



PERCEPTIONS OF YOUNG ADULTS WITH REGARDS TO VCT USE IN VHEMBE DISTRICT LIMPOPO PROVINCE

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INTRODUCTION



- **Voluntary Counselling and Testing (VCT) is an important strategy helping people to be able to know their HIV status and thus access all the other HIV and AIDS services.**
- **An important arm of prevention is the prevention of mother to child HIV transmission (PMTCT) programme.**
- **The prediction indicates that the main focus of curbing HIV and AIDS is by focusing on young adults as they are the ones mainly affected, whereas the future of South Africa is in their hands (UNAIDS 2006a).**
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Introduction cont---



- **The main focus of this study was to describe the perceptions of young adults towards VCT programme in Vhembe district in Limpopo Province.**
- **For HIV and AIDS programmes such as VCT to be successful they should be aligned with the cultural background of different ethnic groups.**
- **The culture of the target audience must be respected in terms of the general recognition of age, educational level, sex, geography, race, ethnicity, sexual orientation, values, beliefs, norms, and other factors (Holtgrave, Qualls, Curran, Valdiserri, Guinan & Para 1995).**

Problem statement



- **A study conducted by UNICEF (2003) has found that fewer than 50% of young adults know where they can be tested for HIV. For this reason, it is a good idea to help people learn more about VCT in order for them to be able to utilise the available VCT services.**
- **This study therefore seeks to document the perceptions of young adults towards VCT services and how it could be promoted. The following question was used:**
- **What are the perceptions of young adults with regard to VCT?**

METHOD AND MATERIALS

- **A qualitative research design using exploratory, descriptive and contextual research was undertaken.**
- **The sampling method utilised was nonprobability sampling, elements were chosen from the population using purposive sampling taking advantage of a group of subjects that fall within the population of interest according to a sampling criteria.**
- **Sample size depended on data saturation.**
- **In this study, unstructured in-depth individual interviews, and field notes were used to collect data.**
- **Tesch's eight steps in Creswell (1996) of data analysis were utilised in the study. The categories were developed according to the data obtained from in-depth individual interviews.**



Ethical consideration

- **Ethical considerations were adhered to in order to protect the participants.**
- **According to the ethical guidelines for social science research in health (EGSSRH) (2009:1) participants have several rights such as right not to be harmed, right to self determination, informed voluntary consent, right to privacy, confidentiality and anonymity, right to maintain self-respect and dignity and the right to refuse to participate or withdraw from participation without fear of discrimination**



MEASURES TO ENSURE TRUSTWORTHINESS

- The study addressed the issue of transferability by providing sufficient descriptive data, peer review and triangulation to allow for transferability.
- Triangulation was addressed by the use of different methods of collecting data namely, field notes, in depth individual interviews and written dialogues.
- Confirmability was achieved by the use of peer review, data triangulation and collection of field notes in the study.
- The strategies were applied throughout the study from design to data analysis.



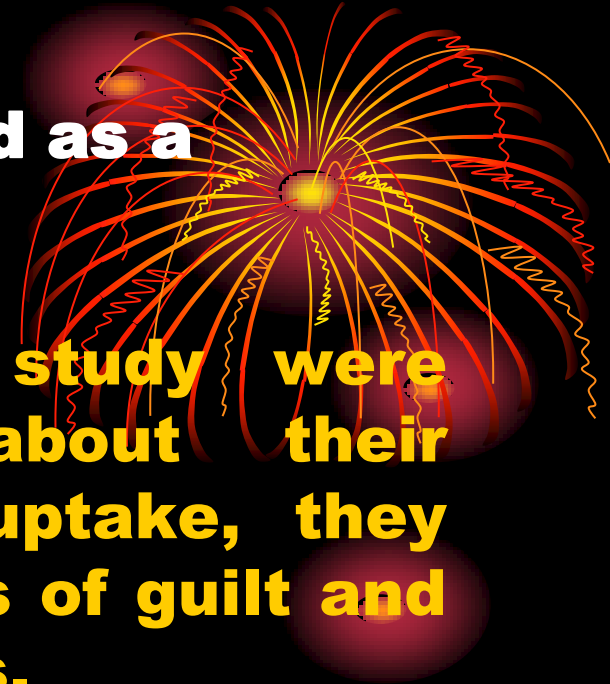
RESULTS

- **Theme: Young adults expressed mixed perceptions with regard to VCT programme which influences the use of VCT services**
- **Both negative and positive perceptions were expressed which were further categorised into sub-themes**

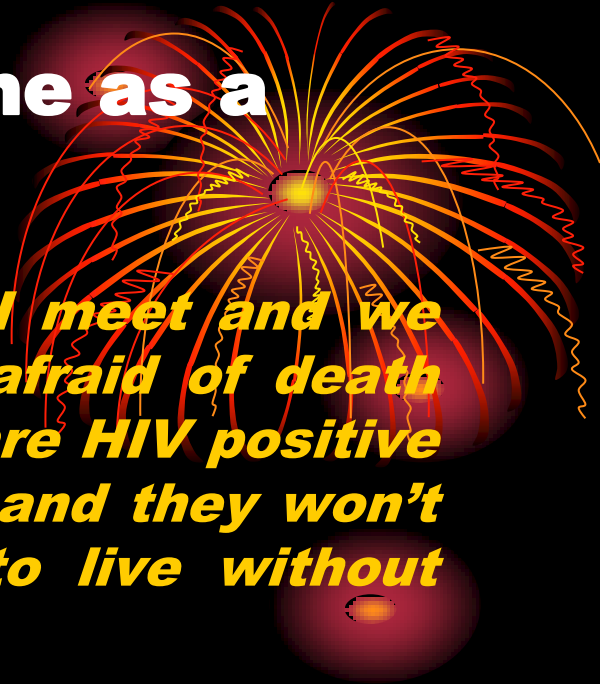


Sub-Theme 1: VCT was perceived as a intimidating programme

- **Other participants in this study were reluctant when talking about their perceptions regarding VCT uptake, they even tried to shift the feelings of guilt and shameful association to others.**
- **In most instances participants reported their own perceptions in the third person because they did not want to be associated with the disease.**



Perception of VCT programme as a death sentence



- *“The majority of the people whom I meet and we talk about VCT they say they are afraid of death because once they know that they are HIV positive it means they are faced with death and they won’t manage to live well. It is better to live without knowing your HIV status.”*
- One of the young adults who has been trained on home based care reflected:
- *“It’s difficult because they say if they can hear that they are positive, they would kill themselves, and I told them that they will not kill themselves because they will start by getting counselling before the test and after they will get counselling before they are given the results and they say they won’t manage.”*

Threatening methods of VCT presentation to young adults



- ***“The professional nurse’s VCT presentation made me to start shivering, I was frightened when she stresses that AIDS kills and I felt as if someone has just poured extremely cold water over my body (I felt goose flesh) and I suddenly thought “why should I leverage available access to VCT just to go and hear that I will die soon because Sister says AIDS kills and why leverage available access to VCT then?”, and I think this affects VCT use by young adults”. (Raising hands)***

Young adults perceive VCT presenters as stumbling blocks towards VCT uptake

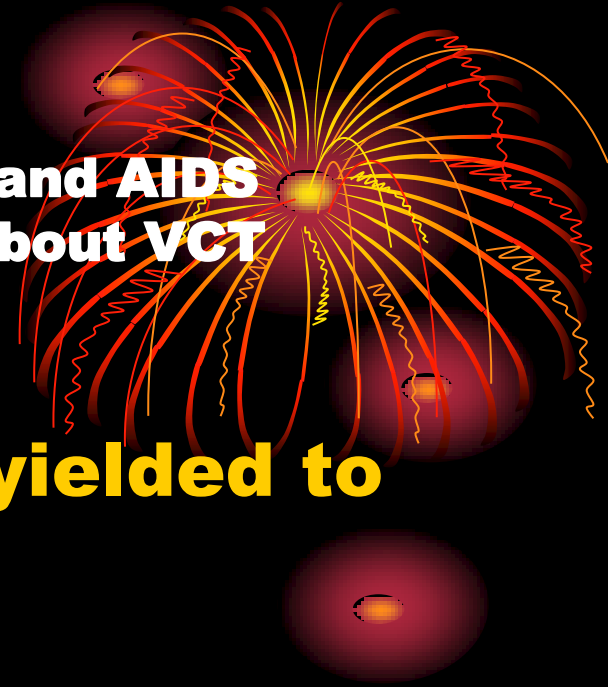


- *“I prefer to talk to a person of the same age with me than an old person because it won’t be easy for me to ask questions related to VCT without any fears because I am afraid to ask an old person of my mother’s age issues related to sex and HIV and AIDS, our culture is against that and I feel as if I am insulting her”.*



Sub-Theme 2

Stigma and discrimination against HIV and AIDS influences their negative perceptions about VCT services available



Participants' presentations yielded to development of three sub-categories, namely,

- **Lack of confidentiality,**
- **Lack of privacy and**
- **Inability to seek help due to fear of stigma emerged from the interviews.**

Lack of confidentiality



- ***” The problem is that I feel as if after having examined me, the professional nurse will go and reveal my status that I am HIV positive so that is why I am afraid. If it was not because of that and I know that it will be between me and the counsellor only until I decide to disclose then I would definitely leverage available access to VCT without any fear. When people know that you are HIV positive or you have AIDS they will start discriminating you and it is painful”.***

Lack of privacy

- *” Specific areas for VCT only are a problem because if you come out from those places after your results and you are HIV positive you come out sad and if you meet people whom you know and start talking to you and sometimes you are absent minded it is easy for them to see that she is from VCT, it means she discovered that she is HIV positive.*
- *Once people start believing that you are HIV positive they will start discriminating you due to the stigma attached to HIV and AIDS”.*



Inability to seek help due to fear of stigma

- ***” Because majority of the people believe this disease a person got it from sexual intercourse and because you were running around with many men so many people are afraid of that. (Laughing)”***
- ***” People in the community are failing to accept HIV to an extent where as young adults we are made to believe that witchcraft is a cause of many deaths in the communities instead of HIV and AIDS, whereas sorcerers are not the ones killing people, though they might at times be interfering”.***



Sub-Theme 3: VCT programme was perceived as being beneficial

- **According to the participants, VCT is perceived as an important programme because it helps people to know their HIV status.**



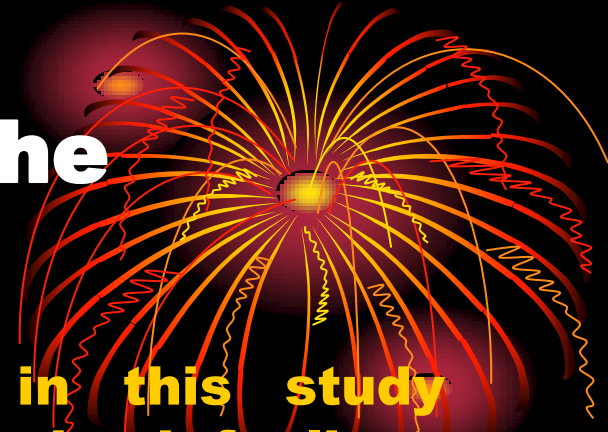
VCT as an entry point to other HIV and AIDS services



- *“I see VCT as a very good programme, because if you have never been for VCT you won’t know your HIV status even if you would be assisted with specific tablets/medication meant for HIV positive people you won’t know that you are suppose to go and get those tablets which can help you, so effectively utilising VCT would help you to be able to help you gain access to the other HIV and AIDS services linked to VCT”.*
- *“So there is no way out unfortunately effectively utilising VCT is the only available mechanisms to help a person to know HIV status, so VCT is the best and the only entry point to HIV and AIDS services.”*

Conclusion drawn from the findings

- Findings from the young adults in this study reflected that young adults have mixed feelings about VCT, such as wanting to use VCT in order to know their HIV status but coupled with fear.
- Lack of confidentiality, lack of privacy and the death sentence notion attached to HIV and AIDS were aspects mentioned as the contributory factors to reluctance in using VCT services.
- Stigma associated with being HIV positive experienced by people who are HIV positive evidenced by signs of abuse and rejection are some of the aggravating factors to reluctance.



RECOMMENDATIONS

- **The perceptions of young adults towards VCT use provide a valuable aspect to be researched.**
- **Perceptions of young adults towards VCT use differ according to contexts as it is also affected by other factors in the milieu inhabited by young adults.**
- **Conducting the same project in other Districts in Limpopo and in other Provinces in South Africa can produce interesting findings.**



Recommendations cont--

- **VCT training for VCT counsellors should include different factors affecting VCT uptake by young adults and their perceptions.**
- **This will help in the provision of quality VCT services that are useful and friendly to VCT users including young adults.**
- **VCT counsellors should always ensure that their practice is based within the legal framework which spells out how health care should be offered.**
- **Young adults should always be taken as partners in VCT services and their perceptions be addressed.**



- **Thank you**
- **Inkomu**
- **Baie dankie**
- **Ndi khou lebowa**
- **Kea leboga**

