



An Exploration of Men's Knowledge, Attitudes, and Perceptions of HIV, HIV Risk, and Willingness to Test for HIV in Yendi District, Northern Ghana

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We explored men's HIV knowledge, perceptions of HIV risk, and willingness to test for HIV in preparation for the initiation of formalized voluntary counseling and testing (VCT) services at Yendi Hospital in Yendi District, Ghana. A multi-method approach was used, including surveys of 129 male hospital patrons, three men-only focus group discussions, and eight interviews with clinical staff at the hospital. History of condom use, perception of risk, paying for an HIV test, and age were all significantly associated ($p < .05$) with willingness to test. An aversion to the hospital was the most prominent theme among participants. Aversion was due to perceived lack of confidentiality, preference for traditional healers, perceived costs, and fear of testing. Our participants (a) expressed the need for VCT services, (b) recommended that VCT target men for HIV prevention and VCT patronage, and (c) thought locations outside of hospitals should provide testing services.

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HIV testing is the gateway to HIV prevention, treatment, and retention in care. The benefits of voluntary counseling and testing (VCT) for HIV infection have been well established. One meta-analysis found that

VCT reduced the number of sexual partners and had some influence on reducing the frequency of unprotected sexual acts (Denison, O'Reilly, Schmid, Kennedy, & Sweat, 2008). Other findings have demonstrated VCT's influence on safer sex practices by increasing condom use and decreasing sexually transmitted disease (STD) acquisition (Mola, Mercer, Asgar, Gimbel-Sherr, & Gloyd, 2006; Sherr et al., 2007). Routinized testing within antenatal clinics (ANC) has led to identifying HIV-infected mothers and reducing mother-to-child transmission (Hensen et al., 2012). Couples' VCT encourages disclosure of status, engagement in safer sex practices, and support of partners within couples (Allen et al., 2007; Bunnell et al., 2005).

Despite these benefits, heterosexual men remain a neglected target population for HIV prevention, and specifically, for HIV testing efforts (Snow, Madalane, & Poulsen, 2010). It is well recognized that women's biological vulnerability to HIV transmission, as well as socially and culturally sanctioned gender biases, account for the high HIV rates among women (Higgins, Hoffman, & Dworkin, 2010). This is important where heterosexual transmission is the

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dominant mode of transmission, as in Sub-Saharan Africa, and among women of color in the Western world. Other factors associated with VCT in Sub-Saharan Africa include level of awareness about HIV, perceived risk for HIV infection, and perceived costs of HIV testing services (Berendes & Rimal, 2011; Mugisha, van Rensburg, & Potgieter, 2010; Negin et al., 2012; Uzochukwu, Uguru, Ezeoke, Onwujekwe, & Sibeudu, 2011). Other factors shown to increase uptake of VCT include (a) providing options in location and approach to testing, (b) using traditional healers to promote HIV testing, and (c) incentivizing testing (Furin, 2011; Lee, Cui, Muessig, Thirumurthy, & Tucker, 2014; Wreford & Esser, 2008). Factors that influence heterosexual, non-drug-using men in Sub-Saharan Africa to test for HIV warrant further exploration.

Studies have begun to assess Sub-Saharan African men's perceptions and involvement in various HIV testing strategies, such as couples testing, testing in ANCs, stand-alone services, and home-based testing (Koo, Makin, & Forsyth, 2013; Msuya et al., 2008; Sherr et al., 2007). Most studies, however, explore men's willingness to test in the context of ANC in order to prevent mother-to-child transmission (Koo et al., 2013; Orne-Gliemann et al., 2010), and have shown that there is poor uptake by men in these settings (Snow et al., 2010). Studies in various global locations have demonstrated that men perceived the ANC to be a woman's space, which did not conform to cultural gender norms and excluded the male presence in that setting. The ANC, therefore, was found to be a barrier to men's engagement in testing for HIV (Koo et al., 2013; Orne-Gliemann et al., 2010). Despite these findings, one Tanzanian study demonstrated that male testing within the ANC context increased joint disclosure among couples, reduced seroconversion among discordant couples, enhanced linkage to and retention in care, and decreased transmission of HIV to infants (Conserve, Sevilla, Mbwambo, & King, 2013; Msuya et al., 2008). One study in a South African ANC site found that couples' communications about sexual health and health in general influenced men's willingness to test for HIV (Villar-Loubet et al., 2013). Another South African study of male partner involvement in VCT, as part of ANC services, re-

ported that men agreed to the need for HIV testing and believed that men should test as a duty to their children (Koo et al., 2013).

The likelihood of men engaging in VCT within this setting was shown in a multivariate analysis to be significantly associated with having ever been tested for HIV outside of the ANC setting (Aluisio et al., 2011). Therefore, the perception of testing and willingness to test for HIV in various other settings must be explored (Mpairwe et al., 2005; Pool, Nyanzi, & Whitworth, 2001; Spielberg, Kurth, Gorbach, & Goldbaum, 2001). Other studies exploring men's uptake of VCT outside of the ANC setting found that married men, men of a higher socioeconomic status, and men with a perception of being high risk were more likely to report VCT use (Bwambale, Ssali, Byaruhanga, Kalyango, & Karamagi, 2008; Leta, Sandoy, & Fylkesnes, 2012). Having ever been diagnosed or treated for an STD has also been found to be significantly associated with testing for HIV, as has being offered an HIV test by a provider (Petroll et al., 2009).

Some motivational factors and barriers to HIV testing among men have been identified in studies of men's willingness to engage in VCT. Barriers include stigma, perceived lack of confidentiality among health care providers, and perceived lack of access to testing (Angotti, 2012; Bwambale et al., 2008; Leta et al., 2012). Other factors identified in the literature as barriers include poverty, lack of financial resources, unemployment, feelings of indifference, and lack of knowledge regarding transmission (Auvinen, Kylma, Valimaki, Bweupe, & Suominen, 2013). The location of testing services and the approach to testing are other important barriers to testing; however, the literature is mixed on men's preferences. One South African study demonstrated that most individuals preferred client-initiated testing versus provider-initiated testing (Van Dyk, 2013). Another study of African American men showed a preference for medical facilities or, for those without a primary physician, for community-based or clinic-based settings (Petroll et al., 2009). Given the barriers to VCT uptake among men, there is a need to expand and routinize HIV testing for men in various settings in order to identify new infections and initiate antiretroviral therapy (Cherutich, Bunnell, & Mermin, 2013).

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