

The attitudes towards HIV testing among Mall Clinic patients in Botswana

Tawanda Mashinya

Assignment presented in partial fulfilment of the requirements for the degree
Masters Philosophy (HIV/AIDS Management) at the University of Stellenbosch



Study leader: Ms A. Laas

March 2010

Declaration

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

February 2010

Abstract

The objective of this study was to establish the attitudes of Mall Clinic patients towards HIV testing. The attitudes, factors that influence these attitudes and the preference regarding HIV testing were established. Data was collected through a self administered questionnaire on 123 Mall Clinic patients.

From the data it is clear that the Mall Clinic patients have positive attitudes towards HIV testing. The majority of the participants had previously been tested for HIV and agreed that testing for HIV is important. It is essential for them to know their HIV status and will not have sex with someone who's HIV status is not known to them. Participants in a relationship think their sexual partner should know his/her HIV status and that it is important to test for HIV with your sexual partner. They feel that is vital to take an HIV test if his/her partner test positive for HIV.

Opsomming

Die doel van die studie was om die houdings rondom MIV-toetsing te ondersoek van pasiënte wat die Mall Kliniek besoek. Die houdings, faktore wat die houdings beïnvloed en die voorkeur omtrent MIV toetsing is bepaal. Data is ingesamel deur middel van 'n vraelys wat aan 123 Mall Kliniek pasiënte uitgedeel is.

Die data toon dat die pasiënte van Mall Kliniek positiewe houdings teenoor MIV-toetsing het. Die meerderheid van die deelnemers het voorheen al vir MIV getoets en voel dat MIV-toetsing belangrik is. Dit is noodsaaklik vir hulle om hul MIV-status te weet en sal nie seks hê met iemand wie se MIV-status nie aan hul bekend is nie. Deelnemers wat in 'n verhouding is, voel dat hul seksuele maat hul MIV-status moet weet en dat nodig is om saam met jou maat vir MIV te toets. Hul voel dit is noodsaaklik om vir MIV te toets indien hul seksuele maat MIV positief toets.

Table of Contents

1. INTRODUCTION	5
2. RESEACH OBJECTIVES	6
3. LITERATURE REVIEW.....	6
3.1 <i>The importance of attitudes towards HIV testing</i>	6
3.2 <i>Assessing the attitudes towards HIV testing</i>	7
3.3 <i>Attitudes towards HIV testing</i>	8
3.4 <i>Attitudes towards routine HIV testing</i>	10
3.5 <i>Factors that influence attitudes towards HIV testing</i>	11
4. RESEARCH PROBLEM	13
5. RESEARCH METHODOLOGY	13
5.1 <i>Research design</i>	13
5.2 <i>Sampling</i>	14
5.3 <i>Data Collection</i>	14
5.4 <i>Ethical consideration</i>	15
5.5 <i>Data analysis</i>	15
6. RESULTS AND DISCUSSON	15
6.1 <i>Demographic information</i>	15
6.2 <i>Attitudes towards HIV testing</i>	17
7. SUMMARY OF FINDINGS	31
8. REFERENCES.....	32
9. APPENDICES.....	35
<i>Appendix 1</i>	35
<i>Appendix 2</i>	39

1. INTRODUCTION

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) Botswana is one of the countries worst affected by HIV/AIDS with an adult prevalence of 23.9%. In response to the HIV/AIDS pandemic the Botswana cabinet declared HIV/AIDS a national emergency (Aids Clinical Care Fundamentals, 2007). In 2001, a consultancy developed a strategic plan for antiretroviral treatment that estimated that 110,000 people were in need of immediate antiretroviral therapy. The Botswana government started offering free antiretroviral drugs and Prevention of Mother to Child Transmission of HIV (PMTCT) services to citizens and their non-citizen spouses in 2002. The antiretroviral drugs and PMTCT bring hope of longer, healthier lives for Botswana citizens, and helps secure the future of the nation. For Botswana citizens to benefit from the free antiretroviral drugs and PMTCT services provided by the Government of Botswana, they have to test positive for HIV.

Botswana has many organisations which offer voluntary counselling and testing (VCT) services. Tebelopele is a big non-governmental organisation which provides free VCT to the Botswana public. Tebelopele is found in all cities and towns, and most of the villages in Botswana. Tebelopele has a radio drama aired every week which encourages people to test for HIV and it also runs adverts on national media and billboards promoting HIV testing. The Botswana public also receives VCT from public and private health institutions and at the workplace as part of workplace wellness programmes.

Despite the apparent benefits of taking an HIV test and the efforts of the Government of Botswana, non-governmental organisations, private health institutions and private companies, many people in Botswana have not been tested for HIV. HIV testing is an important intervention in HIV prevention and care programmes. It is a kind of human behaviour that can be located between people's norms and values including their attitudes (Steve & Femi, 2007).

Attitudes are summaries of knowledge about issues, events or objects and go a long way to determine what we hear, see, think and do. This research paper will focus on the attitudes towards HIV testing among Mall Clinic patients. Mall Clinic is private clinic operating in Gaborone. It offers primary health care services including VCT, PMTCT and HIV treatment.

2. RESEACH OBJECTIVES

The objectives of this research paper are:

- to establish the attitudes of Mall Clinic patients towards HIV testing;
- to establish the factors that influence attitudes of Mall Clinic patients towards HIV testing;
- to identify preference regarding HIV testing practices and
- to provide guidelines for development of programmes that promotes positive attitudes towards HIV testing

3. LITERATURE REVIEW

3.1 The importance of attitudes towards HIV testing

Attitudes towards HIV testing are important since positive attitudes have the potential of motivating people to undergo an HIV test and they influence people to behave positively after taking an HIV test. Attitudes influence human behaviour such as testing for HIV (Steve & Femi, 2007). Kalichman & Simbayi (2003) stated that negative attitudes towards HIV testing can be a barrier to learning one's HIV test results. Peltzer, Nzewi & Mohan (2004) investigated attitudes towards HIV testing among university students in India, South Africa and the United States and concluded that positive attitudes towards HIV testing was associated with

collecting HIV test results. Cartoux, Msellati, Meda, Welffens-Ekra, Mandelbrot, Leroy, Van de Perre & Dabis (1998) found that the main reason why some women did not return for their results was disapproval by their partners. The attitudes towards HIV testing and other factors determines the way people behave after taking an HIV test, like collecting the HIV results. When the other factors are constant, a person with positive attitude towards HIV testing is more likely to collect the HIV results than a person with negative attitude towards HIV testing.

The attitudes towards HIV testing can be a barrier to the testing. In Ethiopia the attitudes towards HIV testing was one of the barriers to large scale implementation of VCT and PMTCT (Alemu, Abseno, Degu, Wondmikun & Amsalu, 2004). The negative attitudes towards HIV testing was presumed negative outcome following VCT such as abandonment and abuse, marital break up, discrimination, psychological distress and depression.

3.2 Assessing the attitudes towards HIV testing

There are many ways of assessing attitudes towards HIV testing. Iliyasu, Abubakar, Kabir & Aliyu (2006) assessed the attitudes towards HIV testing by determining the percentage of respondents who were willing to undergo VCT. Willingness to undergo VCT was regarded as a positive attitude towards HIV testing. Alemu et al. (2004) assessed attitudes towards HIV testing by determining the percentage of participants who felt that VCT was necessary and the reason for thinking that it was necessary. Participants who felt that HIV testing was important were considered to have positive attitudes towards HIV testing.

Peltzer et al. (2004) used a 23-item attitude towards HIV testing scale. 8 items represented facilitators to HIV testing, and 15 items represented barriers to HIV testing. For each of the attitude items, participants indicated on a 5-point Likert

scale whether they agreed or disagreed with each item. Item scores were summed and a high score indicated positive attitudes towards HIV testing. Steve & Femi (2007) used an attitude scale to ascertain the attitudes of the respondents towards HIV testing. The scale was constructed on a 4-point Likert type format. Kalichman & Simbayi (2003) assessed attitudes towards HIV testing asking participants to respond to five HIV testing attitude items. Two items reflected positive outcomes for testing, two assessed adverse outcome, and one item reflected HIV test avoidance.

Cartoux et al. (1998) offered pregnant women pre-test counselling and an HIV test. Accepting the HIV test and collecting the HIV results was regarded as a positive attitude towards HIV testing.

The data collected by the Malawi Demographic and Health survey 2000 was analysed to determine the likelihood of the population to accept HIV testing with regard to the age, place of residence (urban vs rural), belief that sexual abstinence protects from HIV infection, knowledge of HIV testing sites, belief that diagnosis of HIV should be kept a secret, and knowledge of anyone who has AIDS (Misiri & Muula, 2004). The likelihood of accepting HIV testing was a positive attitude towards HIV testing.

3.3 Attitudes towards HIV testing

The attitudes of people towards HIV testing has been changing, with many people having positive attitudes towards HIV testing and are willing to test for HIV. In a study conducted by Alemu et al. (2004) the majority, (98.2%) of the respondents felt that VCT is necessary. The reasons for thinking that VCT is necessary was to know their HIV status (36.6%) and to protect themselves from possible HIV infection. 31.9% of the study participants indicated that they would test for HIV when they feel sick while 25.2% said they would test for HIV any time and 12.8% would test for HIV before getting sick. 93.8% of the study population

was willing to use the VCT services if they were free of charge. 34.8% of the participants were ready to use VCT because they want to know their HIV status and 21.7% of the participants were ready to use VCT because they want to avoid risk behaviour. The majority of women (85.5%) would agree to take antiretroviral treatment during pregnancy in order to protect their babies from HIV infection and 90.8% of men would support their female partner if they take antiretroviral drugs during pregnancy. 56% of the study population would stop having sex if their partners test positive for HIV and they are HIV negative.

There are many reasons why people would undergo VCT or avoid it. Iliyasu et al. (2006) found that the majority of the respondents (72.3%) were willing to test for HIV and they would recommend HIV testing to friends and relatives. The participants who were not willing to test for HIV would only consent to HIV testing if a HIV cure is available. Their reasons for willing to undergo VCT are:

- early commencement of antiretroviral drugs;
- protecting others from getting infected with HIV and
- prevention of mother to child transmission of HIV

Their reasons for avoiding VCT are:

- “afraid of stigma and discrimination in case of a positive result” (48%);
- “fear of the unknown” (34%);
- “marital disharmony” (9%);
- “because it has no cure anyway” (3%) and
- “treatment is costly and not readily available” (6%)

In a study on women’s knowledge, attitudes and acceptability of VCT, 35% of the participants accepted the offer of an HIV test (Duffy, Wolfe, Varden, Kennedy & Chrystie, 1998). 67% of the respondents want all pregnant women to be offered

the HIV test and then make their own choice, 14% think that HIV testing should be mandatory and 12% think that only pregnant women who ask for the HIV test should have the test and 0.4% thinks that no women should be offered an HIV test. A study that was conducted to determine the attitude of pregnant women towards HIV testing (Cartoux et al, 1998) found that 22% of the pregnant women refused to be tested for HIV in Abidjan, while 7.6% refused to be tested for HIV in Bobo-Dioulasso. About a fifth of American and South African participants and only 10% of Indian participants have previously taken an HIV test (Peltzer et al., 2004).

Despite having positive attitudes towards HIV testing, people believe that HIV testing has negative outcomes. Steve & Femi (2007) found that 87.7% of participants hold the opinion that testing for HIV may increase the incidence of HIV rather than decrease, while 78.1% believe that testing for HIV can worsen the HIV/AIDS epidemic and lowers people's overall level of well-being. 93.6% of respondents think that testing for HIV is important. 75.9% of the participants believe that HIV testing will not reduce having multiple sexual partners and 76.5% believes that testing positive for HIV will reduce promiscuity. 76.7% does not think that testing positive will make a significant reduction in unprotected sexual relations and 95.7% believes that testing positive for HIV is an unbearable social stigma.

3.4 Attitudes towards routine HIV testing

Routine HIV testing refers to testing all patients for HIV as a routine part of a medical visit, unless they refuse (Welser, Heisler, Leiter, Percy-de Korte, Tlou, Demonner, Phaladze, Bangsberg & Iacopino, 2006). Routine testing is provider initiated; all patients should receive essential information about HIV testing and should be informed of their right to refuse.

The majority of participants endorsed positive views towards routine HIV testing (Welser et al., 2006). 81% of the participants were “very much” or “extremely” in favour of routine HIV testing. The majority of the participants agreed that routine HIV testing results in decreased discrimination of HIV positive people (60%), leads to decreased violence against women (55%), and make it easier for people to get tested (89%) and to gain access to antiretroviral therapy. On the other hand 43% of the participants believed that routine HIV testing would cause people to avoid seeing their health provider for fear of being tested, and 14% thought that routine HIV testing would lead to more violence against women.

Rajaraman & Surender (2006) found that there was overwhelming support for routine HIV testing at health service facilities among the respondents (both those who had taken an HIV test as well as those who had not). Most thought that routine HIV testing would help to de-stigmatise HIV and make it a routine health concern. It was also generally felt that routine HIV testing was important for early diagnosis of HIV infection and will increase the uptake of treatment programmes.

3.5 Factors that influence attitudes towards HIV testing

There are many factors that influence attitudes towards HIV testing. Attitudes towards HIV testing are associated with HIV testing history (Kalichman & Simbaya, 2003). Comparisons between testing history groups on attitudes towards HIV testing showed that participants who had not been tested for HIV held significantly more negative HIV testing attitudes than participants who had been tested for HIV. Individuals who had not been tested for HIV are significantly less likely to view beneficial outcomes from HIV testing, more likely to perceive adverse outcomes of testing for HIV and more likely to endorse HIV test avoidance. A person who has previously tested for HIV knows the importance of taking an HIV test.

Cartoux et al. (1998) found that the most common reason for refusing an HIV test was to seek agreement of the partner. Some people's attitudes towards HIV testing are influenced by their sexual partners. The women most likely to accept HIV test offer are those who thought about testing for HIV before conceiving (Duffy et al., 1998). Knowledge of HIV and thinking about HIV testing are motivating factors for HIV testing. Meadows, Catalan & Gazzard (as cited in Duffy et al., 2008) reported that most women endorse pre-pregnancy HIV testing as a favourable option. Non Caucasian women are more likely to accept the offer of an HIV test.

Advice from a health professional to test for HIV is a motivating factor for people to test for HIV. Most of the respondents said they would agree to take an HIV test for diagnostic purposes if advised to do so by a health care worker (Rajaraman & Surender, 2006). The majority of people, who tested for HIV for medical reasons, only did so when prompted by their health professional. Herewith the response from Kabo (26, male, HIV negative) tested after consulting a neurologist:

"I was encouraged to test by my doctor...He did not force me, he just encouraged me to go and do it. I did it because I was concerned...and because the doctor was not sure if it was the virus that was causing my condition or something else."

Connie, a 36 year old unemployed mother of three, was fairly certain that she was HIV positive when she fell sick because her symptoms closely matched the HIV symptoms that she heard on the radio; however she only tested for HIV when her health deteriorated and she consulted a doctor who advised her to take an HIV test.

The possibility of protecting children from HIV infection is a strong and common motivation for taking an HIV test (Rajaraman & Surender, 2006). All the

respondents expressed support for the principle of testing while pregnant. Most of the respondents had actually tested for HIV on the recommendation of a health worker when they were pregnant or when they were planning to have a child.

Perception of risk to HIV infection is an important issue in making the decision to take an HIV test (Rajaraman & Surender, 2006). The majority of the respondents (19 out of 24) who had tested for HIV feared that they might be infected with HIV, either because they were experiencing health problems which they believed might be HIV related, or because they might have been exposed to HIV through sexual relationships or caring for people living with HIV/AIDS (PLWHA).

4. RESEARCH PROBLEM

The objective of this research paper is to establish the attitudes towards HIV testing among Mall Clinic patients.

In essence, the research question to be discussed is:

What are the attitudes of people attending Mall Clinic towards HIV testing?

5. RESEARCH METHODOLOGY

5.1 Research design

A non-experimental quantitative research design was used in this study. This research design is a descriptive type of research study that collects quantitative data to describe the variable of interest (Christensen, 2007).

A survey was conducted among patients who visited Mall Clinic. According to Christensen (2007), a survey is a field study in which an interview technique is used to gather data on a given state of affairs in a representative sample of the population. The survey is a widely used non-experimental research technique. Direct contact must be made with individuals whose characteristics, behaviour, or attitudes are relevant to the investigation.

5.2 Sampling

The study sample was patients who attended the Mall Clinic in seven days starting from the 4th of December 2009, who have been attended at Mall Clinic at least three times in the last two years and who are above 18 years old.

Random sampling was used since all people who fit the above criteria were given the questionnaire and completing the questionnaire was voluntary. Random sampling is when every member of the population has an equal chance of being selected for the study (Christensen, 2007).

5.3 Data Collection

A self administered questionnaire with closed ended questions was used to collect the data. The questionnaire was administered in English only because almost all people who are attended at Mall Clinic can read and write English.

The questionnaire consisted of five demographic characteristics and 25 statements related to the attitudes of the participants towards HIV testing (see Appendix 1). Before completing the questionnaire informed consent was obtained from the participants (see Appendix 2). Informed consent refers to fully informing the research participants about all aspects of the study (Christensen, 2007). Standards 8.02 to 8.04 of the code of ethics states that fully informing the research participants means that you inform them of all aspects of the research from the purpose and procedures to any risks and benefits including such things

as incentive for participation. With this information, the research participant can make an informed decision and choose to either decline to participate in the study or give his or her informed consent.

After completing the questionnaire the research participants posted the questionnaire into the locked box which was at the reception of Mall Clinic. The researcher was the only person who had access to the box and the researcher opened the box at the end of data collection, seven days after the start of data collection.

5.4 Ethical consideration

Data collection was done after the researcher obtained the ethical clearance from Stellenbousch University on the 4th of December 2009. The researcher received the ethical clearance after submitting a completed ethics committee application form, informed consent form, research questionnaire, research proposal and the approval by Mall Clinic to conduct the research to Stellenbousch University ethics committee. The Setswana version of the informed consent was also submitted.

5.5 Data analysis

Data entry and analysis was performed using EPI INFO version 3.5.1 statistical software package. Frequencies and percentages were computed to describe the attitudes of the respondents towards HIV testing.

6. RESULTS AND DISCUSSION

6.1 Demographic information

123 out of 142 questionnaires were completed and submitted during the seven day period. The majority of the participants were aged between 18-29 years (see Figure 1)

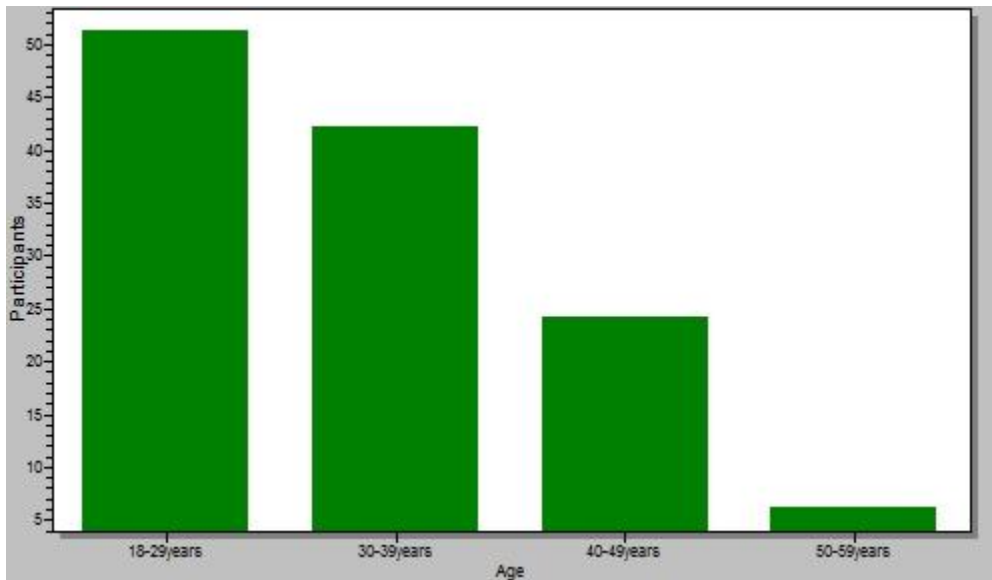


Figure 1: Age group distribution of the study population

84.6% of the participants were female and 15.4% were male. The majority (57.7%) of the study population was in a relationship or married and 40.7% indicated to be single. The relationship status of the respondents is shown in Table 1.

Table 1: The relationship status of the study population

Relation status	Frequency (n=123)	Percent %
Single	50	40.7
In a relationship / married	71	57.7
Separated / divorced	1	0.8
Widowed	1	0.8

81.3% of the study population were employed or self employed, 13% were students, 0.8% were retired and 4.9% were unemployed. The majority of the participants (89.9%) had previously been tested for HIV. This was a high number compared to a study conducted by Kalichman & Simbayi (2003) where 47% of

the participants had previously been tested for HIV. This big difference might be because the majority of the participants in this study are women who are above 18 years and are likely to have been pregnant after 2004 when routine HIV testing was introduced in Botswana to improve PMTCT programme uptake and effectiveness (Creek et al., 2007). The distribution of participants according to their history of HIV testing is shown in Figure 2.

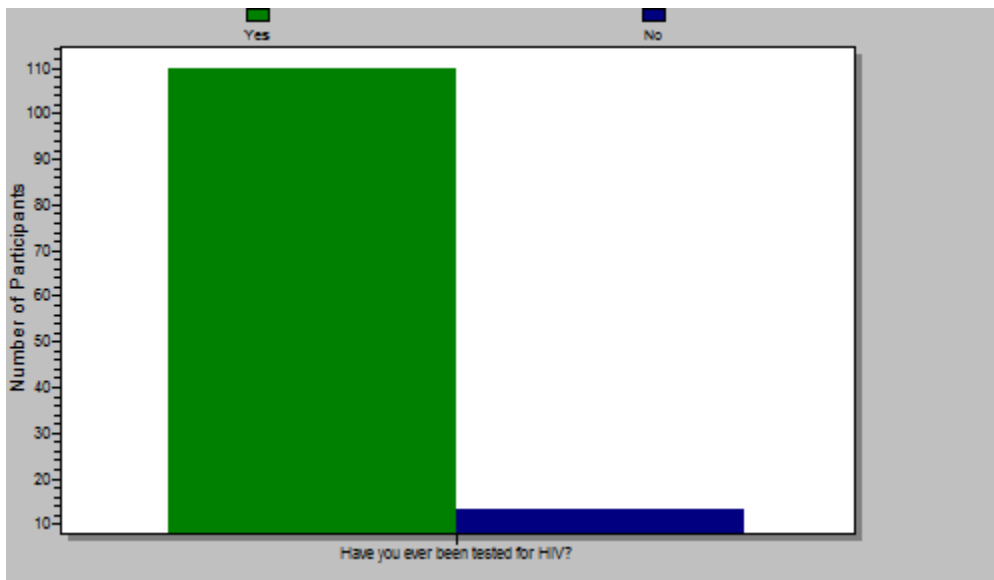


Figure 2: The distribution of participants according to HIV testing history

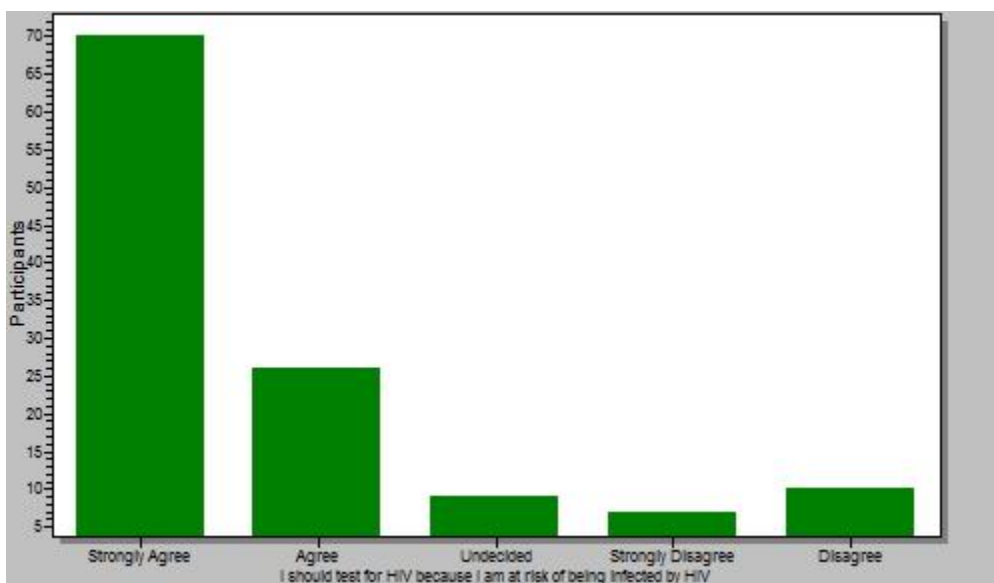
6.2 Attitudes towards HIV testing

118 participants agreed that testing for HIV is important, while only five participants strongly disagreed to that. Steve & Femi (2007) had comparable results when they found that 93.6% of their respondents felt that testing for HIV is important. The response of the participants to the statement, “Testing for HIV is good” is illustrated in Table 2.

Table 2: The response of the participants to the statement, “Testing for HIV is good”

Response	Frequency (n=123)	Percent %
Strongly agree	109	88.6
Agree	7	5.7
Undecided	2	1.6
Disagree	0	0
Strongly disagree	5	4.1

The majority of the participants will test for HIV because they perceive themselves to be at risk of HIV infection. According to the Health Belief Model there are three factors which determine the individual’s readiness to engage in health related behaviour which are the individual’s beliefs or perceptions of his/her likelihood of susceptibility to an illness as well as their perception of the severity of the consequences of having the illness, the perceived benefit of action in contrast to the barrier to acting and access to cues to action (Champion, 2006). The participants’ perceptions of risk of HIV infection and their willingness to take an HIV test is shown in Figure 3.

**Figure 3: The participants’ perceptions of their risk of HIV infection and their willingness to take an HIV test**

78.9% of the participants would accept an HIV test offered by their medical doctor, 13% of the participants were not sure if they would take the HIV test and 8.1% of the participants would not accept. This is in agreement with Rajaraman & Surender (2006) who concluded that one of the strongest motivators for taking an HIV test was the recommendation by a health professional and the vast majority of respondents, who had taken an HIV test, only did so after recommendation from a health care worker. 95 participants wanted the HIV test to be part of their routine medical check up, 12 participants were undecided and 15 participants does not want an HIV test to part of their routine medical check up.

74.8% of the participants expect medical doctors to talk about HIV every time they consult a patient. 54.5% of the participants want medical doctors to offer HIV test to all the patients they attend to. Weiser et al. (2006) found that a higher percentage (89%) of their participants were in favour of routine testing. 91.1% of the participants expect medical doctors to counsel patients before administering an HIV test. The participants' expectations from their medical doctors in regard to HIV testing are shown in Table 3.

Table 3: The participants' expectations from their medical doctors in regard to HIV testing

Doctors and HIV testing	Frequency N=123	Percent %
Doctors should talk about HIV testing every time they consult a patient		
Strongly agree	67	54.5
Agree	25	20.3
Undecided	14	11.4
Disagree	10	8.1
Strongly disagree	7	5.7
Doctors should offer HIV test every time they consult a patient		
Strongly agree	30	24.4
Agree	37	30.1
Undecided	18	14.6
Disagree	20	16.3
Strongly disagree	18	14.6
Doctors should counsel patients about HIV before testing for HIV		
Strongly agree	103	83.7
Agree	9	7.3
Undecided	3	2.4
Disagree	2	1.6
Strongly disagree	6	4.9

Figure 4 illustrates the participants' action in regard to HIV testing after being advised by a medical doctor that they are suffering from an HIV related illness. 82.1% indicated that they will take an HIV test if advised by a medical doctor that they are suffering from an HIV related illness.

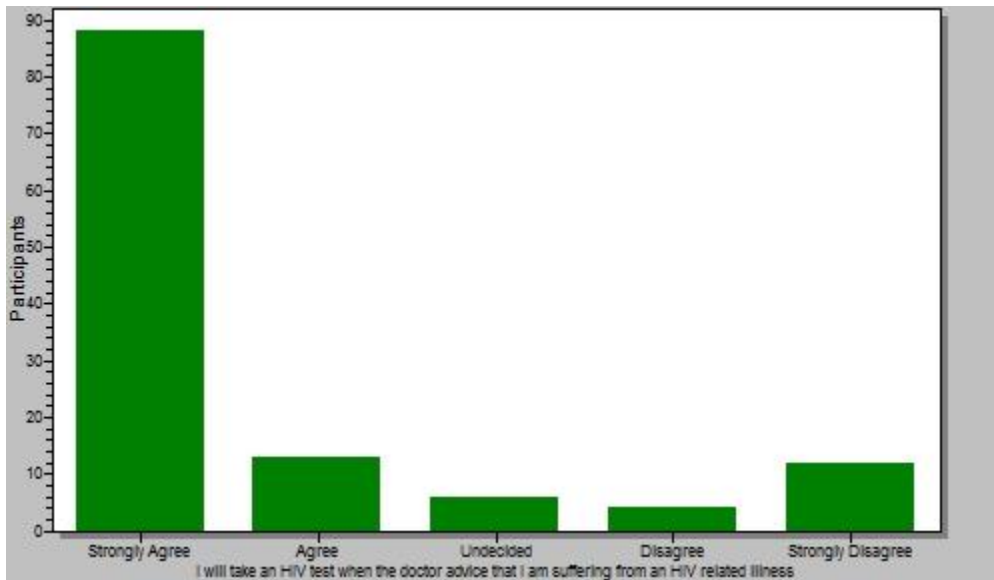


Figure 4: The participants' action in regard to HIV testing after being advised by a medical doctor that they are suffering from an HIV related illness

69.6% of the participants will consult their sexual partners before they take an HIV test. 71.9% of the female participants will consult their sexual partners before taking an HIV test while 68.5% of the male participants will consult their sexual partners before taking an HIV test. 70.4% of participants who are in a relationship or married will consult their sexual partner before taking an HIV test while 67.4% of participants who are single will consult their sexual partner before taking an HIV test. There is no statistical difference between male and female participants and participants who are single and participants who are married or in relationship. In a study by Cartoux et al. (1998) the most common reason for refusing an HIV test was to seek agreement from the partner. The participants' attitudes towards their sexual partners knowing their HIV status are shown in Figure 5.

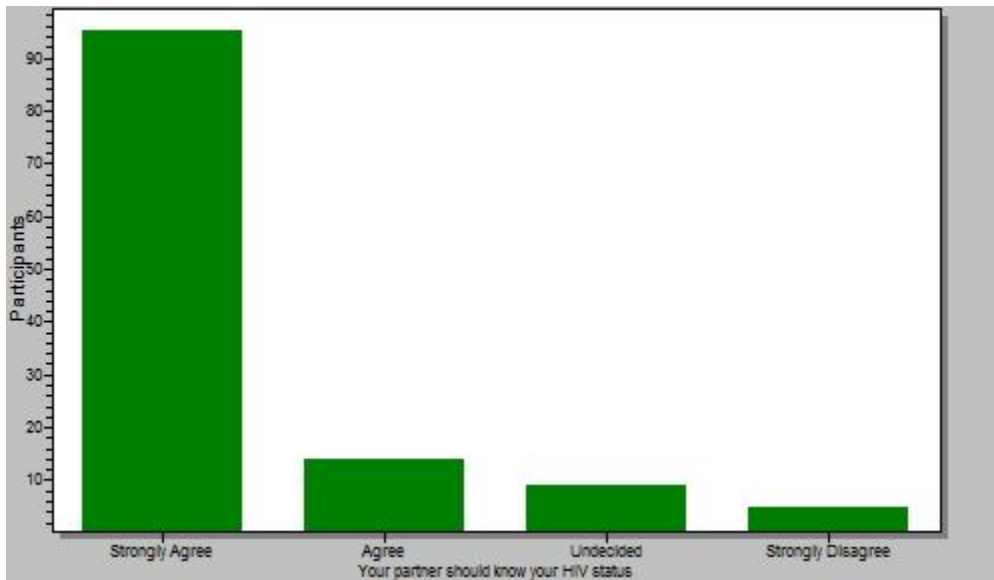


Figure 5: The attitude of participants towards their sexual partner knowing their HIV status

94.4% of the participants who are in a relationship or married think that their sexual partners should know their HIV status, while 80% of the participants who are single think that their sexual partner should know their HIV status. 88.5% of the female participants think that their sexual partners should know their HIV status, while 89.5% of the male participants think that their sexual partner should know their HIV status.

85.3% of the participants think that you should never have sex with a person you do not know his/her HIV status. This implies that the majority of the participants think that people should test for HIV before they engage in a sexual relationship. Participants' attitudes towards having sex with a person they do not know his/her HIV status is shown in Table 4.

Table 4: Participants' attitudes towards having sex with a person you do not know his/her HIV status

Statement	Frequency N=123	Percent %
Never have sex with a person you do not know his/ her HIV status		
Strongly agree	88	71.5
Agree	17	13.8
Undecided	10	8.1
Disagree	0	0
Strongly disagree	8	6.5

88.7% of the participants who are in a relationship or married agree to never have sex with a person they do not know his/her HIV status. 82% of the participants who are single agree to never have sex with a person they do not know his/her HIV status. 87.5% of the female participants agree to never have sex with a person they do not know his/her HIV status and 73.7% of the male participants agree to never have sex with a person they do not know his/her HIV status.

The attitudes of participants towards testing for HIV with their sexual partner are shown in Figure 6.

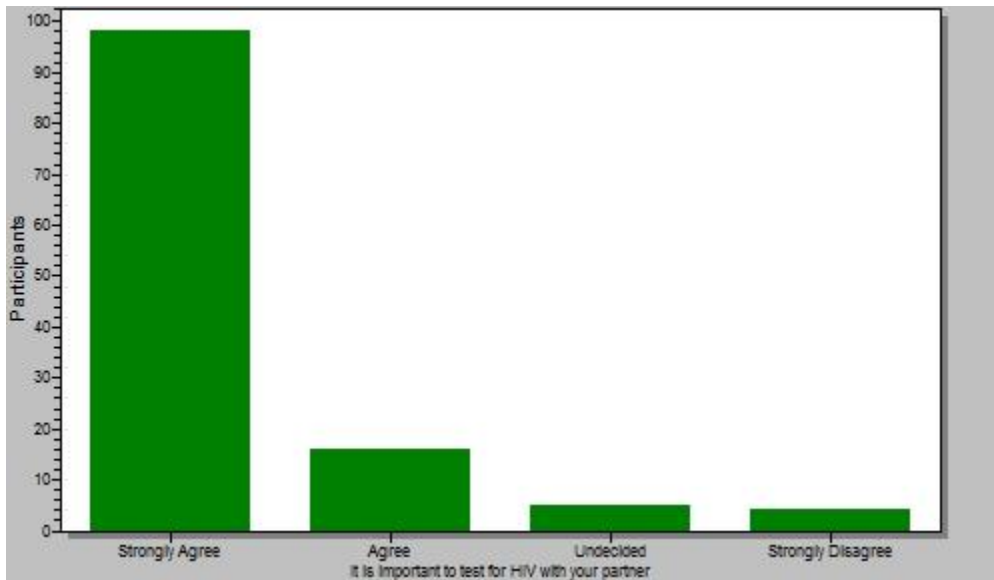


Figure 6: The attitudes of participants towards testing for HIV with their sexual partner

All participants who are in a relationship or married think that it is important to test for HIV with their sexual partner. 89.9% of the male participants and 93.3% of female participants think that it is important to test for HIV with their sexual partner. 86% participants who are single think that it is important to test for HIV with their sexual partner.

69.7% of the participants will take an HIV test when their sexual partner test positive for HIV. Participants who will take an HIV test when their sexual partner test positive for HIV are shown in Figure 7.

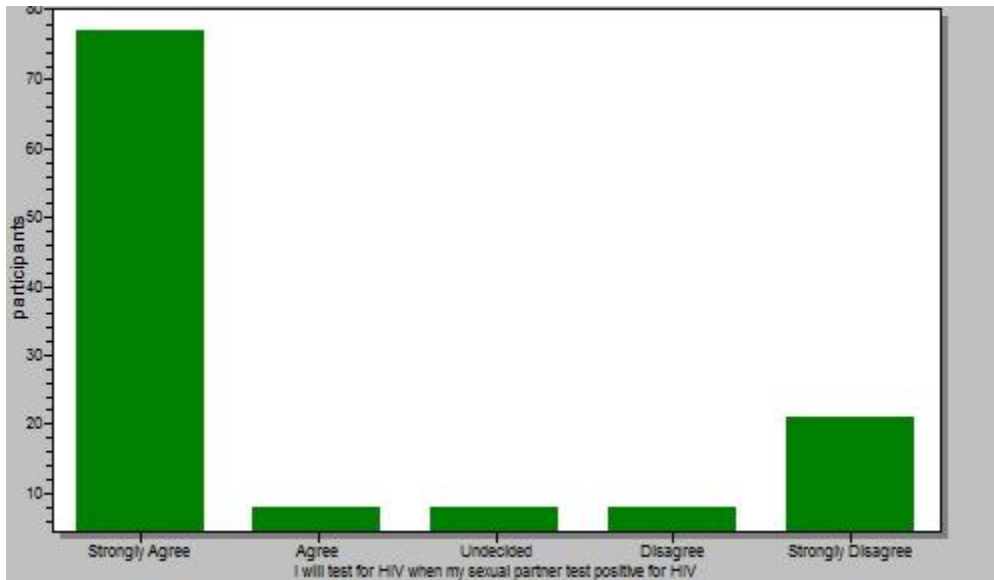


Figure 7: Participants who will take an HIV test when their sexual partners test positive for HIV

91.9% of the participants expect to get their results immediately after taking the HIV test. Participants who expect to get their HIV results immediately after taking the HIV test are shown Figure 8.

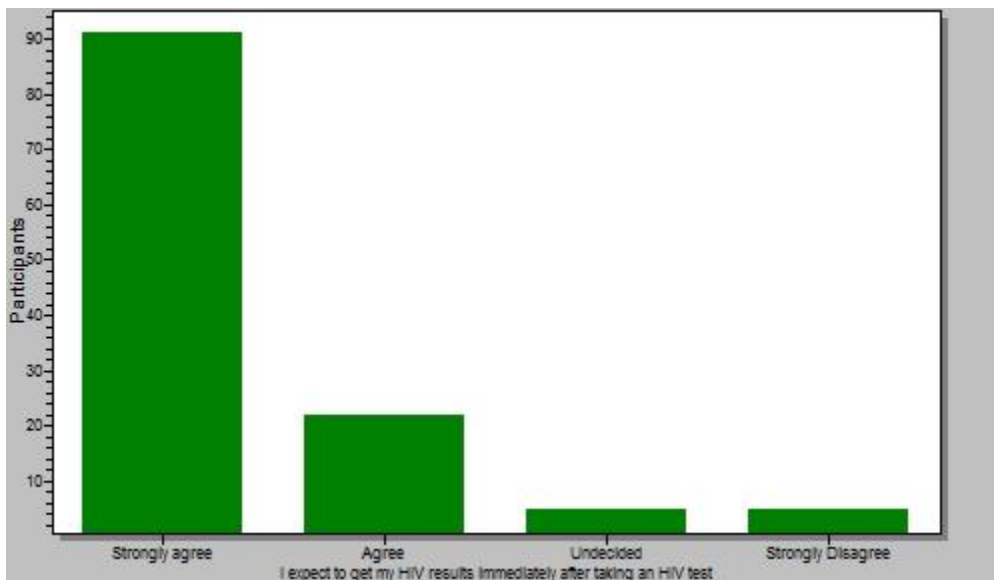


Figure 8: Participants who expect to get their results immediately after taking an HIV test

Participants who expect to receive a certificate of their HIV results are shown in Table 5.

Table 5: Participants who expect to receive a certificate of their HIV results

HIV testing and receiving a certificate	Frequency N=123	Percent %
When I test for HIV I expect to receive a certificate for my HIV results		
Strongly agree	64	52.0
Agree	22	17.9
Undecided	19	15.4
Disagree	7	5.7
Strongly disagree	11	8.9

17.1% of the participants do not want to know their HIV status, 4.9% are undecided and 78.1% want to know their HIV status. 14.4% of female participants do not want to know their HIV status, 4.8% are undecided and 80.9% want to know their HIV status, while 31.6% of the male participants do not want to know their HIV status, 5.3% are not sure and 63.2% want to know their HIV status. The percentage of males who want to know their HIV status is lower than that of female participants may be because the percentage of men who feel that testing for HIV is good is lower than that of women (89.5% compared to 95.2%).

The majority participants agree that couples should test for HIV before they try to have a baby and 94.3% of the participants think that HIV positive mothers should join a PMTCT programme. Rajaraman & Surender (2006) found that the possibility of protecting children from HIV infection was a strong and common motivator for taking an HIV test. The attitudes of participants towards couples testing for HIV before trying to have a baby and the attitudes of the participants towards HIV positive pregnant women joining a PMTCT programme are shown in Figure 9 and 10 respectively.

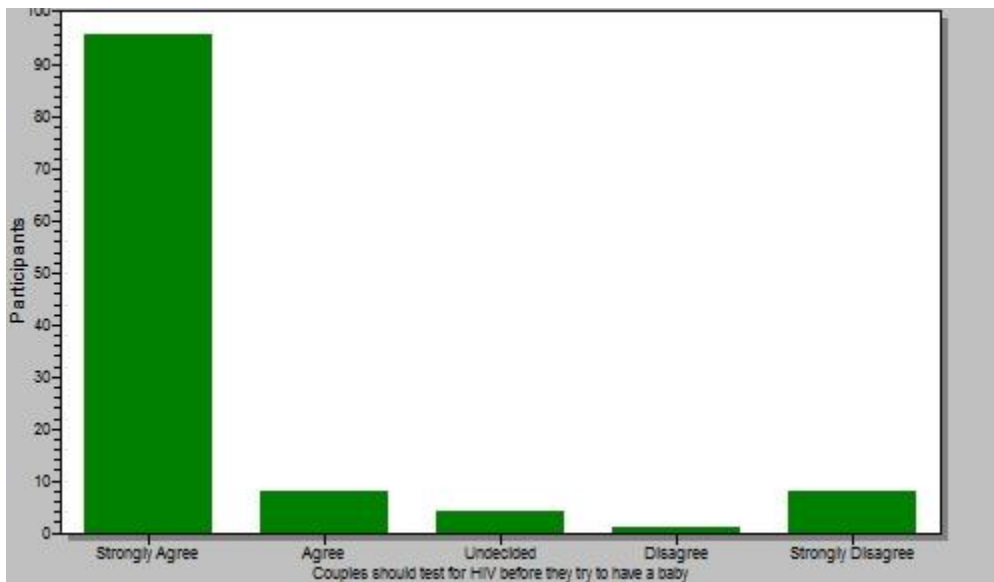


Figure 9: The attitudes of participants towards couple testing for HIV before trying to have a baby

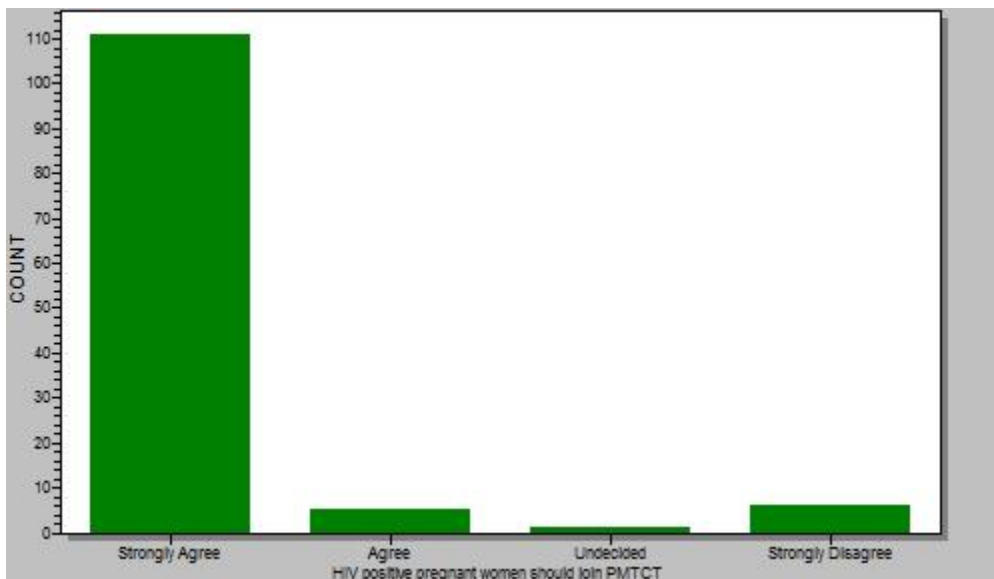


Figure 10: The attitudes of participants towards pregnant HIV positive women joining a PMTCT programme

86.2% of the participants are prepared to start Highly Active Antiretroviral Therapy (HAART) when they test positive for HIV. Participants who are prepared to start HAART when they test positive for HIV are shown in Figure 11.

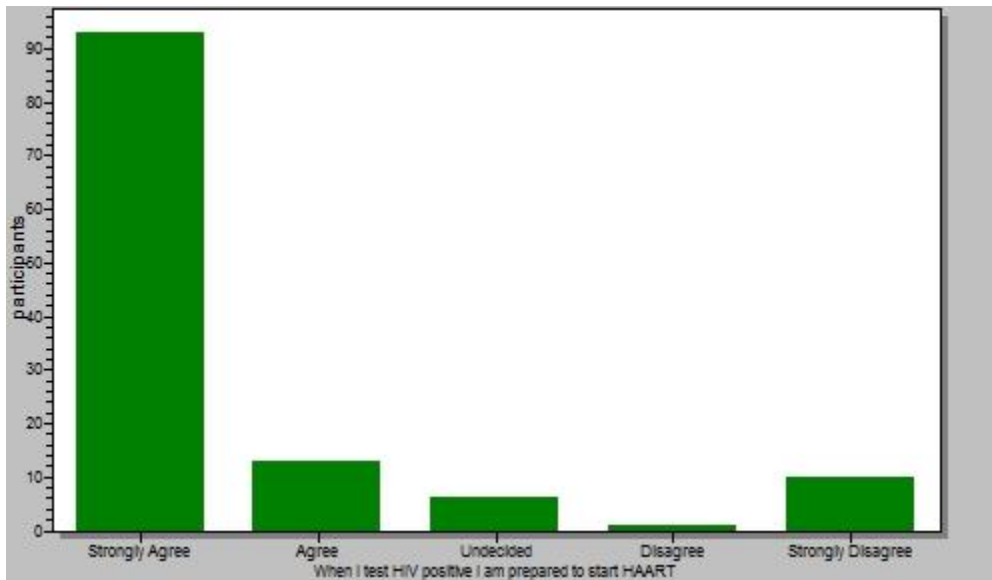


Figure 11: Participants who are prepared to start HAART when they test positive for HIV

85.6% of the female participants are prepared to start HAART when they test HIV positive, while 89.5% of the male participants are prepared to start HAART when they test positive for HIV. 88.2% of the participants who are aged between 18-29 years are prepared to start HAART when the test HIV positive and 83.3% of the participants who are aged between 30-39 years are prepared to start HAART when they test HIV positive.

A small number of participants think that testing for HIV can have negative outcomes. 11.4% of the participants agree that testing for HIV can worsen the HIV/AIDS epidemic. In a study by Steve & Femi (2007), a higher percentage (78.1%) thought that testing for HIV can worsen the HIV/AIDS epidemic. 26% of the participants think that, it is an unbearable social stigma when a person test positive for HIV and 21.9% agree that HIV testing lowers people's overall level of well-being. Participants who perceive adverse HIV testing outcome are shown in Table 6.

Table 6: Participants who perceive adverse HIV testing outcome

Adverse HIV testing outcome	Frequency N=123	Percent %
Testing for HIV can worsen the HIV epidemic		
Strongly agree	9	7.3
Agree	5	4.1
Undecided	15	12.2
Disagree	10	8.1
Strongly disagree	84	68.3
If one test positive it is an unbearable social stigma		
Strongly Agree	18	14.6
Agree	14	11.4
Undecided	25	20.3
Disagree	20	16.3
Strongly disagree	46	37.5
HIV testing lowers people's overall level of well being		
Strongly Agree	17	13.8
Agree	10	8.1
Undecided	16	13.0
Disagree	17	13.8
Strongly disagree	63	51.2

Slightly above half (54.4%) of the participants think that HIV testing have a impact on people's sexual behaviour and 49.6% of the participants think that testing for HIV can reduce having multiple sexual partners. Steve & Femi (2007) found the 24.1% of the participants thought that testing for HIV can reduce multiple sexual partners. Participants' attitudes towards the impact of HIV testing on people's sexual behavior are shown in Figure 12.

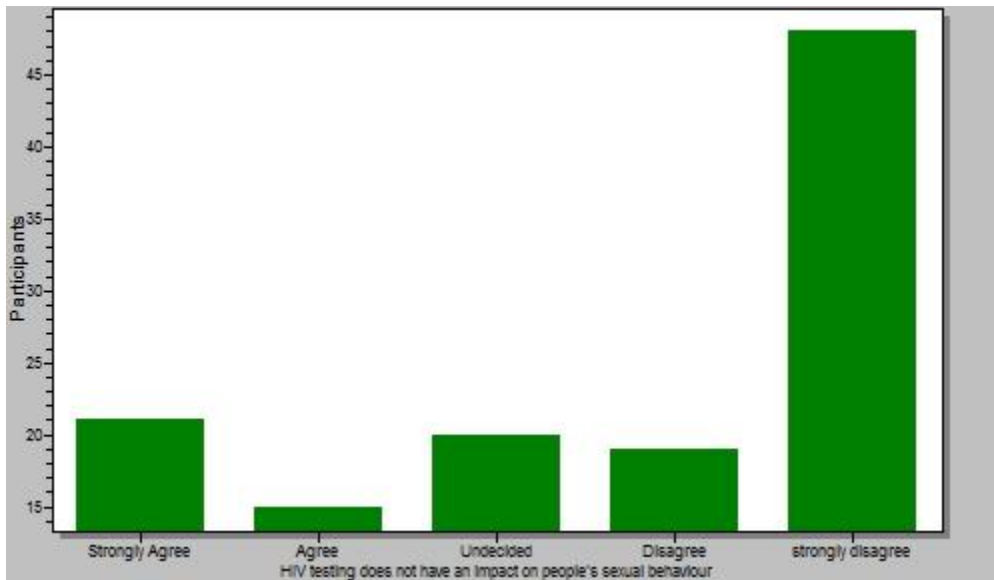


Figure 12: Participants' attitudes towards the impact of HIV testing on people's sexual behaviour

Participants' attitudes towards the impact of HIV testing on reducing multiple sexual partners are shown in Figure 13.

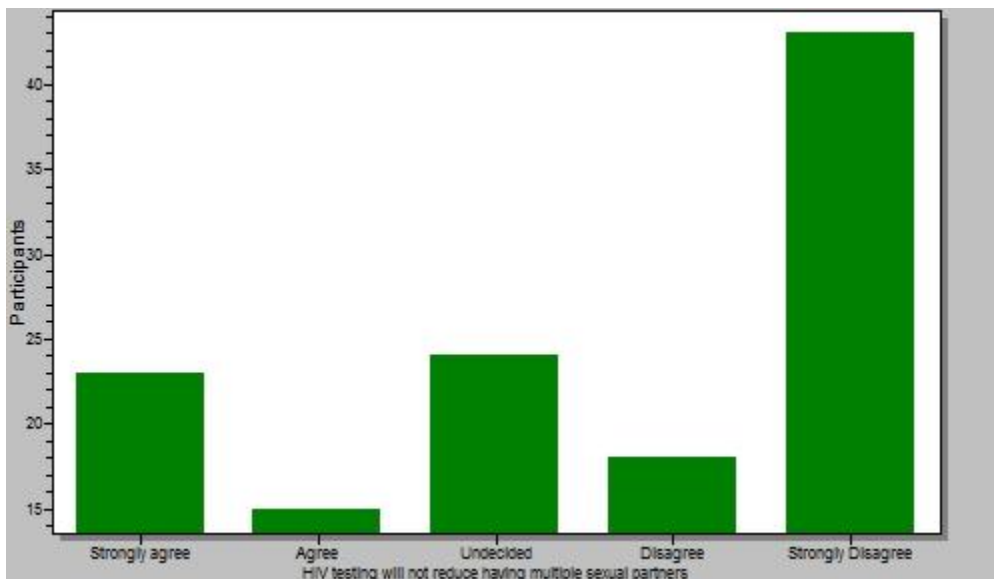


Figure 13: The attitudes of participants towards the impact of HIV testing on reducing multiple sexual partners

7. SUMMARY

Mall Clinic patients have positive attitudes towards HIV testing. The majority of the participants had previously been tested for HIV and agreed that testing for HIV is important. It is essential for them to know their HIV status and will not have sex with someone who's HIV status is not known to them. They will mainly test for HIV because they perceive themselves to be at risk of HIV infection.

Sexual partners play an important role in making the decision to take an HIV test. The majority of participants will consult their sexual partner before taking an HIV test. participants in a relationship think their sexual partner should know his/her HIV status and that it is important to test for HIV with your sexual partner. They feel that is vital to take an HIV test if his/her partner test positive for HIV.

The recommendation by a medical doctor to take an HIV test is a motivating factor for patients to undergo HIV testing. The participants feel that medical doctors should always discuss HIV-related issues and offer an HIV test during consultation. They further feel that all routine medical examinations should include HIV testing.

8. REFERENCES

- AIDS Clinical Care Fundamentals. (2007). Unpublished class notes (KITSO AIDS Training Program), Harvard School of Public Health, Gaborone.
- Alemu, S., Abseno, N., Degu, G., Wondmikun, Y. & Amsalu, S. (2004). Knowledge and attitudes towards voluntary counseling and testing for HIV: A community based study in Northwest Ethiopia [Electronic version]. *Ethiop .J. Health Dev*, 18 (2), 82-89.
- Cartoux, M., Msellati, P., Meda, N., Welffens-Ekra, C., Mandelbrot , L., Leroy, V., Van de Perre, P. & Dabis, F. (1998). Attitude of pregnant women towards HIV testing in Abidjan, Cote d'Ivoire and Bobo-Dioulasso, Burkina Faso [Electronic version]. *AIDS*, 12, 2337-2344.
- Christensen, L.B. (2007). *Experimental Methodology* (10th ed.). Allyn & Bacon: Boston.
- Creek, T. L., Ntumy, R., Seipone, K., Smith, M., Mogodi, M., Smit, M., Legwaila, K., Molokwane, I., Tebele, G., Mazhani, L., Shaffer, N. & Kilmarx, P. H. (2007). Successful introduction of routine opt-out HIV testing in antenatal care Botswana [Electronic version]. *J Acquir Immune Defic Syndr*, 45, 102-107.
- Duffy, T.A., Wolfe, C.D.A., Varden, C., Kennedy, J. & Chrystie, I. L. (1998). Women's knowledge and attitudes, and acceptability of voluntary antenatal HIV testing [Electronic version]. *British Journal of Obstetrics and Gynaecology*, 105, 849-854.

- Iliyasu, Z., Abubakar, I. S., Kabir, M., & Aliyu, M. H. (2006). Knowledge of HIV/AIDS and attitude towards voluntary counselling and testing among adults [Electronic version]. *Journal of the National Medical Association*, 98 (12), 1917-1922.
- Joint United Nations Programme on HIV/AIDS (UNAIDS) (2008). *Report on the Global AIDS Epidemic Executive Summary*. Geneva: UNAIDS.
- Kalichman, S. C & Simbayi, L. C. (2003). HIV testing attitudes, AIDS stigma, and voluntary HIV counselling and testing in a black township in Cape Town, South Africa [Electronic version]. *Sexual transmitted infection*, 79, 442-447.
- Misiri, H. & Muula, A. S. (2004). Attitudes towards premarital testing on Human Immunodeficiency Virus infection among Malawians [Electronic version]. *Croatian Medical Journal*, 45 (1), 84-87.
- Peltzer, K., Nzewi, E. & Mohan, K. (2004). Attitudes towards HIV anti-body testing and people with AIDS among university students in India, South Africa and United States [Electronic version]. *Indian journal of Medical Sciences*, 58, 95-108.
- Rajaraman, D. & Surender, R. (2006). HIV testing in Botswana: Lessons for policy and practice. *Medical Sociology Online*, 31 (1).
<http://www.medicalsociologyonline.org/archives/issues/hivtest.html>
- Steve ,F.M. & Femi, R.T. (2007). Attitudes of youths towards HIV testing in Nigeria [Electronic version]. *The Social Sciences*, 2 (2), 231-235.

Weiser, S.D., Heisler, M., Leiter, K., Percy-de Korte, F., Tlou, S., De Monner, S., Phaladze, N., Bangsberg, D.R. & Iacopino, V. (2006). Routine HIV testing in Botswana: A population-based study on attitudes, practices, and human rights concerns [Electronic version]. *PLoS Medicine*, 3 (7), 1013-1022.

9. APPENDICES

Appendix 1

A survey of Mall Clinic patients towards HIV testing

Demographics

AGE:

Which age group do you belong to?

18-29 years

30-39 years

40-49 years

50-59 years

40- 49 years

Above 60 years

Gender

Are you male or female?

Male

Female

RELATIONSHIPS:

Are you currently ...

Single

In a relationship / married

Separated / divorced

Widowed

EMPLOYMENT STATUS:

Are you currently...

Employed / Self-Employed

Unemployed

Student

Retired

HISTORY OF HIV TESTING:

Have you ever been tested for HIV?

Yes

No

Statements

Below is a list of statements. Some of these you might agree with and others you might even find offensive. These statements are designed to provoke a response. I would like you to tell me what your attitude is to each statement by **circling one of the numbers** from 1 - 5 ...

1 = you **strongly Agree** with the statement

2 = you **Agree** with the statement, but not very strongly

3 = you are **Undecided** and can't make up your mind

4 = you **Disagree** with the statement, but not very strongly

5 = you **strongly Disagree** with the statement

Please try to answer all the questions and give your first thoughts on each statement. Don't spend a lot of time weighing-up your answers. There aren't any hidden catches. I just want to hear your opinions.

- | | | | | | |
|--|---|---|---|---|---|
| 1. Testing for HIV is good | 1 | 2 | 3 | 4 | 5 |
| 2. Testing for HIV is important | 1 | 2 | 3 | 4 | 5 |
| 3. I should test for HIV because I am sexual active | 1 | 2 | 3 | 4 | 5 |
| 4. When my doctor offer an HIV test today I will agree to test | 1 | 2 | 3 | 4 | 5 |
| 5. I will consult my sexual partner before I take an HIV test | 1 | 2 | 3 | 4 | 5 |
| 6. Doctors should talk about HIV testing every time they
consult patients | 1 | 2 | 3 | 4 | 5 |
| 7. Doctors should offer HIV test every time they consult
a patient | 1 | 2 | 3 | 4 | 5 |
| 8. Doctors should counsel patients about HIV before testing
for HIV | 1 | 2 | 3 | 4 | 5 |
| 9. Never have sex with a person you don't know his or her
HIV status | 1 | 2 | 3 | 4 | 5 |
| 10. Your sexual partner should know your HIV test results | 1 | 2 | 3 | 4 | 5 |
| 11. Its important to test for HIV with your sexual partner | 1 | 2 | 3 | 4 | 5 |
| 12. I will take an HIV test when the doctor advice me | 1 | 2 | 3 | 4 | 5 |

- that I am suffering from an HIV related illness
13. I will test for HIV when my sexual partner test
Positive for HIV 1 2 3 4 5
14. When I test for HIV I want to receive my
Immediately 1 2 3 4 5
15. When I test for HIV I expect to receive a
Certificate with my results 1 2 3 4 5
16. I want my doctor to include an HIV test
when I am doing my routine medical check up 1 2 3 4 5
17. I don't want to know my HIV status 1 2 3 4 5
18. People should test for HIV before they try
to have a baby 1 2 3 4 5
19. HIV positive pregnant women should join prevention of
Mother to child transmission of HIV programme 1 2 3 4 5
20. When I test HIV positive I am prepared to
Start anti-retroviral drugs 1 2 3 4 5
21. Testing for HIV can worsen the HIV epidemic 1 2 3 4 5
22. HIV testing will not reduce having multiple
sexual partners 1 2 3 4 5
23. If one test positive it is an unbearable social
stigma 1 2 3 4 5
24. HIV testing lowers people's overall level of well being 1 2 3 4 5
25. HIV testing does not have an impact on people
sexual behaviour 1 2 3 4 5

Appendix 2

STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

The attitudes towards HIV testing among Mall Clinic patients

You are asked to participate in a research study conducted by Tawanda Mashinya, from the Africa Centre for HIV/AIDS management at Stellenbosch University. The results of research will contribute to a thesis for my Mphil in HIV/AIDS management. You were selected as a possible participant in this study because you aged above 18 years, you are a patient at mall clinic and you were attended at mall clinic more than three times in the last two years.

1. PURPOSE OF THE STUDY

The study seeks to establish the attitudes of people attending Mall Clinic towards HIV testing.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

Complete the self administered questionnaire. Post the completed questionnaire into the box at the reception of Mall Clinic.

3. POTENTIAL RISKS AND DISCOMFORTS

They are no potential risk or discomforts.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The potential benefits of the study are mainly to medical doctors at mall clinic and Botswana at large. The study will help the doctors to understand attitudes towards HIV testing of the patients they are attending to and this will equip the medical doctors to deal with HIV testing issues when consulting patients. Doctors will know when and how to ask patients to take an HIV test leading to a higher uptake of HIV testing.

The participants will benefit indirectly by receiving quality voluntary counseling and testing of HIV when they visit their doctors.

5. PAYMENT FOR PARTICIPATION

Participants shall receive no payment

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of using codes on questionnaire and by posting the questionnaire. I will be the only person who will open the post box. The questionnaire will be kept in a locked cupboard in my office and no one except me will have access to the cupboard. The questionnaires will be destroyed six month after the study.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still

remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Tawanda Mashinya at p.o box 1053, gaborone phone number +2673935655, cell phone +26772449869/ +26771384385 email drtawandamashinya@yahoo.com or my study leader Ms Anja Laas at private bag 7602, South Africa phone number +27218082964 email aids@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Malenè Fouchè (mfouche@sun.ac.za; 021 808 4622) at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE
--

The information above was described to me by Tawanda Mashinya in English and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Subject/Participant

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ and. He/ she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used

Signature of Investigator

Date