

Awareness, Attitudes and Uptake of HIV Counselling and Testing Among Pregnant Women in The Teaching Hospitals in Lagos State, Nigeria

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Abstract:

HIV Counselling and testing is a key factor in prevention of mother-to-child HIV transmission. Awareness of HIV can be brought about through HIV Counselling and Testing (HCT) which is considered as one of the various strategies to curb the increase in spread of HIV infection. The study assessed the awareness and attitudes towards HIV Counselling and Testing among pregnant women attending antenatal care clinic in teaching hospitals in Lagos State. A descriptive design was used. The total population consisted of pregnant women attending antenatal clinic at Lagos University Teaching Hospital (LUTH) and Lagos State Teaching University (LASU). The sample size of 284 was drawn from the total population using Cochran's formula. A structured questionnaire was used to elicit information from the respondents. The items in the questionnaire were presented to experts for review, correction and appraisal after which necessary corrections were made. Reliability was done using internal consistency method where the reliability coefficient generated for the pilot study generally was 0.828. The data for this study were gathered through primary source. The descriptive statistics was employed to answer the developed research questions for this study. The findings of the study revealed that most of the pregnant women had high level of awareness of HCT as 28 respondents representing 10.7 percent had low level of

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awareness of HCT, 69 respondents representing 26.4 percent had moderate level of awareness of HCT while 164 respondents representing 62.8 percent had high level of awareness of HCT. Also, most of the pregnant women had negative attitude towards HCT. In addition, most of the pregnant women had moderate level of uptake of HCT. It was recommended among others that the level of discrimination and stigmatization must be reduced by making laws that stand against discrimination and stigmatization.

Keywords: Awareness, HIV Counselling and testing, attitudes, uptake, pregnant women,



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Introduction

HIV Counselling and testing is a major factor in prevention of mother-to-child HIV transmission. It's one of the ways of making sure we have an HIV free generation and a way of reducing the expansion of HIV/AIDS rise in the Country. Pregnant women susceptibility to HIV and it's mode of spread to the foetus give an important opportunity for this service, which can be incorporated with antenatal care and can be done routinely so as to give prompt treatment. HIV Counselling and Testing (HCT) can be described as the service made available to an individual for him/her to know his/her HIV status, which could be either positive or negative and is most times confidential (NACA, 2020). The aim of HCT is preventive, it teaches people who tested negative on the ways of living to stay negative and for a positive test result, how to live positively and not infecting others. It also permits women who may have been infected to seek counselling and make decisions on getting pregnant, the management of pregnancy, mode of parturition and breastfeeding (UNAIDS, 2019).

Awareness of HIV can be brought about through HIV Counselling and Testing (HCT) which is known as one of the diverse strategies to limit the spread of HIV infection and reduce its impacts in individual lives, families and the nation at large. Attitudes towards HIV Counselling and testing differ across different demographic characteristics; attitudes can affect individual's willingness to use HCT services positively or negatively (Figueroa, et al., 2015).

The high rate of incidence of HIV infections is also a public health challenge and it is having a devastating blow on the nation. This impact is evidently affecting individuals, families, communities even the nations of the world not only psychologically but also economically and socially. The consequence of this disease has caused great havoc within communities especially where the already damage remains can no longer cope with further strain.

In 2019, the World Health Organization (WHO) estimated the number of people living with HIV globally as 38 million and an estimated 33 million lives had been lost to this scourge. This alarming number in the people affected may be due to their poor knowledge about the disease and its preventive measures, poor access to health care facilities. In a study carried out involving 238 pregnant women's knowledge and beliefs about voluntary HIV counselling and testing in Olowokere and Adalakun (2017) revealed that knowledge was evaluated to be poor in 1.7%, moderate in 51.7% and good in 46.6% showing that the knowledge of pregnant women about importance of HIV screening insufficient. Investigations in several countries, including Nigeria, Sudan, China, Ethiopia, and Kazakhstan, have revealed a similar lack of knowledge about the means of MTCT and from the results, less than half of participants from other studies understood that HIV could be transmitted through birth or through breastfeeding.

In a study that showed very poor uptake of HIV counselling and testing among pregnant women in an area with two African countries as borders of high prevalence, Sudanese women had poor uptake of HIV counselling and testing, as a result of little awareness of HIV among women thus enough effort for awareness and education must be made to change this result (Silvia, et al., 2018). In Nigeria, a study carried out to assess the knowledge, perception, access and utilization of HIV counselling and testing among pregnant

women from rural communities in Nigeria, where 300 pregnant women participants were used, it was revealed that (59.0%) had good knowledge, (56.7%) had good perception, majority (88.4%) of the (77%) of respondents who reported the availability of HIV counselling and testing services said it was free and (61.3%) of the respondents had HCT done. Majority (78.3%) had one-on-one counselling while a little above half (55.4%) gave consent less than half (36.3%) of the respondents were willing to have the HIV counselling and testing in the present pregnancy (Olowokere & Adelokun, 2017).

Therefore, the main goal of this study is to assess the awareness, attitudes and uptake of HIV Counselling and testing among pregnant women in the teaching hospitals in Lagos State. It is anticipated that findings from this study may contribute to the achievement of the goal of the National HIV/AIDS Strategic Framework (NSF) of the Federal Republic of Nigeria 2017-2021 which is to fast track the national response towards ending AIDS in Nigeria by 2030 and increasing access to HIV counselling and testing services enabling 90% of people living with HIV to know their status and be linked to relevant treatment and service which will strengthen community system to support testing and re-testing of key populations, vulnerable populations and pregnant women.

Thus, the main objective of the study was to assess the awareness, attitudes and uptake of HIV Counselling and Testing among pregnant women in Lagos University Teaching Hospital (LUTH) and Lagos State University Teaching Hospital (LASUTH). This study specifically:

1. assessed the level of awareness of HIV counselling and testing among pregnant women on HIV counselling and testing among pregnant woman;
2. examined the attitude of pregnant women on HIV counselling and testing; and
3. determined the level of uptake of HCT among pregnant women.

Research Questions

The following research questions were raised for this study:

1. What is the level of awareness of pregnant women towards HCT in the teaching hospitals in Lagos State?
2. What is the attitude of pregnant women towards HCT in the teaching hospitals in Lagos State?
3. What is the level of uptake of HCT among pregnant women in the teaching hospitals in Lagos State?

Methodology

A descriptive design was used to make accurate and systematic description of the awareness and attitude to HIV Counselling and testing among pregnant women attending antenatal care clinic in Teaching hospitals in Lagos State, Nigeria. The total population consisted of pregnant women attending antenatal clinic at Lagos University Teaching Hospital (LUTH) and Lagos State Teaching University (LASU). The sample size of 284 was drawn from the total population using Cochran's formula.

A structured questionnaire was used to elicit information from the respondents, the questionnaire was developed using study objectives and research questions in line with the literature reviewed. It comprise of four sections, section A is demographic variables while section B is on awareness of HIV transmission, section C is attitude towards HCT while

Section D is on uptake of HCT. The items in the questionnaire were presented to experts in the test and measurement and in nursing field for review, correction and appraisal after which necessary corrections were made. Reliability was done using internal consistency method where the developed questionnaire was administered on 10% of the sampled respondents to ascertain that it is testing what it is set to test. After their responses, the instruments were collated scored and analysed using SPSS version 26. The reliability coefficient generated for the pilot study generally was 0.828.

The data for this study were gathered through primary source. The researcher administered questionnaires to the respondents who were required to provide responses to the questions therein. The descriptive statistics was employed to answer the developed research questions for this study.

Results

Research Question 1: What is the level of awareness of HIV Counselling and testing among pregnant women in teaching hospitals in Lagos State?

Table 1: Awareness of HIV Counselling and Testing among pregnant women N= 261

S/N	ITEMS	Correct Answer (%)	Wrong Answer (%)	Mean	SD
	Overview of HIV				
1.	It is a curable disease	189 (72.4)	72 (27.6)	0.72	0.45
2.	It attacks the immune system	191 (73.2)	70 (26.8)	0.73	0.44
3.	It is a viral disease	216 (82.8)	45 (17.2)	0.83	0.38
	Causes: HIV is caused by				
4.	Shaking hands with infected persons	216 (82.8)	45 (17.2)	0.83	0.38
5.	Through blood and body fluids	211 (80.8)	50 (19.2)	0.81	0.39
6.	Sexual transmission	198 (75.9)	63 (24.1)	0.76	0.43
	Symptoms: Symptoms of HIV are				
7.	Loss of weight	209 (80.1)	52 (19.9)	0.80	0.40
8.	Frequent sickness	181 (69.3)	80 (30.7)	0.69	0.46
9.	Infertility	181 (69.3)	80 (30.7)	0.69	0.46
	HCT is :				
10	Counselling and Testing for STI's	210 (80.5)	51 (19.5)	0.80	0.40
11	HIV Counselling and testing	217 (83.1)	44 (16.9)	0.83	0.38
12	An important strategy in preventing HIV/AIDS	218 (83.5)	43 (16.5)	0.84	0.37
13	Avoiding any contact with a suspected carrier	209 (80.1)	52 (19.9)	0.80	0.40
14	Avoiding casual sex	219 (83.9)	42 (16.1)	0.84	0.37
15	Avoiding sharing of sharp instrument	217 (83.1)	44 (16.9)	0.83	0.38

Table 1 revealed the awareness of HIV Counselling and testing among pregnant women. On overview of HIV in measuring knowledge of women towards HIV Counselling and Testing, 189(72.4%) knew it is a curable disease, 72(27.6%) did not know; 191(73.2%) knew it attacks immune system while 70(26.8%) did not know; 216(82.8%) knew it to be a viral disease while 45(17.2%) did not know. Only 216(82.8%) knew shaking hands with infected person will not cause HIV while 45(17.2%) did not know. 211(80.8%) of respondents knew HIV is caused by contact with blood and body fluids while 50(19.2%) did not. 198(75.9%) knew HIV is caused by sexual transmission while 63(24.1%) did not know. On symptoms of HIV, 209(80.1%) knew loss of weight as one of the symptoms while 52(19.9%) did not know. Frequent sickness and infertility were seen as symptoms by 181(69.3%) of the respondents while 80(30.7%) did not know. HCT is counselling and testing for STI's as reported by 210(80.5%) of the respondents while 51(19.5%) did not know. Only 217(83.1%) knew HCT means HIV counselling and testing while 44(16.9%) did not know. HCT is an important strategy in preventing HIV/AIDS as reported by 218(83.5%) of the respondents while 43(16.5%) did not know. 209(80.1%) said avoiding any contact with a suspected carrier is not HCT while 52(19.9%) said it is HCT. Avoiding casual sex is HCT as reported by 219(83.9%) of the respondents while 42(16.1%) did not. Avoiding sharing of sharp instruments is HCT as reported by 217(83.1%) of the respondents while 44(16.9%) did not know.

To determine the level of awareness of HIV Counselling and Testing, the following method was used

Range

Scores from 0 - 7 Low awareness

8 - 11 Moderate awareness

12 - 15 High awareness

Table 2: Level of awareness of HIV Counselling and Testing among pregnant women

Level	Frequency	Percent
Low	28	10.7
Moderate	69	26.4
High	164	62.8
Total	261	100.0

Table 2 shows the level of awareness

of HIV Counselling and Testing among pregnant women. From the table, 28 respondents representing 10.7 percent had low level of awareness of HIV Counselling and Testing, 69 respondents representing 26.4 percent had moderate level of awareness of HIV Counselling and Testing while 164 respondents representing 62.8 percent had high level of awareness of HIV Counselling and Testing. It could be concluded that most of the pregnant women had high level of awareness of HIV Counselling and Testing.

Research Question 2: What is the attitude of pregnant women towards HIV counselling and testing in teaching hospitals in Lagos State?

Table 3: Attitude of pregnant women towards HIV Counselling and Testing N= 261

S/N	ITEMS	SA (%)	A (%)	U (%)	D (%)	SD (%)	Mean	SD
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1.	I don't need to be forced for HIV testing	85 (32.0)	117 (44.8)	36 (13.8)	13 (5.0)	10 (3.8)	3.97	1.00
2.	Even if it is free, HIV testing is a no go area	53 (20.3)	141 (54.0)	14 (5.4)	53 (20.3)	0 (0.0)	3.74	1.00
3.	I am afraid to do HIV testing	14 (5.4)	74 (28.4)	53 (20.3)	96 (36.8)	24 (9.2)	2.84	1.10
4.	HIV testing is necessary for pregnant women	53 (20.3)	133 (51.0)	24 (9.2)	39 (14.9)	12 (4.6)	3.67	1.10
5.	HIV counselling is only for those who tested positive to HIV	14 (5.8)	111 (42.5)	108 (41.4)	28 (10.7)	0 (0.0)	3.43	0.75
6.	I believe HIV counselling can offer solution to management of the disease.	0 (0.0)	38 (14.6)	55 (21.1)	152 (58.2)	16 (6.1)	2.44	0.81
7.	HIV counselling should be eradicated	0 (0.0)	68 (26.1)	19 (7.3)	164 (62.8)	10 (3.8)	2.56	0.92
8.	I feel ashamed to go for HIV counselling	14 (5.4)	69 (26.4)	94 (36.0)	57 (21.8)	27 (10.3)	2.95	1.05

Table 3 revealed attitude of pregnant women towards HIV counselling and testing; 85(32%) strongly agreed she does not need to be forced for HIV testing, 117(44.8%) agreed, 36(13.8%) were undecided, 13(5%) disagreed while 10(3.8%) strongly disagreed. Only 53(20.3%) strongly agreed if HIV testing is free, it is still a no go area, 141(54%) agreed, 14(5.4%) were undecided, while 53(20.3%) disagreed. 14(5.4%) strongly agreed they are afraid to do HIV testing, 74(28.4%) agreed, 53(20.3%) were undecided, 96(36.8%) disagreed while 24(9.2%) strongly disagreed. Only 53(20.3%) of the respondents strongly agreed HIV testing is necessary for pregnant women, 133(51%) agreed, 24(9.2%) were undecided, 39(14.9%) disagreed while 12(4.6%) strongly disagreed. Only 14(5.8%) of the respondents strongly agreed HIV counselling is only for those who tested positive to HIV, 111(42.5%) agreed, 108(41.4%) were undecided, while 28(10.7%) disagreed. Only 38(14.6%) agreed HIV counselling can offer solution to management of the disease, 55(21.1%) were undecided, 152(58.2%) disagreed while 16(6.1%) strongly disagreed. Only 68(26.1%) of the respondents agreed HIV counselling should be eradicated, 19(7.3%) were undecided, 164(62.8%) disagreed while 10(3.8%) strongly disagreed. Only 14(5.4%) strongly agreed they feel ashamed to go for HIV counselling, 69(26.4%) agreed, 94(36%) were undecided, 57(21.8%) disagreed while 27(10.3%) strongly disagreed.

From the responses above, it could be deduced that most of the pregnant women had negative attitude towards HIV Counselling and Testing

Research Question 3: What is the level of uptake of HCT among pregnant women in teaching hospitals in Lagos State?

Table 4: Uptake of HIV Counselling and Testing N= 261

S/N	ITEMS	Yes (%)	Not Sure (%)	No (%)	Mean	SD
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1.	Would you be worried that you could be tested positive for HIV infection?	49 (18.8)	40 (15.3)	172 (65.9)	1.53	0.79
2.	Would you go voluntarily for HIV test?	29 (11.1)	160 (61.3)	72 (27.6)	1.84	0.60
3.	Could you say confidently you understand the whole essence of HCT?	46 (17.6)	152 (58.2)	63 (24.1)	1.93	0.64
4.	Have you ever attempted going for HCT before now?	60 (23.0)	146 (55.9)	55 (21.1)	2.02	0.66
5.	Have you been exposed to HCT before now?	40 (15.3)	54 (20.7)	167 (64.0)	1.51	0.75
6.	Would you be willing to go for HCT voluntarily any moment from now?	39 (14.9)	117 (44.8)	105 (40.2)	1.75	0.70
7.	Are you unwilling to go for HCT because of fear of being positive for HIV?	35 (13.4)	156 (59.8)	70 (26.8)	1.87	0.62
8.	Would you regularly go for HCT voluntarily as from now on?	56 (21.5)	98 (37.5)	107 (41.0)	1.80	0.77

Table 4 revealed the uptake of HIV Counselling and testing among pregnant women; only 49(18.8%) said they could be worried if tested positive for HIV infection, while 40(15.3%) are not sure and 172(65.9%) will not. 29(11.1%) said they would voluntarily go for HIV test while 160(61.3%) are not sure and 72(27.6%) will not. Only 46(17.6%) said they confidently understand the whole essence of HCT while 152(58.2%) are not sure and 63(24.1%) did not. Only 60(23%) has attempted going for HCT before while 146(55.9%) are not sure and 55(21.1%) have not. There were 40(15.3%) of the respondents who have been exposed to HCT before now while 54(20.7%) are not sure while 167(64%) have not. Only 39(14.9%) was willing to go for HCT voluntarily any moment from now while 117(44.8%) are not sure while 105(40.2%) have not. Unwillingness to go for HCT because of fear of being positive for HIV was reported by 35(13.4%) while 156(59.8%) were not sure and 70(26.8%) are unwilling. Only 56(21.5%) of the respondents claimed they will regularly go for HCT voluntarily as from now on while 98(37.5%) are not sure and 107(41%) will not.

To determine the level of uptake of HIV Counselling and Testing, the following method was used

Range

Mean = 14.25

SD = 2.08

Min = 10

Max = 20

$\bar{X} - SD = 14.25 - 2.08 = 12.17$

$\bar{X} + SD = 14.25 + 2.08 = 16.33$

Range

Scores from 10 – 12 Low

13 – 16 Moderate

17 – 20 High

Table 5: Level of uptake of HIV Counselling and Testing among pregnant women

Level	Frequency	Percent
Low	39	14.9
Moderate	189	72.4
High	33	12.7
Total	261	100.0

Table 5 shows the level of uptake of HIV Counselling and Testing among pregnant women. From the table, 39 respondents representing 14.9 percent had low level of uptake of HIV Counselling and Testing, 189 respondents representing 72.4 percent had moderate level of uptake of HIV Counselling and Testing while 33 respondents representing 12.7 percent had high level of uptake of HIV Counselling and Testing. It could be concluded that most of the pregnant women had moderate level of uptake of HIV counselling and Testing.

Discussion

The findings of the study revealed that most of the pregnant women had high level of awareness of HIV Counselling and Testing as 28 respondents representing 10.7 percent had low level of awareness of HIV Counselling and Testing, 69 respondents representing 26.4 percent had moderate level of awareness of HIV Counselling and Testing while 164 respondents representing 62.8 percent had high level of awareness of HIV Counselling and Testing. In line with the findings of this study, Olowokere and Adelakun (2017) found out that 59% had good awareness of HCT, while 56.7% had good perception. 61.3% of the respondents had HIV counselling and testing done before and a little above half (55.4%) gave consent for testing. Gholamreza et al (2018) concluded that awareness was evaluated to be poor in 1.7%, moderate in 51.7% and good in 46.6% showing that the awareness of pregnant women about importance of HIV screening is insufficient.

The findings of the study also revealed that most of the pregnant women had negative attitude towards HIV Counselling and Testing. Idris et al (2015) revealed that attitudes of pregnant women influence the prevention of mother to child transmission of HIV and there was awareness of HIV and low level of awareness about Prevention of mother to child transmission of HIV/AIDS infection through breastfeeding.

The findings of the study revealed that most of the pregnant women had moderate level of uptake of HIV Counselling and Testing. From the table, 39 respondents representing 14.9 percent had low level of uptake of HIV Counselling and Testing, 189 respondents representing 72.4 percent had moderate level of uptake of HIV Counselling and Testing while 33 respondents representing 12.7 percent had high level of uptake of HIV Counselling and Testing. Some of the pregnant women do not see reason for uptake of HIV Counselling and Testing as only few went for voluntary HIV testing. Mariam et al (2005) found out that 79% had basic awareness about HIV, willingness to undergo the test was demonstrated in 72.8%

of respondents but only 30.3% had the test done. However, Atnafu et al (2019) revealed that among the total 340 pregnant women who participated, 234 (68.8%) accepted testing.

Conclusion

Sequel to the findings of this study, it is concluded that most of the pregnant women had high level of awareness of HIV Counselling and Testing but had negative attitude towards HIV Counselling and Testing. It is also concluded that most of the pregnant women do not see reason for uptake of HIV Counselling and Testing as only few went for voluntary HIV testing.

Recommendations

Based on the findings of this study, the following recommendations were made;

1. Health education should be prioritized to make people appreciate the importance of HIV Counselling and Testing and the role it plays in the prevention, treatment and control of HIV/AIDS.
2. The level of discrimination and stigmatization must be reduced in order to enhance the uptake of HIV Counselling and Testing services in which policy makers have to make laws that stand against discrimination and stigmatization.\

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