth's face that stop them from visiting the VCT and having their HIV test?
5. What do you think health workers should do to increase the Uptake of VCT to the youths?
6. From general point of view. What do you think should be done to address this problem order to enhance the VCT service to female youths?
7. Any other comments or views?

***Thank you***

## **Appendix C2: The Interview Guide for Key Informants**

1. What are some of the activities that youths are involved in a way of increasing the VCT uptake and preventing HIV?
2. How do youths that attend the VCT service perceive it?
3. How secure do you keep confidentiality of counselling session and test results? Explain?
4. What are the role benefits of providing VCT service to people, especially female youths?
5. What are some of the challenges you face as an institution in providing and trying to enhance the VCT service to people, female youths in particular?
6. What can be done better to promote VCT services at your institution?
7. In case you have anything to say?

*Thank you*