FACTORS CONTRIBUTING TO MEN'S RELUCTANCE TO SEEK HIV COUNSELLING AND TESTING AT PRIMARY HEALTH CARE FACILITIES OF VHEMBE HEALTH DISTRICT, SOUTH AFRICA.

BY

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Mini-dissertation submitted in partial fulfilment of the requirements for Master of Public Health degree, University of Venda.

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DECLARATION

I Sirwali Ndwamato Robert declare that this mini-dissertation titled "**Factors contributing to men's reluctance to seek HIV counseling and testing at primary health care facilities of Vhembe Health district, South Africa**" is my own product and that all sources I have used or quoted have been indicated and acknowledged by means of complete references; and that this work has not been submitted for another degree at this university or any other institution.

SIRWALI NDWAMATO ROBERT

17/4/2015
DATE

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DEDICATION

I would like to thank God through my saviour, Jesus Christ for the strength He awarded me to accomplish the research project. He is worthy to be praised. I would like to dedicate my study to my wife, Tshililo Selina, two daughters, Rendani and Masindi and my son Mulavhelesi who were very supportive during my studies.

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TABLE CONTENTS

	Declaration.....	(1)
	Dedication.....	(11)
	Acknowledgements.....	(111)
	Table of contents.....	(1v)
	Abstract	(v)
	List of acronyms.....	(v1)
	CHAPTER 1 INTRODUCTION	1
1.1	Background to the study.....	1
1.2	Statement of the problem.....	3
1.3	Rational of the study.....	4
1.4	Significance of the study.....	4
1.5	Purpose of the study.....	4
1.6	Objectives of the study.....	5
1.7	Definition and operationalization of concepts into variables.....	5
	CHAPTER 2 LITERATURE REVIEW	6
2.1	Introduction.....	6
2.1.1	Global situation of HCT.....	6
2.1.2	Level of awareness of the participants regarding HCT services.....	8
2.1.3	Attitudes of men towards HCT services.....	14
2.1.4	Socio-cultural factors that prevent the participants from going to HCT services.....	16
2.1.5.	Political and administration and legislative factors that prevent the participants from utilizing HCT services.....	18

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2.1.6 Gender and stigma related factors that influence the Participants level of utilization of the HCT services..... 21

CHAPTER 3

METHODOLOGY

3.1 Study design..... 28

3.2. Setting..... 29

3.3. Population 29

3.4 Sampling process..... 30

3.5. Inclusion 31

3.6. Data collection methods..... 31

3.7. Data collection process 31

3.8 Data collection tools..... 32

39.. Data analysis..... 32

3.10. Measurement to ensure trustworthiness..... 33

3.10.1 Credibility..... 33

3.10.2 Dependability..... 34

3.10.3. Confirmability..... 34

3.10.4 Transferability 34

3.11 Ethical considerations..... 34

3.11.1 Permission to conduct research..... 34

3.11.2 Informed consent..... 35

CHAPTER 4

RESULTS AND DISCUSSIONS..... 37

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS..... 52

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4 REFERENCES..... 57

Annexure 1: Interview guide..... 63

Annexure 2: Information sheet..... 64

Annexure 3: Informed consent 65

Annexure 4: Letter to Department 66

Annexure 5:Project letter 67

Annexure 6:Approval letter :..... 68

Figure 1: Map of Vhembe district 30

List of tables:

Table 1: Distribution of officials according sections..... 31

Table 2. Themes and sub-themes..... 39

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ABSTRACT

Background and purpose

A cornerstone of HIV prevention in South Africa is voluntary HIV antibody counselling and testing, but only one in five South Africans aware of HCT have been tested. In 2008, the President of the Republic of South Africa launched the testing campaign where all South Africans were encouraged to go for Human Immunodeficiency Virus (HIV) testing. However utilisation of this service amongst men was very low. The aim of the present study was to explore the factors contributing to the reluctance of men to seek HIV counselling and testing in the primary health facilities in Vhembe Health District.

Methods

The design of the study was qualitative, using an in-depth interview method of data collection. Non-probability, purposeful sampling method was used to select between eight to ten men who met the eligibility criteria from the human resource register of the District regional office. The tool for the data collection used was an interview guide and the data was analysed using the TECHS's 8 steps method. The sample size of 15 officials out of 94 of the entire department population was used for the study.

Results

In this study, it was found that men are reluctant to go for testing because they are afraid of being disrespected by children if found to be positive. Stigma as human reaction to disease has been central in lowering the number of turn up individuals to seek counselling and testing from public health facilities.

11 out of 15 participants indicated that they are afraid to be tested, and revealed that to know their status will be detrimental to their aftermath survival. 80% of the participants' echoed that they do not have trust in the behaviour of lay counsellors who are providing HCT services and as result they developed negative attitudes towards HIV testing and counselling. 11 out of 15 revealed that pride may be resulted from lack of information and wrong information that made the majority of men not to attend HCT services, thus shows negative attitude.

Conclusions and recommendations

Most of the men in the District are aware of HIV Testing and Counselling services that are being rendered in both Public and private sectors. Establishment of Traditional Health Practitioners forum in the District must be strengthened to enforce relations and proper coordination of HCT services. In all strategic meetings, all politicians need to encourage men to go for HCT.

Key words: Factors contributing, men reluctance, HIV counselling and testing, PHC facilities

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List of Acronyms

AIDS	-	Acquired Immuno-Deficiency Syndrome.
ART	-	Antiretroviral treatment
DHIS	-	District Health Information Systems
DOH	-	Department of Health.
DSD	-	Department of Social Development
FGD	-	Focus Group Discussion
HCT	-	HIV Counseling and Testing
HIV	-	Human Immunodeficiency Virus.
MDG	-	Millennium Developmental Goals
NSDA	-	Negotiated Service Delivery Agreement
PHC	-	Primary Health care
NGOs	-	Non-Governmental Organizations.
STIs	-	Sexually Transmitted Infections.
TB	-	Tuberculosis
VCT	-	Voluntary, counseling and testing
SANAC	-	South African National Aids Council
SPSS	-	Statistical Package for Social Sciences.
WHO	-	World Health Organization

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CHAPTER ONE

1.1. Introduction

A cornerstone of HIV prevention in South Africa is voluntary HIV antibody counseling and Testing, but only one in five South African aware of HCT have been tested. (Kalichman & Simbayi, 2003). This chapter will detail the background of the study, statement of the problem, rational of the study, significance of the study, purpose of the study and objectives of the entire study.

1.2. Background to the study.

South Africa has 0.7% of the world's population but accounts for 17% of the global HIV infections, and carries a quarter of sub-Saharan Africa's total burden of Human Immunodeficiency Virus (HIV). According to Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, & Pillay (2009), South Africa has the highest number of people living with HIV in the world, with an estimated 5.3 million people living with HIV and AIDS. The epidemic in South Africa has stabilized at around 11%, with the rates of new infection starting to decline - particularly among young people (Shisana et al., 2009). South Africa's third national HIV Prevalence, Incidence and Communication Survey conducted in 2008 found that HIV prevalence has declined among children aged 2-14, from 5.6% in 2002 to 2.5% in 2008. A decline in new infections has also been noted among teenagers aged 15-19. Furthermore, the incidence has declined by 35% in the 15-49 age group between 2002 and 2008 (Shisana et al., 2009).

While the first signs of the decline in HIV incidence have been noted in SA, the national prevalence rate and in particular, prevalence rates among some age cohorts remains unacceptably high. In fact, South Africa is considered a hy per-endemic country with prevalence among 15-49 year olds being above 15%. Furthermore, the burden of HIV is significant; the death rate among young adults has more than doubled in the past

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decade and nearly two million children and teenagers have been orphaned (Scott and Harrison, 2009).

In 2008, the President of the Republic of South Africa, Mr Jacob Zuma, launched the testing campaign where all South Africans were encouraged to go for Human Immunodeficiency Virus (HIV) testing. In 2009, the South African National AIDS Council (SANAC) made recommendations to Cabinet regarding the most effective interventions to make the greatest impact on the HIV epidemic. Subsequently, the South African Government made a renewed commitment to scale up the national HIV response. Among the numerous HIV Prevention interventions, HIV Counselling and Testing (HCT) were recommended as a critical intervention that straddles the continuum of HIV prevention and treatment (SANAC, 2009).

National target set for HCT was 22 million and the different targets were set for all the provinces and districts. Each of the facilities, including hospitals and clinics, has a set target. The objectives of the campaign were to mobilize people to know their status; reinforce prevention messages; increase HIV health seeking-behavior; and increase access to treatment, care and support. The benefits of knowing one's status is that one can plan the future and learn how to protect oneself and others; and that one can access care and support including treatment to prevent opportunistic infections and treatment of an ill-ness like TB (Barrent-grant, 2003).

The reason for initiating the HCT campaign was based on the magnitude of the epidemic in South Africa and the Department of Health (DOH) has developed a 10 point plan as a strategy for the government to enhance service delivery. Amongst others, the issue of accelerating the implementation of the HIV and AIDS Strategic plan and increased focus on TB and other communicable diseases was identified. Furthermore, it was meant to involve men in the fight against HIV and AIDS (Negotiated Service Delivery Agreement, 2010).

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HIV infections and AIDS deaths in men outnumber that of women in every continent except in sub-Saharan Africa. Even here, the cost to men is enormous. By the end of 1999, ten million African men were living with HIV, as compared with seven and a half million infected men in the rest of the world combined. Young men are at particular risk compared to men who are older, about one in four people with HIV is a young man under the age of twenty-five years. Men's vulnerability in the AIDS epidemic is part of a bigger picture.

While being a boy and then a man generally brings privileges, it carries high health costs. Except in a handful of countries, men have a shorter life expectancy at birth than women. Older men frequently delay seeking health care for illnesses that could be prevented or cured, with 10.9% or 5.2 million HIV positive i.e. 1 200 people getting infected every day, counseling & testing presents an entry point for prevention and treatment, care and support and as a vehicle for social mobilization for HIV Worldwide. (Jackson, 2002).

1.2 Statement of the problem.

In order to comply with the testing campaign launched by President in 2008, Vhembe district conducted a campaign on 24 June 2011 at the regional office wherein 32 officials were reached out of 97 staff members. The statistics showed significantly low of utilization of service. Though many men are in managerial positions and professionals, and some are drivers and maintenance officers who travel with vehicles marked with stickers of HCT and some distribute pamphlets and materials for HCT, it is not clear what contributed to the low utilization of HCT in Vhembe District office, hence this study seeks to address the factors that contribute to the reluctance of men to seek for HIV Counseling and testing.

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1.3 Rationale for the study.

The rational of the study is that men have a vital role to play in curbing the spread of HIV and in mitigating its impact. Men are still accorded a much higher status by the society and are relied upon to make decisions that have a bearing on how the society conducts itself. Therefore, in as much as men continued to resist going for HCT, the war against HIV and AIDS cannot be won because most men regarded women as second-class citizens and still treat them badly.

The reluctance of men to go for HCT at Regional offices appears to be a major challenge, because their opinions represent that of the other men in the whole district. Seemly there is lack of information about the factors that contribute to reluctant of men in utilizing HCT services at the regional office of Vhembe District because the issues have not been explored previously. According to Nwazichi and Farotimi the study was conducted in Nigeria on knowledge and acceptance of HIV, counseling and testing amongst non-teaching staff at Nigerian Private University the 49 men out of 126 participated and this shows the reluctance of men on HCT services. It is therefore imperative that such a study be conducted to generate evidenced- based information on the issue.

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1.4. The significance of the study

The result of this study might contribute to the knowledge and benefitted men who might participate in the study because they might know their status while improving their health, the study might assist in the developing and improving on the curriculum of the students at the University by incorporating some of the recommendations of the findings.

The latter might assist in the developing or policy formulation in the Department of Health and at the University, strategies to curb the disease might be enhanced, the results might also have impact on the enhancement of the economy of the District. The study results might also assist in the training of the students and development and implementing the occupational and health safety programs in the Department of Health and University of Venda.

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1.5. Purpose of the study

The purpose of this study is to investigate the factors that contribute to men's reluctance to seek for HIV Counseling and testing at Primary health care facilities of Vhembe Health District, South Africa.

1.6. Objectives of the study.

The objectives of the study will be to:

- Explore the level of awareness of the participants regarding HCT services.
- Explore the attitudes of the participants towards HCT services.
- Identify the factors such as socio-cultural, Politics, administration and legislations that prevent the participants from going to HCT services.
- Explore the gender and stigma related factors that influence the participants' level of utilization of the HCT services.

1.7. Definition and operation of concepts and terms

Factors: one of the elements contributing to a particular result or situation and during the study such factors will include elements that contribute to men's reluctance to utilize HIV Counseling and testing at PHC.

Men: An adult male person, as distinguished from a boy or a woman. In this study, men will be referred to an adult male from 25 years and above working in Vhembe District, health, Thohoyandou.

Reluctance: It means to be uncertain or hesitant to make a decision or to do something a certain degree of unwillingness and in this study will be negative indication shown by men where they lack eagerness to seek HIV counseling and testing.

HIV Testing: HIV testing is any form of medical testing to determine the HIV status of a person. In the study it will referred to testing men in the PHC at Vhembe District, health, Thohoyandou.

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CHAPTER TWO

2. LITERATURE REVIEW

2.1 Introduction

The literature review was discussed taking into cognizance the following: Global situation of HCT,assessing the level of awareness of men regarding HCT services, assessing the attitudes of men towards HCT services, socio-cultural factors that prevent men for seeking HCT services, political and administration and legislative factors that prevent the participants from utilizing.

2.1.1. Global situation of HCT

HIV counseling and testing refers comprehensively to the process of counseling, risk-behavior assessment, informed consent, HIV testing, and individual –tailored post test risk reduction counseling (USAID, 2010). Beyond helping millions of people learn their HIV status (WHO, 2011), HCT has resulted in reduction of behaviors associated with heightened risk of HIV transmission in various low and middle income countries, internationally generated statistics indicate that the HIV epidemic in South Africa will continue to grow and pose a significant threat to meeting the global developmental agenda, which threatens to undermine the achievement of the United Nations Millennium Developmental Goals.

In sub-Saharan Africa, where two-thirds of the world's people living with HIV reside, uptake of HIV testing and Counseling (HTC) has been suboptimal. Survey estimates (from 18 high HIV-prevalence countries, 15 of which were in sub-Saharan Africa) show that a median of 34% of women and 17% of men have undergone testing for HIV and just 12% of women and 7% of men had tested in the past twelve months. Knowledge of HIV status is the key entry point to comprehensive HIV care programme and from a public health standpoint, it is critical to current strategies of reducing HIV transmission, and increasing timely access to antiretroviral therapy (ART) and HIV prevention service (Kampala , Ministry of Health, 2003)

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Despite the array of delivery approaches and the advantages of VCT, uptake in sub-Saharan Africa is disappointingly low with reports of 12% to 56% among couples or the public ((Kampala: Ministry of Health, 2003)). The situation in Uganda also contributed because there is very little information on VCT uptake among men, and their utilization of VCT is important because in many societies including those in Uganda, men are the heads of households and control decisions and resources that are essential for HIV prevention and care. (Kampala: Ministry of Health, 2003).

2.1.2. Level of awareness of men regarding HCT service.

In a the study, conducted in Nigeria, to determines the knowledge and attitudes of HCT for HIV and AIDS among undergraduates of law faculty in Anambra state of Nigeria. The results revealed that 71.4% were aware of HCT for HIV and AIDS while 28.6 of the respondents had no knowledge of it. It therefore demonstrated a high level of knowledge about HIV/AIDS and an average knowledge of about HCT for HIV/AIDS. (Mbamara, 2012).

The contribution of India to the global burden of HIV/AIDS is significant. The study was conducted among clients for VCT facility and 31.5% of the respondents had never heard of HIV /AIDS and HCT. In comparison to males, significantly higher number of females had not heard about the disease. The study highlights the strong need to raise the levels of HIV awareness and HCT among Indian population. (Bhanu, 2014)

In South Africa the four main HIV/AIDS awareness campaigns were conducted namely Khomanani (funded by the government), Love Life (primarily privately funded), Soul City (a television drama for adults) and Soul Buddies (a television series for teenagers).Soul City and Soul Buddies were the most successful campaigns although both campaigns experienced a slight loss of effectiveness between 2005 and 2008. Khomanani is the least successful campaign, although its effectiveness has increased by more than 50% between 2005 and 2008. (World Health Organization, 2003)

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Even in Nigeria media campaigns have also been documented to be a veritable tool in the campaigning against the spread of HIV/AIDS. Another study was conducted Shaghai, China where the results showed that among those heard of VCT for HIV were only 64.4% males and 57.7% female and they correctly realised that the availability of free VCT at a local centres for Diseases Control and Prevention, further indicating a very limited knowledge of the availability of free VCT service for HIV among rural migrants. (Na He, 2010)

Similar study was conducted in Addis Ababa, the capital city of Ethiopia,wherein 378 adolescent were interviewed and the findings revealed that 75.7% of students were aware of the VCT services. HCT have been identified as the key entry point to prevention, care, treatment and support services, where people learn whether they are infected, and are helped to understand the implications of their HIV status and make informed choices for the future. (Gatta, 2012)

A study conducted by Charles and Karamagi (2003) on voluntary HIV Counseling and testing among men in rural western Uganda, results showed that the majority (80.1%) of the men said they were aware about the existence of the VCT program in their area. Most men (98.7%) knew of a site offering VCT services. The majority of men receive information about VCT through the health workers (75.2%) in the study conducted 94.9% of participants said VCT was important for the good of the individual and the family. Although most men were familiar with the VCT program and its procedures, this knowledge did not translate into high VCT use. However, most men were worried of taking an HIV test because to them having a positive result meant imminent death.

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In the study conducted by Tesfaye HL and others on factors affecting voluntary HIV counseling and testing among men in Ethiopia, the results showed that 96% of men reported that they had heard of HIV, of these, 90.2% of men responded that they knew how to prevent /avoid HIV infection. The level of knowledge was higher among urban than rural men as measured by parameters. In this study the results showed marked differences in HIV / AIDS related stigmatizing beliefs as well as in the utilization of VCT services amongst men. In the study conducted by Hutchinson and colleagues in South Africa also found that low stigma was commonly seen among urban adults with better education and those with higher economic status.

In order to increase access to HIV testing and counselling, it is necessary to raise awareness of the accessibility of services and of the benefits of individuals knowing their HIV status. This includes increasing awareness of the benefits obtainable from advances in the prevention of HIV infection, e.g. PMTCT and treatment of HIV-related diseases, including ARV treatment where available (World Health Organization, 2003)

For the purposes of service delivery it is important to consider reducing the barriers to access to HIV testing and counselling services for vulnerable populations ,such as women, young people, sex workers, refugees and prison populations and men. Strategies for raising awareness and promoting the uptake of services can include outreach and peer based methods to mobilize the community and cost-sharing and financial arrangements aimed at encouraging vulnerable groups to use available services. HIV testing and counselling services should be developed in ways that respond to the specific needs of these populations. (World Health Organization ,2003)

The launch of Government's National HIV Counselling and Testing Campaign which was spearheaded by the President had profound effect on raising awareness of the communities in general, regarding the vital nature of widespread HIV testing. Aid for AIDS first started providing HIV Counselling and Testing (HCT) services in 2004. At the time, it was in response to a call from a small number of businesses people who were began to recognise the need for their workforce to know their HIV status. However, took

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a relatively long period of time for companies to fully understand the true impact of the disease in terms of revenue loss facilitated by absenteeism, a high turnover of staff and the costs associated with retraining of new staff.

In 2010, the level of understanding regarding these issues has improved dramatically. A number of corporations now comprehend the gravity of the inescapable issues facing them regarding this scourge. Certain industries stand out in terms of their meaningful efforts at tackling the effects of HIV on their workforce. These include mining and other industrial sectors. There is still a great need however, to inform, consult with and advise such companies on how best to approach these challenges. The outcome must always be to improve the health of the employee, to provide them with psychological and social support and ultimately, to limit the company's exposure to risk from lost productivity and recruitment costs (Aid for AIDS, 2012)

In the early days of HCT, obtaining the result of the test was seen to be the most important activity. This view has changed. Testing is no longer viewed merely as a diagnosis strategy, but is based on the individual's need to know their HIV status for the purpose of changing their behaviour. HCT provides HIV-positive individuals with the opportunity to take care of their health so as to slow down the progression of the disease as well as to take precautions in order to reduce the risk of transmission. For HIV-negative individuals, HCT alleviates anxiety and increases awareness of their vulnerability to infection and hence the need for behavioural change (Aid for AIDS, 2012)

In order to make any meaningful impact on the course of the disease, the approach by a company or Department must be holistic. It cannot focus solely on the provision of HCT services in the hopes that employees will come forward for testing. Aid for AIDS' experience in this regard is extensive. Since first starting to offer HCT services, we have tested around 130,000 employees in industries ranging from mining to manufacturing (Aid for AIDS, 2012)

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The next critical step involves education and awareness. In preparation for the HCT process, the best course of action for an employer is to stipulate that initial training and education sessions are compulsory for all employees to attend. This will motivate the greatest possible number of employees to want to know their status and to understand the critical nature of this information. It also ensures that no staff member feels conspicuous for wanting to know more about HIV/AIDS as it will not be possible for their colleagues to single them out. The educational presentations and material must include information about the disease and how to prevent infection. Employees must be encouraged at all times to know their status and be aware of the fact that they need to be tested regularly (Aid for AIDS, 2012).

Another important aspect of education with regards to HIV management in the workplace is the appointment of Peer Educators within a company or Department. This can prove to be critical in terms of maintaining an on-going culture of care for the employee's wellbeing and trust between management and staff. These Peer Educators need to be equipped with sufficient educational material and point of care information in order to really assist employees should they require help or information. Properly prepared and trusted Peer Educators have been shown to provide valuable outcomes to a campaign (Aid for AIDS, 2012).

The approach to HCT requires being vigorous and there is a need to mobilise employees to come forward for testing, ideally, within the framework of a wellness campaign. The sensitisation and mobilisation programme is critical to the success of mass turnouts during the HCT campaigns. Large employee participation leads to significant numbers being tested and even more employees being able to recognise their status. Along with these efforts, the mobilisation programme provides employees with the understanding that their employer can be trusted, is sensitive to their circumstances and is committed to providing sustained assistance to those employees living with HIV. Once this message is received, employees are comfortable to test and to enrol on the care and treatment programmes provided via the company or department funded treatment programme. The outcome of the HCT campaign is very

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often determined by the success of the employee mobilisation programme (Aid for AIDS, 2012).

The introduction of provider initiated counseling and HIV testing is recommended internationally. A service in which the health worker routinely offers testing represents a significant paradigm shift from that in which the onus is on the patient to request testing. To ensure the that patient or clients rights are protected it would be important that health workers still be required to counsel and educate patients and obtain their consent before doing testing(Aids Law Project, 2006).
The importance of maintaining accurate records in terms of how many employees get tested, their contact and medical aid details (if applicable) and what their individual results are cannot be over emphasized (Aid for AIDS, 2012).

The benefits of HCT for the Department are:
Assesses the prevalence of HIV and the associated risk for a specific group enables the Department to implement appropriate HIV interventions as well as to plan for the future. By knowing their status, employees will be able to receive the appropriate treatment and support to keep them healthy and at work. Encourages employees who test negative to stay negative. The objectives have to be to get as many employees to come forward as possible and to maximise enrolment onto a disease management programme for those testing positive in order to receive care and treatment. Clearly the issue of confidentiality is also a key success factor. A trust relationship between the employer/employee should at all times be encouraged. Once an employee has been tested positive via the HCT programme the testing nurse should immediately at the point of post-test counselling pre-register the patient onto their disease management programme (Aid for AIDS, 2012).

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2.1.3. The attitude of men towards HCT services.

Regarding the attitude towards HCT services the study conducted by Moses , Chama and Omotora on Knowledge , attitude and Practice of Ante-Natal Attendees towards PMTCT , showed 76,7% of respondents have undergone HIV test and only 22. 1% is yet to be tested. Out of 132 respondents 66 (50%) received pre-test counseling and 32(24.2%) received post –test counseling (Moses, 2008).

The objective of the study was to identify attitudes that influence uptake of HIV voluntary counseling and testing (VCT) amongst gold mineworkers in South Africa and 105 healthy men were interviewed. The level of basic knowledge of HIV was high, but reported awareness of the extent of HIV infection in the workforce and perceived personal risk of HIV infection was low. Health issues were considered the most important indication for HIV testing and one-third had been tested.

In the study conducted in Botswana regarding opinions and attitude towards people living with HIV/AIDS, National wide, 20.8% of students reported that they view people infected with HIV in a bad way. The percentage between males and females show that 23.9% of males had negative attitudes towards people with HIV compared with 17.8% females (Mejelantle, 2014).

According to Helen (2002), having a test for HIV is a positive step towards taking the possibility of infection seriously but it should not be taken lightly. People need support to plan for a test and cope with the result so they can respond appropriately. Counseling and testing is a pivotal entry point to help people avoid HIV and cope better with existing infection. Counseling and testing encourages increased openness about the epidemic. One particular benefit is to enable pregnant women to reduce the HIV transmission risk to their babies.

Gender inequalities inherent in most patriarchal cultures where women are accorded a lower status than men impact significantly on the choices that women can make in their lives especially with regards to when, with whom and how sexual intercourse takes place. Such decisions are frequently constrained by coercion and violence in the women's relationships with men. In particular, male partners either have sex with sex

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workers or engage in multiple relationships, and their female partners or spouses are unable to insist on the use of condoms during sexual intercourse for fear of losing their main source of livelihood (Meyer-Weitz, 1998)

There are several sex-related cultural beliefs and behavioral practices that promote HIV infection such as rites of passage to adulthood especially among male youth, rites of marriage such as premarital sex, virginity testing, fertility and virility testing, early or arranged marriages, fertility obligations, polygamy, and prohibition of post-partum sex and also during breastfeeding, and rites related to death such as levirate (or spouse inheritance) and sororate (a widower or sometimes a husband of a barren woman marries his wife's sister) are also believed to spread HIV infection. HIV infection is also believed to occur during some of the traditional health practices conducted by traditional healers when they use unsterilized sharp instruments such as knives, blades, spears, animal horns and thorns during some of the healing practices and/or recommend sex with a virgin as part of their treatment of patients (Akanle, 2001).

One of the strongest influences on how quickly the epidemic spreads is the sexual behavior and attitudes of men. It is usually men, not women who determine when and how often to have sex, and whether or not a condom is used. Generally, men have multiple sex partners; and therefore more opportunity to transmit HIV to either partner (Akanle, 2001).

Kelly (2004) observed that in many countries, men are the most frequent purchasers of sex, not all men behave this way. Most men protect themselves and their partners from the virus by abstaining from sex, remaining faithful to their partners or consistently using condoms. However, hundreds of millions of men have sex without a condom because they believe this is how men do and should behave.

Attitudes towards people infected with HIV vary across contexts and these have been changing with more awareness around the epidemic (Gielen, 2002; Lau & Tsui, 2004). While some studies focus on the attitudes of the infected in the general population,

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highlighting the gendered dimension, others focus on the attitudes of the infected individuals (Gielen et al., 2002; Lau & Tsui, 2004).

Studies draw out issues such as stigma, discrimination, women being disinherited on the death of their husbands, the break-up of marriages and the loss of employment due to HIV status as well as the general attitude of the population towards those affected by HIV (Human Rights Watch 2003a; 2004a; UNFPA, 2004).

Although, AIDS is a physical disease and such requires medical management and treatment, the transmission of the virus is largely a volition activity subjected to psychological factors and influences. The primate causes of being infected with HIV are biological and a person's sexual behavior is the most primate cause. Decisions, which individuals make about sexual practices, the practice of safer sex, willingness to be involved in HIV testing and one's attitude generally toward HIV issues counts in HIV prevention.

Durex (2001) observed that sexual pleasure is a more important consideration to some individuals than protection from diseases. Cochran (1990) reported that people lie about AIDS test when they had actually had no test and that HIV-positive men and women did not disclose their status to sexual partners. Research according to Durex (2001) affirmed that individuals lack the attention to safer sex.

2.1.4. The socio-cultural factors that prevent men from going for HCT services.

Rutherford(cited in Ross & Deverell 2004) defines culture as the " shared experienced, knowledge and values of specific group" Ross and Deverell(2004) further state that culture plays a large part in determining whether or not people are willing to accept HIV prevention campaigns and use HCT services. Socio-cultural factors influence health-seeking behavior.

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A study conducted by Ngubane (cited in Woods 2008) indicates that South African isiZulu-speaking belief that semen contains important nutrients essential for woman's health. Such beliefs may prevent men from practicing safer sex; socio-cultural constructions of disease, illness and health also play a role, as many traditional African beliefs link illness, especially sexual –related illness, to witchcraft (Woods, 2008)

Social factors refer to conceptions of masculinity and gender role expectations that may impede efforts to encourage men to access services (Walker, Reid & Cornel, 2004). According to Kleintjies, differentiating between social and cultural factors may be artificial, but under the rubric of socio-cultural factors the researcher includes cultural norms and values that define what it means to be man or woman in a particular society .(Kleintjies, 2008)

The relationship between culture and HIV is under-researched. There is some evidence that cultural attitudes and practices expose South Africans to HIV infections. Such decisions are frequently constrained by coercion and violence in the women's relationships with men.

On socio-cultural factors, the study conducted in Nigeria showed that the majority of men (81.8%) said they would disclose to their partners. 20% of participants said that there were social beliefs that would influence men to seek VCT. Of those who said beliefs existed, the majority mentioned men's superiority over women (30.8%), if partner tested positive, then the man was also automatically positive. Most of the participants said that the majority of the men live in doubt that they might be infected because of having multiple sexual partners.

Most men do believe in cultural practices like circumscion to say as reason for not going to HCT because they have undergone such cultural rituals like circumscion. Male circumcision a surgical procedure carried out on young men and infant boys in many parts of the world reduces the risk of heterosexual HIV transmission in men.

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The same sentiments was revealed by the study done by Peltzer, Banyini, Simbyi and Kalichman (2009) that showed that circumcised black men are less likely to use condoms or HCT services. Men usually believe that circumscion protects them from HIV infection. This could be because traditionally –performed male circumscion seldom includes an extensive education on HIV and AIDS prevention.

The study conducted by Mdunge (2011) on investigations into social factors influencing poor intake of HCT by middle –aged black men in Pimvillle showed that social factors such as stigma and discrimination , masculinity and socio-cultural factors largely contributed to their reluctance to use HCT services. On the same study participants further reported that they have limited HIV and AIDS knowledge, which is necessary to adapt healthy sexual behaviors, couple by the fact HCT sites are not male-friendly and are highly stigmatizing.

2.1.5. Political, administrative and legislative factors that prevent men from utilizing HCT services

- **Political Factors**

According to HIV/AIDS Toolkit (2001), Political factors have played a key role in creating vulnerability to HIV since the early days of the epidemic. In many cases, these factors reinforce and influence social norms and traditions, and are instrumental in increasing gender inequality.

Some of these include government policies and legislation, program strategies, and funding streams that endorse and/or ignore discrimination, promote gender disparity and criminalize certain sexual behaviors. For example, governments promoting ideological agendas over evidence-based strategies, including restricting the availability of male and female condoms, have a detrimental effect on the epidemic and increase HIV vulnerability.

Political commitment to the mobilization of resources is critical to the successful planning and implementation of testing and counseling services. Resource mobilization means identifying possible sources and opportunities, finding appropriate personnel and

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funding, setting clear priorities, demonstrating success, sharing strategic information and building capacity to strengthen quality programs (The Policy Project of the Futures Group International, HIV/AIDS Toolkit, 2000)

Regional Health Minister 's conference held in Seychelles in October 1999, health ministers were concerned about the rapid spread of HIV in the region and they realized that some strategies currently in use needed to be re-examined. The main priority identified was to improve policies and guidelines for HCT expanding services to research more people, interestingly, Uganda led by President Museveni was the first country in sub-Saharan Africa to open HCT clinic. Widespread provision of the now routine testing shows the progress made since the first HCT opened. This shows that politicians can influence men to seek HCT services. (HIV/AIDS Uganda, 2009)

- **Administrative factors**

Experience has shown that endorsement, active involvement and leadership by people in positions of authority are vital for implementing successful HIV testing, counseling services, and care, treatment and prevention programs, as well as for combating stigma and discrimination. This includes the areas of health and social welfare but also aspects of business, law, politics and economics. The influential people in question are most often the gatekeepers who, intentionally or otherwise, can allow or block many aspects of combating the HIV epidemic. Once gatekeepers have been identified, strategic information can be shared with them and other partners can be mobilized.

The importance of involving and mobilizing a range of stakeholders in dealing with the epidemic, both because they are affected and because they can play a number of different roles, cannot be over -stressed. Involving, coordinating and mobilizing a range of stakeholder's means making serious efforts to build and maintain both formal and informal relationships within and between government, communities, business and civil society (UNAIDS, 2001)

"When good men don't stand up to be counted, HIV and AIDS spread" South African Deputy President, Kgalema Motlanthe. He called upon men of all classes and races to join the fight against HIV and AIDS, occupying the front trenches in the war through their social conduct. This was a strategy to use spokespeople who have status in order

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to influence the behavior of everyone who has attended the world cup (Plus News, 2010) , this means that men have the power to make an enormous difference in their own lives, and in the lives of their children and partners. Looking into the NSP it is being noted that is being driven by South African's political leadership with the support of leaders from all sectors.

- **Legislative factors**

In their national HIV/AIDS policy documents, all (ECSA) countries namely east, Central, and Southern African recognize that VCT is a major means of HIV/AIDS control. Key components of VCT policy include access to counseling, consent, confidentiality, and overcoming discrimination against people who have undergone testing and found HIV positive. Such legislative framework was used to control the scourge of HIV.

The government of Uganda has developed policies and program on HCT and highly convinced that guidelines are based on the a string base of cutting edge research data and experience in delivering services to the populace. The guidelines provide framework for reaching all Ugandans with high care for HCT. (Ministry of health, Uganda, 2005)

In Tanzania, there were high rates of HIV at 9.1% prevalence in general population. The Government of Tanzania developed strategic assessment which at the end yielded good results and strengthened the importance of earlier diagnosis through HCT (UNAIDS, 2008),all centers providing HCT services is also certified by the Government following guidelines as detailed in the protocols of the Federal Ministry of Health and all screening facilities are also prescribed according to the national protocol and process for HIV testing.

The government has alongside the introduction of provider initiated testing, the expansion of cadres of health workers authorized to do testing and increasing the number of quality-assured testing sites to venues outside health facilities (e.g. taxi ranks, schools, farms, factories and shopping centers) are necessary to increases access, particularly to men who are less likely to attend health facilities than women.

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A team of top South African and International sportsmen lends their star power to a campaign that promotes HIV prevention, and end to violence against women and children. These include amongst others, Matthew Booth, Teko Modise, John smith, Graeme Smith, Ryan Giggs and Lionel Messi.These were sports ambassadors for Brothers of life, national campaign encouraging men to take a stand against gender-based violence and HIV.

These stars promoted messages on television, radio and outdoor advertising about the risks of alcohol and unprotected sex in relation to HIV, and support a national HIV Counseling and testing drive launched in April by President Jacob Zuma, in Kenya, sports' men were targeted for testing during the world cup. Jitambue Leo has targeted 80 percent of its 1,089,000 to attend mobile HCT services, which were located to entertainment venues like bars, clubs, and halls where matches are screened as well as going door-to-door, to male dominated workplace and encouraging men to visit health facilities where HCT is available.

Muraguri, head of NASCOP, (National AIDS and Sexually transmitted infection control programme) noted that men generally are more reluctant to test for HIV, so the world Cup campaign offered an opportunity to test them in their own spaces. Muraguri indicated that Kenya still has a long way to go in achieving universal access to Counseling and testing for HIV. He concluded that persons unaware of their status are more likely to spread HIV, so the more people know their status the better.

2.1.6. The gender and stigma related factors that influences men's level of utilization of the HCT services

- **Gender**

Tanzania was the only country that developed Gender Operational Plan that assisted the country to guide HIV/AIDS stakeholders at all level in the provision of strategic interventions on HIV/AIDS with focus on gender issue. The Plan assisted men in the

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country to seek and access HCT and treatment, care and support services. Changing men's attitudes, practices and behavior to eradicate harmful definitions of masculinity, which increases HIV risk. (Ministry of health, Tanzania, 2010)

The findings of the study conducted in Addis Ababa amongst the adolescents revealed that adolescents who were not married knew more about HIV transmission and prevention than the few who were married. The notion is also supported in literature because of gender inequalities such as in decision making about sexual intercourse in marriage (UNAIDS, 2008)

Gender roles relegate women to the tedious task of caring for the infected; questions arise regarding the role of men in the process. It is notable that, although some men spoke about care for the sick, other discussion groups were silent about the role of men in this regard. Men in this community carry the sick in and out of their houses and provide their basic needs such as food.

Women were most vocal regarding their role in caring for the infected. Care for the sick has shifted the burden from the hospitals to the home. The privatization of care implies that the cost is no longer borne by the state but by citizens, the majority of whom are women who have neither the support nor the resources to provide adequate care. Internationally, women (UNFPA, 2004) provide 90% of care due to AIDS illness.

Preliminary figures show that over 12 million South Africans have been counseled for HIV since April last year when President Zuma and the Health Minister launched the national HIV Counseling and Testing campaign. Of these 12 million people, about 85% or 10.2 million have accepted the HIV test after counseling. This means that the department is almost 5 million under its target.

"When the target of 15 million people was set, that was an extremely ambitious target", Mark Heywood, deputy chairperson of the South African National Council (SANAC), which co-ordinates the HCT campaign, admits.

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"In many instances, the quality of the counseling and testing itself could have had an impact. Secondly, the demand for testing - the long queues and the time it actually takes it takes about 30 - 45 minutes to go through the process Most people would not have been able to do that. I think it is also very true that there is a fear of the results of the test. People are very afraid to know the result. Some people were not ready. They exercised their right not to take the test", says Dr Mbengashe, explaining why 15% of South Africans who were offered the HIV test did not accept it.

Mark Heywood and the rest of the health workers find it hard to understand why no one would not want to know their HIV status. "It raises the question why anybody at this point in time in our country would decide not to test because the message we're trying to get out is that we all need to know our HIV status - that it is the best thing to know whether you're negative or whether you are positive because whether you are negative or positive there are steps that you can take to protect and to preserve your health because part of this campaign is about: How can we get ahead of the HIV epidemic? In the past, we have always lagged far, far, far behind the epidemic. One way to get ahead of the epidemic is to normalize HIV testing; it's to use HIV testing as a way to try to begin to break down the stigma around HIV; and it's to use HIV testing to try to get much larger numbers of people onto treatment", he says.

About 15 million South Africans were targeted for HIV testing in the government's HIV Counseling and Testing (HCT) campaign, but the effort got slightly over 10 million people to test. The campaign has challenged South Africans and the health system in significant ways, the campaign has been described as ambitious. Never has any country in the world targeted such a huge population - 15 million citizens to test for HIV - and had 10.2 million people accepting the HIV test. However, the campaign was not without any flaws. There are reports that some of the tests were obtained in a manner that violated the human rights of people.

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"We are hearing stories of people being tested without their consent. We are hearing stories of people being told: 'If you don't have an HIV test, we're not going to give you the treatment that you need'. We are hearing stories of people saying: 'Look, I already know that I've got HIV. Why do I need to test again'?", says Mark Heywood is the deputy chairperson of the South African National AIDS Council (SANAC), which is responsible for coordinating the HIV Counseling and Testing (HCT) campaign.

"If we are having a big campaign amongst rural people, what do we do to make sure that those people who test positive have support, that they are not isolated and victimized within their community? If we are targeting men who have sex with men, we cannot just test men who have sex with men for HIV. We also have to be educating health care workers to make sure that clinics and hospitals are friendly - not discriminating against, not stigmatizing men who have sex with men. I don't want to discover my HIV status and, then, find that if I go into a clinic that I'm going to be humiliated and made fun of because I'm gay", says Mark Heywood.

In Uganda HCT has been conducted in 2011 and the results revealed that the number of men aged 15 years and older who were counseled , tested and received their results were 656 706, while number of women aged 15 years and older who were counseled ,tested and received their results were 1,631 099.(Uganda ministry of health,2011).

It has been noted that the coverage of HCT services is still inadequate particularly in hard to reach rural areas despite increased number of persons counseled, tested and receiving results in Uganda. In addressing the challenge the Government of Uganda, implement the strategies of integrating HCT routine health care services such as STI and TB clinics, antenatal care and other clinic settings with the idea if expanding coverage of HCT. The teams for outreach and mobile services were also expanded.

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- **Stigma**

Stigma is a common human reaction to disease. Throughout history many diseases have carried considerable stigma, including leprosy, tuberculosis, cancer, mental illness, and many sexually transmitted diseases. HIV/AIDS is only the latest disease to be stigmatized (Brown, 2003).

Fear of testing positive for HIV and the potential consequences, particularly stigmatization, disease and death, were the major identified barriers to VCT. Half of the participants felt workplace education programs needed to be improved to promote VCT access. Twenty-six per cent became more favorably inclined towards HIV testing in response to information on improvements that have been made to the confidentiality and convenience of the company's VCT service. Only 14% then indicated that they would be more likely to access VCT if antiretroviral therapy became available. A vigorous community education program is essential if the introduction of ART is to be effective in promoting uptake of VCT.

Goffman (1963) defines stigma, in general, as an undesirable or discrediting attribute that an individual possesses, thus reducing that individual's status in the eyes of society. Stigma can result from a particular characteristic, such as a physical deformity, or it can stem from negative attitudes toward the behavior of a group, such as homosexuals or commercial sex workers

HIV and AIDS is perhaps one of the most stigmatized medical conditions in the world. Stigma and discrimination prevents people from accessing HIV testing, counselling, care, treatment and prevention. The involvement of a range of stakeholders, including health care workers, communities, post-test clubs and people with HIV, can contribute significantly to reducing stigma and providing a supportive environment for people accessing HIV testing and counselling services and people with HIV. NGOs, CBOs, post-test clubs and people with HIV also play an important role in providing information and education and in working with service providers to increase the coverage and use

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of services. Efforts in the area of community education also help to create a more supportive environment for treatment, care and prevention programs.

Reliable quantitative measurement of stigmatizing attitudes and anticipated stigma experienced around the time of HIV testing could give insights into some reasons for low uptake of HTC. With the increasing availability of ART in sub-Saharan Africa, and the changing context of HIV testing, with WHO recommendations promoting supervised self-testing for health workers, a simple scale that could be used to measure trends in stigmatizing attitudes and anticipated stigma over time could be beneficial in developing strategies to maximize and support uptake of HIV testing and ART. A number of HIV-related stigma scales have previously been developed but have either focused on a limited number of stigma domains, or have not included participants undergoing HIV testing (WHO, 2003)

HIV and AIDS-related stigma is a well-documented barrier towards the uptake of HIV and AIDS related services including HTC and ART. Stigma has been conceptualized as the cultural and social differences between members of societies that reinforce power disparities through prejudice and discrimination. Within the context of the HIV, pandemic considerable attention has been given to the importance of stigma in acting as a roadblock to concentrated action, whether at local community, national or global level.

Research on the consequences and public health implications of stigma for people living in high HIV prevalence countries has focused on two areas stigmatizing attitudes (or negative attitudes towards others who may be HIV infected) and to a lesser extent, anticipated stigma (how individuals feel they would be perceived by others if they were to be diagnosed HIV-positive).

Stigma is strongly associated with visiting certain health facilities, including HCT and ARV treatment sites. Fear of stigma and discrimination deter people from testing and consultation, resulting in a delay in knowing one's HIV status and initiation of treatment. In addition, specially allocated HCT and HIV treatment rooms may further prevent

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uptake of treatment for fear of being identified as HIV –positive. In some of instances, a lack of space is said to compromise the confidentiality of HCT and act as deterrent to testing and counseling.

Most of men and other groups appear to be reluctant to use services where local community members are employed for fear that the confidentiality of their status would be compromised (Community leader, Sekhukhune District, 2011).

Men are susceptible to contract HIV and AIDS and men's health is important but receives inadequate attention. In most settings, men are less likely to seek needed health care than women are, and more likely, to engage in behavior -- such as drinking, using illegal substances or driving recklessly -- that puts their health at risk. In stressful situations, such as living with AIDS, men often cope less effectively than women do.

While HIV transmission among women is growing, men including adolescent boys continue to represent the majority of people living worldwide with HIV or AIDS. In some settings, men are less likely to pay attention to their sexual health and safety than are women. Men are more likely than women to use alcohol and other substances that lead to unsafe sex and increase the risk of HIV transmission, and men are more likely to inject drugs, risking infection from needles and syringes contaminated with HIV.

According to surveys from across the world up to a sixth of all men report having had sex with another man. Many men who have sex with men also have sex with women -- their wives or regular or occasional girlfriends. Hostility and misconceptions about sex between men have resulted in inadequate HIV prevention measures in many countries.

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CHAPTER THREE

3. METHODOLOGY

3.1. Introduction

This chapter focuses on the research methods used in an attempt to gather data from sampled participants and provides a detailed description of the rationale behind the methodology. The chosen design, setting, population, sampling process and inclusion criteria are discussed.

3.2. Study design

The study applied a qualitative approach method to investigate the factors that contribute to men's reluctance to utilize HCT services.

Qualitative research methods are tools for gathering information that does not take a numerical form that can be counted and otherwise manipulated mathematically. Results are instead based on observations, in-depth interviews, personal accounts, etc. Participant observation, historical sociology, ethnomethodology, ethnography, and ethnology are all examples of qualitative research methods (Anderson, (2009)

The design is chosen because it gives the participants a formal platform of expressing freely their feelings, attitudes, level of awareness, socio-cultural, political, administration and legislative factors about the reluctance to HIV counseling and testing at Primary Health Care.

The design is suitable for the study because the researcher will be part of the research as observer, interviewer and serve as interpreter of some inquiry. The participants can actively participate in social actions and through such interactions come to know and understand phenomena in different ways. The researcher is therefore deeply immersed with the data, the researcher physically goes to the people, setting, or site in order to observe the subject as it normally and naturally occurs or behaves. (Anderson, (2009).

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3.3 SETTING

The study was conducted in Vhembe District, Health, which is situated at the northern part of government complex, Thohoyandou, Mphephu Street, next Khoroni tusk sun, above the offices of Vhembe District Municipality building. The Department has several offices with the following divisions, namely Finance, Human resource, Primary health care, Health care support, Hospital services, National health insurance, health special programme, District manager support, (Human resource Planning register, 2013) In these offices are men have participated on the study.

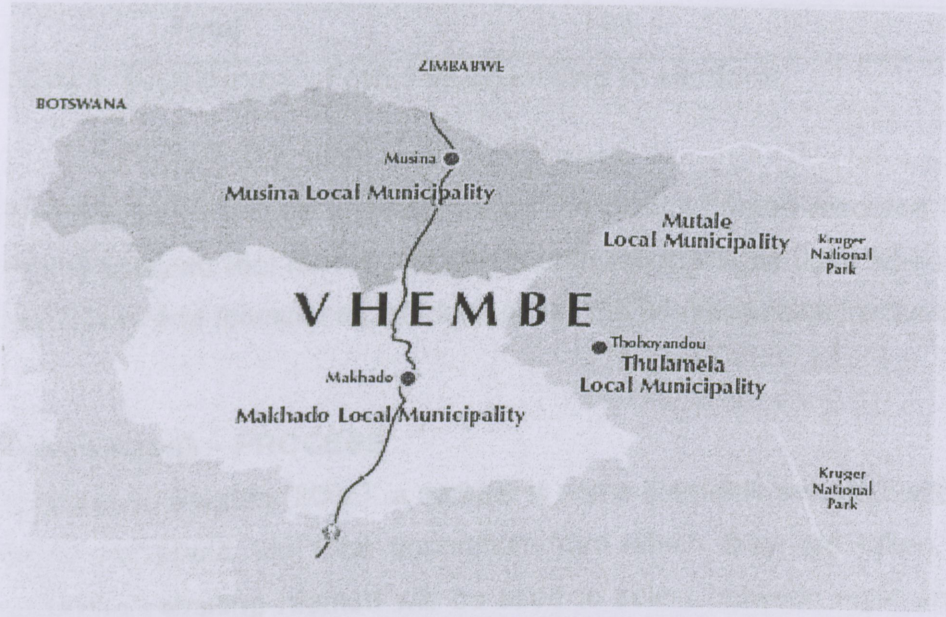


Figure 1. Map of Vhembe District (Dhis, 2013)

3.3 POPULATION

Population is the aggregate of all the cases that conform to some designated set of specifications (Mounton, 2005). In this study, the population will be men who are working in Vhembe District Department of Health irrespective years of experience of years at work.

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Number	Name of section	Number of officials.
1.	Finance	24
2.	Human Resource	13
3.	Primary health care	07
4.	Health care support	12
5.	Hospital services	03
6.	National health Insurance	05
7.	Health special Programs	12
8.	District management support	18
	Total	**94**

Table 1: Distribution of officials according to sections.

The participants will be identified using the district human resource list (see table .1) and the updated tool for the previous month report will be used when identifying them. Due to time and financial constraints, not all the 94 men will be involved.

3.4 SAMPLING – PROCESS

According to Mouton (2005), a sample is some elements selected with the intension of finding out about the total population from which they are taken. Non-probability, purposeful sampling method will be used to select between eight and ten men (who meet the eligibility criteria and agree to be interviewed) from the register. The purposive sampling method, which is also known as a judgmental sampling method, is used to select participants based on the judgment of the researcher on whether or not an individual who is part of the target population meets the inclusion criteria (Woods, 1988).

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3.5 INCLUSION CRITERIA

The Inclusion criteria

These are those characteristics that a subject or element must pose to be part of the target population (Burns &Grove, 2009)

All men in the Vhembe District Department of Health regardless of their HIV status and work positions will be allowed to participate in this study; and each section will be presented.

3.6. DATA COLLECTION METHOD

Data collection is the process of gathering information to address the research problem (Polit & Beck, 2004). In-depth interview method will be used for data collection, in this method, the researcher interviews participants in-depth and one-on-one. The interviewer typically has a general plan of inquiry but not a specific set of questions that must be asked in a particular order. Rather, it flows more like a conversation in which the respondent guides the direction of the interview. (Anderson, 2009).

3.7. DATA COLLECTION PROCESS.

The period of the interview will take about 40 minutes to one hour for each participant. With the consent of the respondents, data will be collected using a voice recorder. Notes will also be taken during the interview to record observed non-verbal communications.

Appointments will be made with each of the participants a week before to avoid inconveniences. Individual participants will determine the venue of the interview and the Researcher will make necessary arrangements to visit such participants even to their homes or any identified place. Logistics will be made to avoid any disturbances during the interview.

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3.8. DATA COLLECTION TOOL.

An interview guide will be developed based on the objectives of the study. The central question will be "what do you think are factors that contribute to the reluctance of men in utilizing HCT at primary health care facilities" The designed interview guide will be followed by questions with the idea to guide the data collection process which will cover the following information.

The level of awareness/ knowledge of the participants regarding HCT services.
The attitudes of men towards HCT services.
Socio-Cultural factors that prevent men from seeking HCT services.
Political, administrative and legislative factors that prevent men from seeking HCT services.

The gender and stigma related factors that influence the participants level of utilization of the HCT services

3.9. DATA ANALYSIS

Creswell (2009: 183) cited that data analysis involves making sense out of text and image, moving deeper and deeper into understanding the data, representing the data and making interpretation of the larger meaning of the data. Data will be analyzed in a qualitative manner. It was analyzed thematically (for the content of the interviews).
The data was analyzed thematically using the Tesch 8 Steps method Creswell (2009: 183)

- Step 1: The researcher will read all the transcriptions and jot down some of the ideas as they come into mind.
- Step 2: Pick one document (one interview), shortest and one on top, and go through it. Asking what is all about.
- Step 3: After engaging several participants make a list of all topics. Cluster similar topics, unique and major topics.
- Step 4: Take the list and go back to data. Erect codes and write those codes on the segments.

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- Step 5: Find the most descriptive wording for the topics and turn into categories.
- Step 6: Make a final decision on the abbreviation for each category and alphabetize the codes.
- Step 7: Assemble the data material belonging to each category in one place and perform a preliminary analysis.
- Step 8: Recode the existing data.

3.10. MEASUREMENT TO ENSURE TRUSTWORTHINESS

Trustworthiness refers to the extent to which a research is worth giving attention to and worth taking note of. It also refers to the issue of whether or not the reader is convinced that the findings are to be trusted (Babble and Mouton 2001). According to Brink (1996), validity in qualitative research is concerned with the accuracy and truthfulness of the scientific findings. In this research, the following criteria of trustworthiness developed by Lincoln and Guba (1985) were used:

3.10.1 Credibility

According to Leinenger (1991), credibility stresses the importance of identifying and documenting recurrent features like patterns, themes, values in qualitative research. The emphasis on recurrence suggests the importance of spending sufficient time with participants to identify reappearing patterns.

-To ensure credibility in this study, the researcher remained in the field for a prolonged period. The other aspect that would ensure credibility was to use of variety of sources in data collection using more than one tool. This included the use of tape recorder and field notes.

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3.10.2 Dependability

It involves appropriateness of inquiry, decision and methodological changes. The processes was reviewed constantly to ensure that inquirer bias does not influence the inquiry (Lincoln and Guba, 1985). Dependability was achieved by describing the research method fully and by describing the research protocol with the research team and the independent coder. A tape recorder was used to increase reliability when doing all the interviews

3.10.3 .Confirmability

It is the criterion for evaluating data quality with qualitative data, referring to the objectivity and neutrality of data (Pilot and Hungler 1998). It will be ensured by making use of an independent coder. The corporation of an audit procedure in which the researcher will clearly describe each stage of the research process, exploring and justifying what will be done and presenting reasons for the decision taken will support this.

3.10.4 Transferability

Lincoln and Guba (1985) suggest the description of data gathering must be inclusive enough to enable findings to be transferred to other situations. The descriptive interpretation resulting from data analysis should apply to other areas. The researcher will ask another experienced researcher to read two randomly selected transcripts and to identify major categories. These will be compared with the researcher's own coding.

3.11. ETHICAL CONSIDERATIONS

3.11.1 Permission to conduct the research

In order to obtain permission, this proposal will be presented to the Higher Degree committee of the school of Health sciences of the University of Venda. After obtaining the University ethical clearance certificate, a letter requesting permission to conduct the study will be written to the Provincial Department of Health in Polokwane (see attached appendix: 1)

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3.11.2 INFORMED CONSENT

Informed consent:

Once approval from the Ethics committee of the university and the Department of Health Limpopo Province is obtained, each respondent will be given specific information regarding participation in this study. (see annexure 2) All explanations will be done at the level of each respondents understanding. After the researcher is satisfied that the respondents understands what their rights and responsibilities are in the study, each respondent will be requested to give a written informed consent (see-attached annexure 3). The following specific information will be disclosed to each respondent before he/she could agree to participate in this study (Burns & Grove, 2001)

Right to fair treatment: According to Burns and Groove (2005:189) the right to fair treatment is based on the ethical principle of justice. This principle holds that each person should be treated fairly and should receive what he or she is owed. In research, the selection of subjects and their treatment during the course of a study should be fair. In this study, fair selection shall mean the use selection methods that give each men working at the district a chance of being selected. While participating during data collection, benefits will be distributed where applicable.

Right to self- determination: This principle entails that individuals have the right to decide voluntarily whether to participate in the study or not without the risk of penalty or prejudicial treatment. Thus, the respondent will be told that it is their rights to withdraw from the study at any time when they do not want to continue. There will be no physical or emotional punishment for withdrawing or for refusing to participate in the study.

Right to privacy: Privacy is the right an individual has to determine the time, extent and general circumstances under which personal information will be shared with or withheld from others (Burns & groove, 2005:186). In this study, respondents will be asked if they would wish to share the information given to the researcher with other or not. If they

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allow sharing, they will be asked to dictate conditions under which sharing should take place.

Right to protection from discomfort and harm: This right is based on the principle of beneficence, which holds that one should do well and not harm (Franken, 1973) cited in Burns and Groove (2005:190). According to Burns and groove, (2005:190) respondents can be harmed in a physical and emotional manner during data collection. The researcher will be mindful of this throughout the research; and promises to take care to protect respondents' right to comfort and no harm.

Right to Anonymity and confidentiality: The researchers will not divulge the names of the respondents to ensure their anonymity. The interview guide will not record names of the respondents, but will record only the response and will be stored in a safe place with restricted access. Thus, no one will link the information to respondents in whatever way. The results will be published in such a way that does not allow for ready identification of subjects.

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CHAPTER 4.

RESULTS & DISCUSSIONS

4.1 Introduction.

This chapter presents the analysis and interpretation of data collected through the use in-depth interviews. The themes and sub-themes were presented with a literature control to verify whether the findings support what was already known about the topic. The purpose of the study was to investigate the factors that contribute to men's reluctance to seek for HIV Counseling and testing at Primary health care facilities of Vhembe Health District, Limpopo Province, Thohoyandou.

4.2 Participants demographic profile

The information was gathered from 15 interviewed men who have been purposively sampled, meeting the inclusion criteria and has agreed to be interviewed. All men works at Vhembe district health offices. The target population was sufficiently representative of sections of department. Underneath is a detailed interpretation and presentation of the identified themes with regard to factors that contribute to men's reluctance to seek HIV Counseling and testing at Primary health care facilities of Vhembe District.

4.3. Presentation of the research findings.

The themes which emerged from the data analysis of the study about factor that contribute to men's reluctance to seek HIV counseling and testing at Primary health care facilities of Vhembe District are presented in Table 2. The themes that emerged were level of awareness of the participants, attitudes of participants towards HCT, Socio-cultural factors that prevent men from seeking HCT services, Political, administrative and legislative factors that prevent men in seeking HCT services , gender and stigma related factors that influence men in seeking HCT services. The findings of this study are discussed in quotations extracted from the data and placed into context by literature review.

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Table 2. Themes and sub-themes.

Themes	Sub-themes.
1. level of awareness of the participants	1. Men are aware of HCT services 2. Respondents agreed on the availability of HCT facilities 3. Respondents have the knowledge of HCT service.
2. Attitudes of participants towards HCT	1. Majority of the participants have negative attitudes towards HCT services. 2. Men are afraid of being tested positive. 3. Men have pride hence they feel that to be tested is an embarrassment. 4. Respondents accuse the behavior of counselors as a catalyst of negative attitude towards HCT services.
3. Socio-cultural factors that prevent men from seeking HCT services	1. Men believe in cultural practices rather than the medical and professional practices. 2. Men view HCT as there for single people not for the married.
4. Political, administrative and legislative factors	1. Men expressed that politics is failing to relay and cooperate the medical and traditional health practitioners for a common goal.

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that prevent men in seeking HCT services	2. Men view administrative personnel and labor laws as hindrances to HCT service utilization
5. Gender and stigma related factors that influence men in seeking HCT services	1. Gender and stigma related issues have made many men reluctant to utilize HCT services. 2. Participants identified ways of enabling men to utilize HCT services.

Theme 1. The level of awareness of the participants regarding HCT services.

Sub-theme1: Men are aware of HCT services.

Twelve of the fifteen participants indicated that they are aware about HCT services. One of the participants to confirm the awareness said" ***I know about HCT services, rendering testing for HIV at hospitals, clinics and even where I work, they also tests HIV. Sometimes at Taxi ranks they come with their mobile cars for testing***" The results of the study can be compare with study, which was conducted in Nigeria wherein 71.4% shows knowledge and awareness while only 28.6% revealed lack of awareness.

The same study was conducted in Western Uganda where the majority (80.1%) of men showed that they are aware. it is evident that awareness campaigns, which were conducted in South Africa like Khomanani, Love life, Soul city, were successful and showed impact to the lives of communities. Khomanani was the least successful campaign and its effectiveness has increased by more than 50% between 2005 and 2008(World Health Organization, 2003)

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Summarily it is cogent that level of awareness of HCT in Vhembe men is high rendering a small reluctant percent that defies the existence and meaning of HCT services in their communities.

Sub-theme 2: Respondents agreed on the availability of HCT facilities

The participants expressed their appreciation for the availability of HCT services in Vhembe district. One of the participant said" ***I know HCT is done in all public Health institutions, Private facilities even at places like at Vhembe District"*** While the study reveals the participants agreeing about the availability of HCT, the study which was conducted in Nigeria, Shaghai showed that 64.4% males agreed with the availability of HCT in local centers but further indicated that availability of free VCT services for HIV among rural migrants is lacking.

Sub-theme 3: Respondents have the knowledge of HCT services

The respondents were seen as possessing the requisite knowledge about the meaning of HCT services. Participants expressed feelings of awareness with campaigns and workshops that are rendered in the context of HCT. They actually verbalized that counselors are responsible individuals in explaining the scope and meaning of HCT services. However, the minority (20%) of them has indicated that they do not really understand the meaning of HCT.

The results of the study showed some differences with regard to vision and mission of the HCT services. Due to the fact that some of the participants viewed this program as the vehicle to spread the diseases while most of the research findings viewed HCT as a base of individual's need to know their status for the purpose of changing their behavior. One of the participant said "***I know HCT that it gives people treatment and when people are improve they look beautiful and that spread disease, so I think this program it is there to promote HIV spreading"***

The above quotation is having negative implications to the communities and it is necessary to conduct intensive campaigns so that people must know the objectives and goals for HCT.

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If individual are positive they take opportunity to care for their health and to slow down the progression and take precautions to reduce the transmission. If individuals are negative, HCT alleviates anxiety and increase awareness of vulnerability to infection and hence the need for behavioral change (Aid for AIDS, 2012)

In the study conducted by Tesfaye, Ingvild and Knut in Ethiopia on factors affecting voluntary HIV counseling and testing among men in Ethiopia, the results showed that 96% of men reported that they had heard of HIV, of these, 90.2% of men responded that they knew how to prevent or avoid HIV infection. The level of knowledge was higher among urban than rural men as measured by parameters. In this study, the results showed marked differences in HIV and AIDS related stigmatizing beliefs as well as in the utilization of VCT services amongst men.

This concludes to the idea that although information about HCT services is being conveyed, it is being twisted on the way to evangelize the HCT counseling to the people in the different communities. Going a mile with same sentiment, it might be out of beliefs purported by lack of knowledge that make people fail to understand the scope and mission of HCT.

Theme 2. The attitude of the men towards HCT services.

Sub-theme: Majority of the participants have negative attitudes towards HCT services.

The participants expressed varied attitudinal factors towards HCT services, these ranged from feelings of fear to know their status, humiliation, ignorance and being afraid of embarrassment to partners. One of the participant even said, "***If my wife went to HCT and found to be negative I am therefore negative***" Initially all the participants indicated that they do not want to be tested, during the interviews they reflected dissatisfaction.

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Predecessor researchers have established that the HIV pandemic has been on a paraffin speed of spreading across humanity due to the attitudes and behavioral factors zipped with ignorance (Kelly, 2009).

Attitude explains the feeling of like and dislike. However, the dislike feeling is reported to be rampant across the globe, and it has chaired the leading cause of HIV spreading. The practical implication is that if men are having negative attitude towards attending HCT services, it means the spread of HIV will be enormous, the country will be unable to contain, and transmission to babies will arise drastically.

Sub-theme 2: Men are afraid of being tested positive

The majority (eleven out 15 men) of the participants indicated that they are afraid to be tested, and revealed that to know their status will be detrimental to their aftermath survival. The following are some of the sentiments of the participants" *I fear that I will die soon if am found positive, because most of us men we are not faithful to our partners, and men do not want to be responsible for medication'.* One of the participant revealed that if found to be positive his wife , kids and public will look down upon him and his wife can leave him.

The results of this study differ with the findings of the study conducted by Maria N Shangula on factors affecting VCT because 47% of the participants noted the benefit of the test and remarked the importance of and relief associated with knowing one's HIV status and ability to live a better life or live positively after testing, including protecting oneself and partners.

The participants also said it also helped to change risky behaviors and prevent spread. However similarities were noted wherein some of the participants commented that they are going to die anyway and don't think is necessary to know one's status. On the same study 53% said, they are afraid to feel pain and cope with knowledge that they are HIV positive.

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In the study on voluntary counseling and testing among men in rural western Uganda conducted by Francis Bwambale and others, men were worried of taking an HIV test because to them having a positive result meant imminent death. '***You can die very soon if you tested positive because of worries***" (Male, Nyakiyundu FGD).

Sub-theme 3: Men have pride hence they feel that to be tested is an embarrassment.

The majority of participants ten out of fifteen have concurred on the aspect of pride and fear of embarrassment as one of the major ingredients in turning most men away from HCT facilities.

The respondent's utterances indicated that pride may be resulted from lack of information and wrong information can make the majority of men not to attend HCT services, thus shows negative attitude. One of the participant said "***I prefer to be tested by private Doctors who don't know me"*** one of the participant revealed pride by saying, "i ***just feel that the disease cannot affect me, a person of high status like me "***

The study conducted by Shangula concurred with the results of this study because participants said that having HIV is too embarrassing because others will label you as a prostitute or having multiple sexual partners.

(Akanle, 2001) concurred with the above sentiments when reveal that, one of the strongest influences on how quickly the epidemic spreads is the sexual behavior and attitudes of men. It is usually men, not women who determine when and how often to have sex, and whether or not a condom is used. Generally, men have multiple sex partners and therefore more opportunity to transmit HIV to either partner.

The implication of these results is that men can easily commit suicide if they do not get correct information during pre- and post-counseling session.

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Sub-theme 4: Respondents accuse the behavior of counselors as a catalyst of negative attitude towards HCT services.

80% of the participants' echoed that they do not have trust in the behavior of lay counselors who are providing HCT services hence; they developed negative attitudes towards HIV testing and counseling. One of the participants said "***The behavior of counselors and those who test as they do not have professional secrecy, we don't like them because they don't seem to keep confidential information, as a men I prefer a to be treated by a private doctors'***

The above sentiments points out to the idea that the majority of men in Vhembe have a feeling of dislike towards HCT service gluing close the reason being the conduct of HCT service providers (counselors).

The study conducted by Charles AS Karamagi on voluntary HIV Counseling and testing among men in rural western Uganda, showed that the majority of men receive information about VCT through the health workers (75.2%) and this contradict with the findings of the study where men viewed the code of conduct for counselors infringing in the client emotions, which in turn change their attitude towards HCT services (Aids for Aids, 2012).

The practical implication of this study is that Department need to conduct trainings to all lay counselors and issues of confidentiality and secrecy be emphasized. If not done men will resort seeking HCT to private Doctors leaving our public facilities not being utilized.

Theme: The socio-cultural factors that prevent the participants from going for HCT services.

Sub-theme 1: Men believe in cultural practices rather than the medical and professional practices

According to Ross and Deverell (2004), culture plays a large part in determining whether people are willing to accept HIV prevention campaigns and use HCT services. Socio-cultural factors influence health-seeking behavior.

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According to (Woods 2008) socio-cultural constructions of disease, illness and health also play a role, as many traditional African beliefs link illness, especially sexual – related illness, to witchcraft and isiZulu speaking men belief that semen contains important nutrients essential for woman's health.

13 out of 15 participants expressed varied ideas on the aspect of cultural practices such as circumcision and traditional treatment by traditional healers as they agreed that it was one of the factors that men are basing pertaining HCT services. To emphasize issue related to these participants said, "***men they don't believe in testing and do not believe that AIDS can be treated by western medicine but believe in traditional medicine'***

These verbalized above statements supports to the notion that cultural beliefs among different social setting has emerged as an ingredient to the reluctant of men is utilizing HCT services among Vhembe men.

There are similarities between responses or perception of men with the study where most of the men believed in cultural practices like circumscion that there is no need to go HCT services. This is what participants said "***I think when you are circumcised you don't need to visit the HCT center because our ancestors and forefathers had been living without all these mushrooming services like HCT and many more like FPD.....my view is men especially of older age still stick to their traditions you see!"*** This is in consistence too with the work of the Anova Health Institute, (2012) which has pointed out the influence of cultural beliefs and societal attitudes in hindering HCT service to men.

This shows lack of knowledge about the spread of the virus and they will be more implications on health outcomes. The study showed that men are less likely to seek health care than women are, in addition, men are more likely to engage in behavior such as drinking alcohol, using illegal substances and the latter put their health at risk like unsafe sex practices.

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Sub-theme 2: Men view HCT as there for single people not for the married.

Seven out of fifteen participants indicated that men are reluctant to be tested because they have a societal view that only unmarried/single people are vulnerable to HIV/AIDS. They supported this notion with their sentiments.*" You know as a married man, you see yourself as a responsible person...look here, let's just take an example of a married man with a family five kids, the eldest being at university, why should that man be tested ? .Its waste of time you should concentrate with family not testing'*

Undeniably, the above quotes reinforce the fact that societal views on HCT have made most men turn their back on HCT services. Having their own social life and family makes, them feel that they are safe and to visit the HCT is a waste of energy and time, if not losing dignity too.

In this study, it was found that men are reluctant to go for test because they are afraid to be disrespected by children if found to be positive. This signifies and supported by Anova Health Institute that men have to targeted in all campaigns (Anova Health Institute , 2012).

Theme: Political, administrative and legislative factors that prevent participants from utilizing HCT services.

Sub-theme 1: Men expressed that politics is failing to relay and cooperate the medical and traditional health practitioners for a common goal.

Six out fifteen participants have expressed the existence of political barrier factor making them reluctant to attend HCT services in Primary health facilities. One of the participant confirmed by saying "*I think most men are still glued to their traditional treatment and circumcision, however this duty of the ruling party, through responsible departments to give enough information to these people to change their beliefs I think is very bad"*

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The above statement indicates that the failure of political structures to struck a balance of cooperation between the lay healers and the professional to counter the HIV pandemic thus increase the rate of men utilizing the modernized HCT services. In this study, there was a strong feeling that politics is playing a barrier role in increasing reluctance for men to access HCT services.

The study showed a contrary view because it was President Jacob Zuma who launched the testing campaign and encouraged all South Africans to go for a test(SANAC, 2009) It was South African Deputy President , Kgalema Motlanthe who said that when good men don't stand up to be counted , HIV and AIDS spread(Plus News, 2010).

All the AIDS structures in the government are led by Politicians namely, District health council, Local, District, Provincial and National AIDS Council. In Uganda, led by President Museveni HCT clinic was firstly opened and thus shows politicians influencing men to seek HCT services.

The government also developed strategic plans for HIV and AIDS, guidelines and various protocols that also assist traditional health practitioners and Leaders in forging working relations with Departments. The creation of AIDS Councils, Technical aids committees is one of the indications that the government is determined to work closely with Traditional Leaders, as they are the main stakeholders of the council.

According to UNAIDS (2001) the importance of involving and mobilizing a range of stakeholders in dealing with epidemic, because they played a number of different roles cannot be over-emphasized. It means making serious efforts and maintains both formal and informal relationship within and between government, communities, business and civil society.

They may be negative implications on HCT if Department of health is not working closely with traditional health practitioners in the District because most of the men do attend traditional Practitioners when they are sick. The positive implications are that

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referral system can be easily implemented between Medical Doctors and Traditional Health Practitioners.

Sub-theme 2: Men view administrative personnel and labour laws as hindrances to HCT service utilization

Six out of fifteen participants have expressed the influence of poor administration structure in turning away the attitudes of men. Corruption purported by media and rumours, which includes the alleged embezzlement of funds, make men, thinks that HCT services are in incompetent thus makes them not to go there. The allegations regarding the selling of ARVs drugs by staff in several facilities also contribute to poor administrative role and corruption stated by participants. ***One of the participants said "I think most of us we believe in doctors, but when it comes to these counselors, they seem to be lay people, and some of them we had they even sell ARVs at their places and this is corruption, most don't like that because they are observant'*** The notion of the medical schemes to say everyone applying for insurance policies must be tested first also pose a threat to men.

The implication is that men will resist to access HCT knowing that the government at the end of the day will give them treatment if happen to be ill.

More to that, the labour laws states that an individual employed will be given a free medical cover, whenever sickness arises. This has bloomed into ignorance among many men as they declare that they will be cared for when they got ill.

This entails to the idea that the administration is one of the factors that is making men reluctant in using HCT facilities. Most men in literature have been believed to be rude to intervention of a sort therefore, rendering their vulnerability.

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Theme: Gender and stigma related factors that influence participants' level of utilization of HCT services.

Sub-theme 1: Gender and stigma related issues have made many men reluctant to utilize HCT services.

All of the fifteen participants verbalized that gender related issues have been central to the majority of men to choose not to visit the HCT. One of the participant related that men don't want to be tested by women and said " ***Men are afraid that if they are tested positive, they will be rejected by the community, sometimes the people who conduct testing are usually women and men don't feel comfortable to see women knowing their statuses.***"

According to Kloos and colleagues, 'Stigma and discrimination have taken their toll in Ethiopia not only at the work place , in housing , health facilities, schools, and family and personal relations but also in medical services, discouraging people from being tested for HIV' .A review study conducted in South Africa showed that HIV/AIDS related stigma drives the pandemic out of the public view and is reducing both individual and societal efforts for behavior change.

Stigma as human reaction to disease has been central to lower number of turn up individuals to seek counseling and testing, furthermore it was found to be exacerbated by different sexes occupying counseling and testing offices. Herek and Mitnick consistently supported this by defining HIV/AIDS stigma as prejudice, discounting, discrediting and discrimination directed people perceived to have Aids.

This point out to the idea that although majority men are aware of HCT services in Vhembe, it seems that their attitude by the fear of being stigmatized after being tested positive or just to be perceived as being a victim. The stigmatization is being perceived as emanating from the community member as well as the counselors are said to be usually women. The study also showed that HIV and AIDS –related stigma is a well-documented barrier towards the uptake of HIV, AIDS related services including HCT and ART.

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Research on the consequences, and public health implications of stigma for people living in high prevalence countries have focused on two areas of stigmatizing and attitudes. At the xiv international Aids Conference 2002, nelson Mandela , said,' stigma , discrimination and ostracism are the real killers" (Bradford,2004).

According to Mark Heywood, revealed that men do not want to discover their HIV status and then, find that if they go to clinic, they are going to be humiliated and made fun because they are gay.

Fear of stigma and discrimination as registered by many participants deter men from testing and consulting to public health facilities. The notion and response of men in fearing women at the testing sites was also supported by study conducted at Sekhukhune District in 2011, where most of the men and other groups appear to be reluctance to use services where local community members are employed for fear of that the confidentiality of their status would be compromised.

The implication of these findings is that if men continue to be stigmatized and viewed as victims, the spread of HIV will continue and many men will be affected and infected in great numbers.

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Sub-theme 2: Participants identified ways of enabling men to utilize HCT services.

All the participants identified many strategies that can be adopted to ensure the utilization of HCT services by men particularly in Vhembe district and South Africa in general. 80% of the participants have identified educational awareness through campaigns and mass involvement of all departments in a bid to change the attitudes of men towards HCT services. Some of the sentiments of the participants were "***Health talks to be given using all kinds of media, even in traditional meetings (Khoroni), schools, public places like taverns, beer halls, and sheebens and in Political parties' gatherings"***

The above opinions of the participants are a clear indication that men know different ways of getting in-depth information about HCT. It is also evident that they are keen to attend and thus shows positive implication to the whole HCT program. Due to the fact

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most of them are involved in politics is it clear such forums can be utilized to educate men on HCT. The government therefore needs to attend and send mobile services to those areas during workshop or events. Five of the participants revealed some of the Departments that propagate issue of HCT like department of education, legal, justice, correctional centers, art and culture and not forgetting the health department itself.

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CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

Chapter 5 presented the findings and discussions of the study while chapter 6 entails summary, the conclusions drawn from the study and offers recommendations based on these conclusions.

The main objective of the study was to investigate the factors that contribute to men's reluctance to seek for HIV Counseling and testing at Primary health care facilities of Vhembe District, Limpopo Province, Thohoyandou.

5.2. CONCLUSIONS.

Based on the results of the study, the following conclusions were derived in line with the set objectives:

- Most of the men in the district are aware of HIV Testing and Counseling (HCT) services that is being rendered in Public health facilities and private sectors , however as depicted in the interview 20% of men do not know the vision and mission of the program, since some view as vehicle to spread the virus.
- Participants expressed their imprecation on availability of HCT services.
- Participants have been having requisite knowledge about the HCT services; however, 20% of participants showed limitation on the aspect.
- It was noted from the participants that men have negative attitudes towards HCT because they are afraid to know their HIV status since they do not want to take responsibilities of treatment.
- Men revealed that they are afraid to be tested positive and fearing pain and coping with knowledge of being positive.
- Men has showed negative attitude towards HCT due to pride and fear of embracement. The study results noted this as a reason why men reluctant to utilize HCT services.

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- Attitudes of counselors in the public health facilities resembled as major factor since according to men, they do not keep secrecy for their condition.
- Culture was pointed as huge role player that prevent men assessing HCT services, since African men belief in the cultural tradition of doing things.
- Men aligned HCT services with unmarried, single parent and married men viewed as waste of time to go for testing.
- Men viewed politics, legislation and administration that influence them negatively towards assessing HCT services; however, the contrary view was that politicians were seen in forefront on issues of HCT programs.
- Gender and stigma perceived by men as the obstacle for them to go for HCT.

5.3. Recommendations.

The following recommendations for practice in the clinical field and among related stakeholders are suggested based on identified themes during data analysis:

5.3.1 .Recommendations to the District management of Health Department.

- While it is acknowledged that HCT services are available in all Public health facilities, the district management must ensure that the point of departure is to outline the vision, mission and goals of the program to all recipients of the services. HCT services must be available to all facilities and information to go to the following venues like traditional meetings (Khoroni), schools, public places, taverns, beer halls, and sheebens and in Political parties' gatherings.
- The myth regarding the program that it fuels the spread of HIV must be ruled out to all health facilities through proper methods of health information dissemination. It is the role of the management to combine the medical and traditional practitioners together for the common goal of HCT mandate.
- Establishment of Traditional Health Practitioners forum in the district must be strengthened to enforce relations and proper coordination of HCT services.

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- Men's forum led by Munna Ndi Nnyi must be established and encouraged to discuss and reflect on cultural practices and expose men and their families to HCT programs. Men should be given opportunity to be in forefront in all HIV and AIDS programs in the District and local Municipalities.

- HIV Co-ordinators in the district must able to budget for men's programs, including workshops and seminars. District manager must be able to work closely with other stakeholders like community-based workers, Non-governmental organizations.

5.3.2. Recommendations Provincial level

Provincial HIV and AIDS programme managers should also make efforts to involve men as partners in the fight against HIV and AIDS. Provincial Men's sector needs to be strengthened and capacitated by program managers.

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5.3.3 Recommendations National level

When strategic plans for National Strategic plan (NSP) on STIs and TB are reviewed is necessary that men's sectors across the provinces being involved so that they make input on the running of HCT services in the county.

To increase the knowledge of HCT, national department must continue with the national campaigns like Soul city and love life so that information on HCT is cascaded to all men. Politicians including Minister of Health and MEC should lead the AIDS structures and ensure that they include educational programs that will encourage men to access HCT services. In all strategic meetings, all politicians need to encourage men to go for HCT.

5.3.2 . Recommendations to the lay counselors.

The Health Authorities need to empower counsellors through organized workshops and short courses. The topics to be addressed for practising counselling should include interpersonal skills, principles of customer care, patients' rights and the value of community participation in HIV Counselling and testing. The purpose of these short

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courses will be to change the female counsellors' attitudes towards men seeking HCT services; this will enhance confidence in themselves, assertiveness and sympathy in caring for their clients.

Developing attitudinal approach in counseling

The research here recommended that the positive attitudinal approach should be entwined in the counselor's training.

- **Personal worth:** An attitude of personal worth is the viewpoint the counsellor holds about self and others. It involves acknowledging and accepting cultural differences, recognising the autonomous rights of others, showing respect for humanity and acknowledging the client as an individual.
- **Personal integrity:** An attitude of personal integrity means that the counsellor nurse maintains honesty towards herself in her dealings with herself and with others.
- **Advocacy:** Advocacy is an attitude of support that safeguards the rights and integrity of the patient. It includes standing up or fighting for the good of the client.

5.3.3. Recommendations to the community stakeholders

HCT to be standing item to community meetings, in addressing stigma and discrimination and the importance of men in seeking HCT services. Men have showed that HCT is for single parents and unmarried; the communities must be educated that HCT is for everyone and that each individual must know ones status.

5.3.4. Recommendations for further Research

This study has managed to highlight on various factors that contribute to men's reluctance in seeking HCT at primary health care facilities.

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The researcher wishes to make the following recommendations with regard to further research:

- A further study needs to be done on men in urban areas to evaluate if the findings are not influenced by geographical constraints in rural areas.
- The effectiveness of HCT services among school going adult men needs to be evaluated in this region, as the concern seemed to be more on those who are employed.

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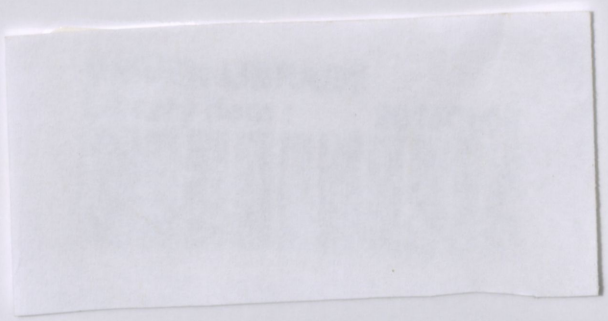
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8. 1. Annexure 1: INTERVIEW GUIDE

1. Why do you think are reasons why men are reluctant to utilize HCT services?
2. Can you tell me what you understand by HCT services?
3. Can you tell me the factors that may influence the level utilization of HCT services?
4. What do you think about going to HCT services as men?



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Annexure 3. Informed consent form

I, _____ ID number _____, consent to participate in the research project : **Factors contributing to men's reluctance to seek for HIV Counseling and testing at the primary health care facilities of Vhembe health district regional office, Limpopo Province , South Africa"** A full explanation about the research was afforded to me by the researcher. I fully understand that my confidentiality and privacy will be secured as promised. I also understand that the information collected from me will only be shared among people concerned with the study. I was also informed that I could terminate my participation to the study at any time. That there is no personal gain or reward that will be given to me by Researcher emanating from participating on the study. I confirm that I was not forced or coerced into participating in the study, but doing out of my will.

Signature of participant: .....

Age: .....

Signature of Researcher: ----------

Date: ----------

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Annexure 4: Letter to the Department of Health.

Enq: Sirwali Nr

P.O.BOX.384
SHAYANDIMA
0945
13 -11- 2014

THE HEAD OF DEPARTMENT
DR Kabane
DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT
PRIVATE BAG X 9302
POLOKWANE
0950

Attention: Senior Manager-Transformation and transversal services

Dear Sir

Re-Request permission to conduct a research within Vhembe District Offices of Department of health and Social development.

The above matter has reference.

I am currently studying Master's Degree in Public Health with the University of Venda. I wish to commence my research work under the supervision of Prof H.A Akinsola and Ms. T Tshitangano in order to qualify for the Master's degree.

I am stationed at Vhembe District Regional offices for Department of Health as Acting District Executive Manager since May 2011.The topic for my research entitled:

FACTORS CONTRIBUTING TO RELUCTANCE OF MEN IN ACCESSING HIV, COUNSELING AND TESTING AT PRIMARY HEALTH CARE FACILITIES IN VHEMBE HEALTH DISTRICT REGIONAL OFFICE -VHEMBE DISTRICT.

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The main purpose of the study is to establish possible factors that lead to men not to access the HCT services of the Department hence they are available in all health facilities.

The following are the objectives of the study:

Assess the level of awareness of the participants regarding HCT services.

Assess the attitudes of men towards HCT services.

Explain the socio-cultural factors that prevent the participants from going to HCT services.

Discuss the political and administration and legislative factors that prevent the participants from utilizing HCT services.

To explain the gender and stigma related factors that influences the participants level of utilization of the HCT services.

Kindly note that the study will have no financial implications for the department since it will be conducted on my own expense.

Hoping you will find this request in order.

Mr. NR Sirwali

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NAME OF RESEARCHER/INVESTIGATOR:
Mr NR Sirwali

Student No:
9215257

PROJECT TITLE: **Factors contributing to men's reluctance to seek HIV counselling and testing at primary health care facilities of Vhembe District Health, Limpopo Province, Thohoyandou.**

PROJECT NO: SHS/14/PH/12/1508

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof HA Akinsola	University of Venda	Supervisor
Dr TG Tshitangano	University of Venda	Co-Supervisor
Mr NR Sirwali	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: August 2014
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Prof. G.E. Ekosse

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DEPARTMENT OF HEALTH

Enquiries: Latif Shamila

Ref:4/2/2

Sirwali NR

University of Venda
Private Bag X5050
Thohoyandou
0950

Greetings,

Factors contributing to men's reluctance to seek HIV counseling and testing at primary health care facilities of Vhembe District Health, Limpopo Province, Thohoyando.

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
   - Further arrangement should be made with the targeted institutions.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, a copy should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 3 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.

Your cooperation will be highly appreciated.

Head of Department

15/10/2014
Date

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