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Attitude of the Youth towards Voluntary Counselling and Testing (VCT) of HIV/AIDS in Accra, Ghana

Cynthia Gadegbeku (Corresponding author)
Dept. of Family & Consumer Sciences, College of Agric & Consumer Sciences, University of Ghana, Legon, Accra - Ghana
E-mail: cgadegbeku@ug.edu.gh
Regina Saka
School of Public Health, College of Health Sciences, University of Ghana, Legon, Accra – Ghana
Bright Mensah
Dept. of Family & Consumer Sciences, College of Agric & Consumer Sciences, University of Ghana, Legon, Accra - Ghana

Abstract
Voluntary Counseling and Testing (VCT) is a tool recommended for the reduction of the spread of HIV/AIDS. The study sought to find out the attitude of the youth towards voluntary counseling and testing of HIV/AIDS. The sample size was two hundred youth selected using purposive sampling. A structured interview guide was used in the collection of data from two youth groups and two fast food joints selected purposively in Accra. Data collected was hand coded, analyzed using the Statistical Package of Social Sciences (S.P.S.S.) and presented in the form of graphs and frequency distribution tables. The study revealed that most respondents had knowledge about HIV/AIDS and knew about its mode of transmission. Their main source of information was through the mass media. Majority of respondents knew they could check their serostatus mainly at the hospital but then only 37% had ever heard about VCT services. Out of this 37%, only 6% had actually been to a VCT centre. Two percent (2%) went there to visit a friend while 4% went to check their serostatus. This suggests that the level of use of VCT services among the youth in Accra was relatively low. Fifty-eight percent (58%) of respondents indicated their preferred site for a VCT centre was the hospital. Ninety – two percent (92%) of respondents were hesitant to go for HIV testing because of the fear of knowing they are HIV positive. They also suggested home kits for testing HIV/AIDS be introduced in Ghana to cater for confidentiality in identifying their serostatus. In conclusion, knowledge about HIV/AIDS among respondents was high but then most respondents were unaware of the availability of VCT services. They were also unwilling to access VCT services for fear of knowing their HIV status. It is therefore being suggested that all stakeholders in the fight against HIV/AIDS intensify their information, education and communication (IE & C) activities to increase awareness and use of the service especially by the youth.
Keywords: Voluntary Counselling and Testing (VCT), HIV/AIDs

1. Introduction

Immuno Virus / Acquired Immune deficiency syndrome (HIV/AIDS) is a worldwide problem and despite all efforts being made to control its spread, it is becoming the main cause of death among the highly productive and reproductive members of society [Assefa, 1994]. Globally there were 36.1 million HIV infected adults alive as at December 2000; and by the end of 2005, worldwide HIV/AIDS infections were estimated to be about 40.3 million of which the highest rate of infection (25.8 million) were found in sub-Saharan Africa. At the end of 2010, an estimated 34 million people were living with HIV worldwide. In sub-Saharan Africa, an estimated 1.9 million people became infected in 2010. This was 16% fewer than the estimated 2.2 million people newly infected with HIV in 2001 [UNAIDS Technical Update, 2000; Lamptey, Johnson & Mayra, 2006; UNAIDS Global HIV/ AIDS Response, 2011]. HIV/AIDS was first identified in Ghana in March, 1986 with a national rate of infection of 1.5%. In 2004, the infection rate had risen to 2.7%. Even though the infection rate reduced to 2.1% in 2011, it is estimated that over 225,000 people are living with HIV in Ghana, over 55% of which are females [Ghana AIDS Commission, 2003: GhanaAIDS Commission, 2012]. These figures however may not reflect the actual situation in the country but account only for cases reported at health facilities [National AIDS/STD Control Programme, 2004; HIV Sentinel Survey, 2004].

It has also been realized so far that large numbers of people (especially in Africa) are losing their lives to this virus yet we have only seen a small fraction of the illness and death this pandemic can cause [AIDS in Ethiopia. 2000]. HIV/AIDS is not just a health issue but it is having social, developmental and economic impacts on countries [Stover, 1994; AIDS in Ethiopia, 2000]. The monetary cost of caring for HIV/AIDS patients for instance is considerably high [Hahn & Payne, 2003]. These patients are estimated to draw the scarce resources allocated for the health sector thus money budgeted for the purchase of medical stock, equipments and facilities are channeled into caring for the health needs of these AIDS patients (i.e. to subsidize the cost of anti-retroviral

drugs). Socially the pandemic is disrupting family ties, increasing the number of orphans and resulting in an increase in the number of street children [AIDS in Ethiopia 2000; UNAIDS Technical Update,2000]. Poverty is also expected to increase and development reduce because of the diseases effect on households, government businesses and national economies [Mitchell, 2002]. The impact of the disease and its destructive effect is therefore having huge effect on development in Ghana and Africa as a whole [Stover, 1994]. If this impact continues unchecked, HIV/AIDS would affect development in many countries, retard growth, weaken human capital, increase poverty and inequality and leave the next generation at risk of the impact of the pandemic [National AIDS/STD Control Programme, 2004].

With this high prevalence rate and impact of the pandemic there is a need to implement preventive activities. One such potentially effective and affordable preventive method for reducing the transmission of HIV/AIDS especially in developing countries is Voluntary Counseling and Testing (VCT) of HIV/AIDS [Alemu, et al., 2004; Fisher, 2005; Kabiru, 2011]. VCT raises awareness of HIV and aims to reduce the HIV incidence rate by 50 % by June 2011 [SANAC, 2010]. Through VCT, people receive care, support, opportunities to learn and accept their HIV serostatus in a confidential environment, adopt and sustain healthy sexual behaviour that help improve their quality of life and prevent others from being infected by the disease [Fisher, 2005]. It is also widely advocated as a tool for helping young people deal with peer pressure and an HIV/AIDS preventive strategy especially among adults [Lamptey, Johnson & Mayra, 2006]. It is also an entry point for care of people with HIV infections [UNAIDS Technical Update,2000, Dejene, 2001]. Through VCT, people who test serous negative can have counseling guidance and support to help them remain negative while those who test serous positive can have early access to a wide range of services including medical care, ongoing emotional and social support [UNAIDS Technical Update,2000, Dejene, 2001].

Despite its importance in reducing the spread of HIV/AIDS, VCT seems like a relatively un–walked path for most Ghanaians. Anecdotal evidence suggest several people could be HIV positive but may be unaware of their serostatus or may be afraid to mention it because of fear of stigmatization. Such people prefer to patronize traditional health services or prayer camps instead of recognized government or private health care facilities for health care. Others may not even disclose their serostatus at all. These people may be HIV positive but unaware of their serostatus thus do not protect themselves or their partners from the disease and continue to spread it. Anecdotal evidence further suggests that VCT centers are available to help people determine their serostatus but then in spite of its numerous benefits, patronage of these services is low. What contributes to the low patronage of this service is something worth finding out about. The aim of this study was therefore to assess the attitude of the youth towards voluntary counseling and testing for HIV/AIDS in urban Ghana. In pursuance of this, the specific objectives of the study were to: ascertain the knowledge of the youth about HIV/AIDS and VCT services; assess respondent's HIV/AIDS risk levels, assess the attitude of the youth towards VCT services; and identify concerns (if any) with regards to the use of this service by the youth.

2. Methodology

This research was carried out in Jan – July, 2011. Youth were chosen for the study because people aged 15-49 years were the most vulnerable group and HIV/AIDS cases among this age group keep rising everyday [HIV Sentinel Survey, 2004]. These youth often lack information but at the same time need to make safe and healthy sexual health decisions [Fisher, 2005]. The study design was a cross-sectional design. Two hundred youth willing to participate in the study were selected purposively from two church youth groups and fast food joints. These locations were selected because attracted the youth from all walks of life and enabled the researcher get a varied sample of youth to provide responses to help understand the phenomena under study. A structured interview was used as a tool to obtain information that helped achieve the objectives outlined in this study. Data collected was edited, hand-coded and analyzed using the Statistical Package of Social Sciences (S.P.S.S.) programme. The results were also presented in the form of percentage distribution tables and graphs.

3. Results & Discussion

3.1 Demographic characteristics of respondents

A description of the general characteristics of the youth studied is presented in Table 1. Females formed the majority of respondents. Eighty – one percent (81%) were single; 52% were between the ages of 21- 23 years (with a mean age of 22 years); majority was students; 46% had tertiary levels of education and 84% were Christians.

3.2. Knowledge of respondents about HIV/AIDS

The general level of awareness of HIV/AIDS among respondents was very high. All respondents (100%) were aware of the disease. This is because of the of the extensive HIV/AIDs education carried out in the country. Ninety – four (94%) of respondents indicated AIDS was an incurable and deadly disease while a minority (6%) had misconceptions about the disease. This is consistent with a study by Steyl (2007) which showed a high

awareness about HIV/AIDS among the youth. They indicated AIDS was unreal and a disease that affects only prostitutes. General knowledge about the modes of transmission of HIV was also high among respondents. Ninety – three percent (93%) of respondents indicated HIV was transmitted through unprotected sex with an HIV positive person; 80% indicated it was through blood transfusion; 75% said it was through infected mothers to their children; 74% indicated it was through sharing sharp objects with infected persons; 66% through having multiple partners; and 22% indicated through sharing toothbrushes. Although there are several signs and symptoms of HIV/AIDS [Stover & Way, 1995, Hahn & Payne, 2003, Insel & Roth, 2004], most respondents mentioned only three of these. The main symptom indicated by 86% of respondents was that the disease caused severe weight loss while the least sign or symptom was night sweat (51%). These few signs and symptoms were mentioned by respondents because advertisements and posters extending HIV/AIDS information all depict pictures of lean and wasted patients with prolonged fever and night sweat. Caution however has to be taken when using signs and symptoms to diagnose HIV/AIDS. This is because initially people with HIV/AIDS are asymptomatic thus show no signs or symptoms at all [AIDS in Ethiopia. 2000, Hahn & Payne, 2003]. Such asymptomatic individuals who are unaware of their serostatus, have high viral levels of the disease and are responsible for much of the spread of the disease [Insel & Roth, 2004]. Secondly, even if these infected persons see physicians, the signs and symptoms used to determine HIV status of people are similar to signs and symptoms of many other common viral illnesses so the disease may go undiagnosed for a while [Insel & Roth, 2004].

3.3. Assessment of respondents HIV/AIDS risk levels

Understanding factors that increase the risk and vulnerability to HIV is crucial if individuals are to respond effectively to the epidemic [Lamptey, Johnson & Mayra, 2006]. To understand this, the HIV/AIDS risk levels of respondents was assessed by asking them certain risk questions. These risk questions are presented in Table 2. Their responses revealed all respondents (100%) were at risk of the disease. This trend pertained mainly because youth are adventurous and prepared to take risks in spite of their knowledge about HIV infection. Under the influence of alcohol or drugs, peer pressure, or lack of maturity, young people may be at risk of engaging in risky sexual behaviors [Centers for Disease Control and Prevention, 2007]. These respondents believed taking risks was characteristic of young people; a part of the process of exploring one's abilities and potentials and most of them personally believed they were not susceptible to HIV infections. This information is corroborated in literature [[Mann and Trantola, 1996, Ghana AIDS Commission, 2003, National Integrated IECI/BCC Strategic Framework, 2005]. Other reasons for the youth being at high risk is because young people continue to have unprotected sex for pleasure, experimentation, financial reasons and as a result of peer pressure to prove their virility or sterility [Ghana Statistical Service, 1999, Awusabo-Asare, Abane & Kumi- Kyereme, 2004].

3.4. Awareness and knowledge about sites to access VCT of HIV/AIDS services

Nearly all respondents (93%) were aware their HIV status could be checked at the hospital because it was a disease like any other disease that could take only a doctor and a laboratory test to diagnose. Other HIV/AIDS testing sites indicated by respondents are also presented in Figure 2. Respondents mentioned churches and schools as testing sites because occasionally in Ghana, blood donations are conducted at these venues, and before people donate blood, tests are conducted to determine their HIV status. The best place to check ones serostatus however is the hospitals or VCT sites. This is because there is one-on-one counseling before the test is conducted; when the HIV/AIDS test results are being read out; and a third counseling process about ways to avoid future infection or spread of the disease, and medical options after the test results show a patient is HIV/AIDS positive. Counseling is also given on possible psychological, social and financial repercussions of having the disease [Insel & Roth, 2004].

Despite their knowledge about testing their serostatus at hospitals, 72% or respondents recommended that home test kits be developed to test for HIV/AIDS. It is worth mentioning that these home test kits are available in most developed countries but unavailable in Ghana. Their reasons for this choice are for their convenience; to ensure confidentiality or allow them to test anonymously and to cut down cost of accessing VCT services. Allowing this trend to persist would however be dangerous since most people who use this means may not disclose their serostatus. If they test positive, they may spread the virus consciously [Insel & Roth, 2004]. Secondly, if those who test HIV positive do not disclose their serostatus, the government would not have accurate data on the HIV situation in the nation [Insel & Roth, 2004]. There may also be fake home test kits in the system, which would give wrong HIV/AIDS test results [Insel & Roth, 2004]

3.5. *Level of awareness and knowledge of VCT services*

Even though VCT services have numerous advantages, there has been a slow rate of acceptance of this service in many countries (including Ghana) especially where HIV is highly stigmatized and access to this services and support for people who test serous positive or HIV infected individuals are limited [Dejene, 2001]. This current study also revealed that although 95% of respondents knew their serostatus could be checked, only 37% had actually heard about availability of VCT services (Refer to Table 3). Their source of information was from the

mass media (31%), friends (4%) and church (2%). Out of the 37% who were aware of this service; only 6% had actually been to the VCT centre (2% to visit their friends while 4% went to check their serostatus). This suggests the level of awareness and use of this service by the studied youth was low. This finding is contrary to findings in Ethiopia where majority of the youth knew about the availability of VCT services [Alemu, et al., 2004, Dejene, 2001].It is clear from these findings that although the mass media has been used effectively to create awareness of HIV/AIDS, educational efforts need to be stepped up to: create awareness about the availability of these VCT services, whip up the interest of the youth to access the facility so as to increase its utilization within the country. This confirms literature that suggests HIV/ AIDS infections are greatest amongst the youth but they are reluctant to use the VCT services even though they might be aware of these services [Bell et al., 2007, MacPhail et al.; 2008].

3.6. Respondents opinions about people who need to test for HIV/AIDS

When respondents were asked to identify the category of people who required HIV testing, majority (73%) mentioned everybody irrespective of age and gender needed to be tested; 12% however said students needed to be tested the most while 5% indicated female sex workers and commercial vehicle drivers were the groups of people that required HIV testing more than any other group. Okpoto (2009) suggested that since young people especially students have negative attitudes VCT, VCT sites should be established in tertiary institutions to help create awareness of testing serostatus among students.

3.7. *Reasons why respondents may not access VCT services*

Findings in Table 4 suggest respondents generally had a negative attitude towards the use of VCT services. Majority of respondents (92%) were afraid to know their serostatus while a minority (24%) were afraid VCT staff would disclose confidential information about their serostatus to others. This trend is contrary to results of other studies that show the youth had a positive attitude towards the use of VCT services [Dejene, 2001]. A reason for this fear according to most respondents was because HIV is highly stigmatized in Ghana and related to promiscuity and prostitution. People suffering from this disease experience social rejection and discrimination thus most people are afraid to check their serostatus and be associated with such an illness [Anarfi, 1997, UNAIDS Technical Update,2000, Mazhani et al., 2000-Horizons Program, 2001] []. Others also indicated that VCT centers were stigmatized thus anyone seen using the service was perceived as immoral and suffering from HIV/AIDS. Such a person had him or herself as well as their families stigmatized for life. This finding has been corroborated in literature [UNAIDS Technical Update,2000, Ghana Human Development Report, 2004]. Currently the Ghana Aids Commission has identified HIV/AIDs ambassadors (serous positive individuals) who are sensitizing the public on how they acquired the disease, are coping and advising people to adopt health sexual behavior. It is hoped that this would go a long way to reduce stigmatization and make people accept the serostatus of HIV/AIDs patients. Since VCT plays a vital role in HIV prevention [UNAIDS Technical Update,2000], this situation is likely to be detrimental to the reduction of the incidence of HIV/AIDS within the country.

The findings of the study suggest that despite the high rate of awareness of HIV/AIDS, it has not been translated into positive change in sexual behaviour of the studied sample. The youth are aware of the causes and modes of transmission of the disease, but there has not been a significant change in sexual behaviour. This has contributed to the increase in the rate of HIV/AIDS infections within the country. High levels of awareness of HIV/AIDS, modes of transmission and common signs and symptoms of the disease among the study population is a positive sign that AIDS campaigns organized by the Ghana AIDS Commission, National AIDS Control Programme and other stakeholders have to an extent been effective. These programmes have been successful in awareness creation but still have a long way to go in providing knowledge to help develop positive attitudes and change in sexual behaviour that would ultimately reduce the spread of the disease. Current educational campaign strategies need to be changed and intensified so that the youth get quality in-depth information about HIV/AIDS, its prevention and the effect such knowledge have on the youth's sexual behaviour with the hope that this would translate into the development of more positive attitudes towards the use of VCT services and a positive change in sexual behaviour of the youth. This would go a long way to help reduce the incidence of HIV/AIDS within the country. In conclusion, most respondents were unaware of the availability of VCT services but after even describing the service to them were still unwilling to access this service mainly because of the fear of being stigmatized.

5. Recommendation

Since no cure for HIV/AIDS has yet been found, the only social vaccination against it is education. Education serves as a tool to create and sustain awareness of HIV/AIDS for the purpose of enabling people adopt socially acceptable social behaviour. It is therefore being recommended that the Ghana AIDS Commission and all other stakeholders in the fight against HIV/AIDS intensify informational, educational and communication (IE & C) activities so that there is increased utilization of VCT services within the country. Misconceptions about

activities at these centers also need to be corrected through education so that more people especially the youth would access services at the VCT centers nationwide. Future educational campaigns could also include more information about signs and symptoms of the disease so as to make more youth aware and able to identify people suffering from the disease. Respondents recommended the use of home test kits to know their serous-status so in future the Ghana Health Service could look into the possibility of introducing such a service into the country. The results of the study could also serve as baseline data for Ghana AIDS Commission and all other stakeholders in the fight against HIV/AIDS to conduct further studies on how to promote the use of VCT services in Ghana. Further studies could also be conducted on factors that increase the risk of vulnerability of the youth to HIV/AIDS.

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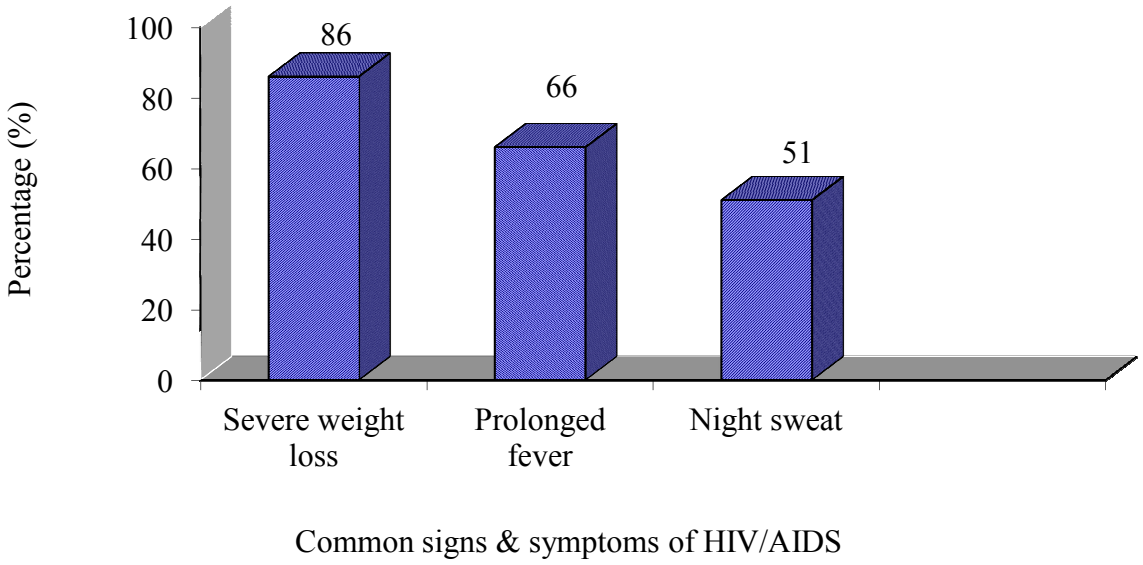
Table 1. Demographic Characteristics of respondents

Demographic Characteristics	**Frequency (n = 200)**	**Percentage**
Age (Years)		
<20	72	18
21 – 23	104	52
>23	60	30
Total	200	100
Gender		
Males	94	47
Females	106	53
Total	200	100
Demographic Characteristics	**Frequency (n = 200)**	**Percentage**
Marital status		
Single	162	81
Married	38	19
Total	200	100
Occupation		
Student	134	67
Others (Law/National Service)	20	10
Self- employed	18	9
Unemployed	18	9
Government / Private employee	16	8
Teaching	14	7
Total	200	100
Educational level		
Tertiary	92	46
Basic / Sec. Level	56	28
Vocational	34	17
No education	18	9
Total	200	100
Religion		
Christians	168	84
Moslems	26	13
African Traditional Religion (ATR)	6	3
Total	200	100



(n = 200)

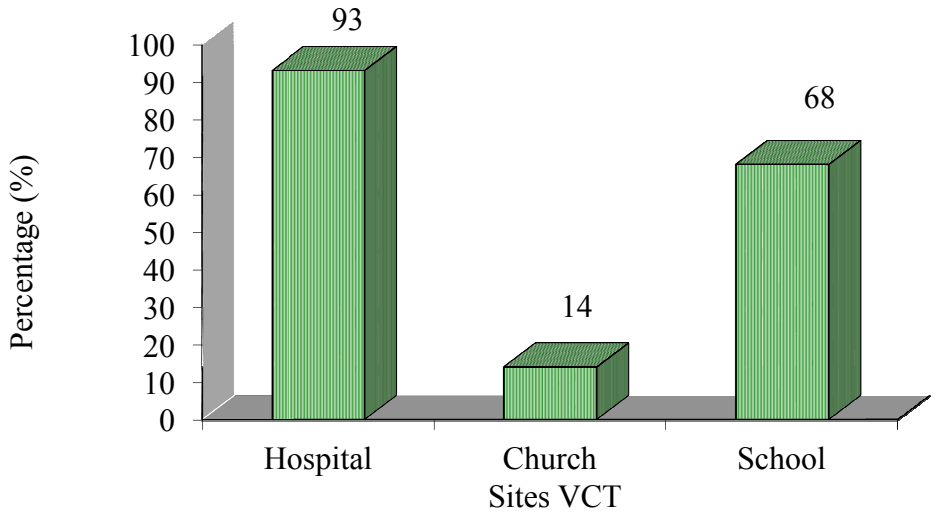
** *Percentages exceed 100% because respondents gave multiple responses*

Figure 1. Respondents' knowledge about the common signs and symptoms of HIV/AIDS

Table 2. Assessment of respondents HIV/AIDS risk levels

Risk statements	**Frequency (n = 200)**	**Percentage (%)**
Shared needles and blades	134	67
Had sex without knowing the serostatus of partner	126	63
Had unprotected sex with multiple partners	110	55
Had sex with someone who had unprotected sex with multiple partners	102	51
Had sex with someone who uses needles / syringes for drugs	64	32
Had sex with someone who is HIV positive	4	2

** *Percentages exceed 100% because respondents gave multiple responses*



(n = 200)

** *Percentages exceed 100% because respondents gave multiple responses*

Figure 2. Respondents' knowledge about places to check their serostatus

Table 3. Respondents' awareness of the availability of VCT services

Awareness of VCT	**Knowledge about checking serostatus (n = 200)**				**Total (%)**	
	Knowledge		**No knowledge**			
	Freq	**(%)**	Freq	**(%)**	Freq	**(%)**
Awareness	74	37		-	74	37
Non-awareness	116	58	10	5	126	63
Total	190	95	10	5	200	100

Table 4. Respondents' reasons for not accessing VCT services

Reasons	**Frequency (n = 200)**	**Percentage (%)**
Afraid to know serostatus	184	92
People may assume I am HIV positive	94	47
Ashamed to assess VCT services	94	47
VCT staff may disclose my serostatus to others	48	24

** *Percentages exceed 100% because respondents gave multiple response*