Views and attitudes towards HIV voluntary testing among adolescents: Evidence from Burkina Faso

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Background

The HIV/AIDS pandemic is one of the most important and urgent public health challenges facing developing nations. Even though it affects all the social sectors of the population, the epidemic among adolescents is the fastest growing partly because of low use of preventive services.

Nevertheless, adolescents are seen as a "window of hope" because of their great potential for positive change of attitudes and behaviours. Therefore, focusing on young people is likely to be the most effective approach to confronting the epidemic. Among the range of measures to enable young people to protect themselves from HIV/AIDS one can cite Voluntary Counselling and Testing (VCT). National HIV prevention strategies in a number of countries have more and more recourse to Voluntary Counselling and Testing (VCT) programmes. Indeed, these programmes are seen to provide young people with the opportunity to learn their HIV status in order to adopt protective behaviours if they are HIV negative and to refer them to appropriate medical and psychosocial care when they are infected. Therefore, VCT is seen to help reducing risky behaviours and HIV infection rates through counselling people about how to avoid spreading HIV (Weinhardt L.S. et al, 1999; Painter T.M, 2001). Studies carried out in Kenya, Tanzania and Trinidad have shown that both male and female participants who had counselling and were tested were significantly more likely to report a reduction in the incidence of unprotected intercourse with a non-primary partner than those in the control group, who received only basic health information (Coates T.J.P. et al., 2000).

Unfortunately, VCT strategy doesn't work properly in most of Sub-Saharan settings. Indeed, "many different factors affect access and use of testing services, but knowing where testing and counselling are offered is clearly an essential first step. Surveys have shown that many young people do not know where to obtain these services. In 25 of 39 countries surveyed, less than 50% of young women aged 15–24 knew where they could go to be tested for HIV" (WHO, 2006). Burkina Faso doesn't escape this statement of fact. Indeed, despite government and NGOs prevention efforts towards adolescents, their access to information and reproductive health services remains low because of many factors such low schooling, lack of appropriate health care services and other socio-cultural factors.

Using a nationally-representative data from a survey carried out in 2004 this paper aims to assess the present level of knowledge, views and attitudes towards VCT among adolescents of 12-19 years old in Burkina Faso and to identify barriers to seeking VCT.

Data and methods

The data come from the Burkina National Adolescents Survey (BNAS) carried out in 2004 in collaboration with Macro International Inc and the Institut National de la Statistique et de la Démographie of Burkina Faso. The survey was a nationally-representative household where sampling was done as following: a first-stage systematic selection of census areas was made and a second stage selection of households within the selected census areas was made from a

household listing. All eligible 12-19 de facto residents in each sampled household were included in the survey. However, consent from a parent or caretaker was requested for adolescents aged 12-17 years before the eligible adolescent was approached to participate in the survey. A total number of 5,955 adolescents of 12-19 year olds were surveyed with a response rate of 96%. The 2004 BNAS is part of a larger, five-year study of adolescent sexual and reproductive health issues called *Protecting the Next Generation: Understanding HIV Risk Among Youth* (PNG). The PNG project, which is being carried out in Burkina Faso, Ghana, Malawi and Uganda, seeks to contribute to the global fight against the HIV/AIDS epidemic among adolescents by raising awareness of young people's sexual and reproductive health needs with regard to HIV/AIDS, other sexually transmitted infections (STIs) and unwanted pregnancy; communicating new knowledge to a broader audience, including policymakers, healthcare providers and the media, in each country, regionally and internationally; and stimulating the development of improved policies and programs that serve young people.

The survey used two instruments: a household screener and an adolescent questionnaire. The household screener was used to list all usual members and visitors in the selected household. The age, sex, relationship to head of household and education characteristics was collected for each person listed. The purpose of the screener was to identify eligible 12-19 year olds for individual interview. The household screener also collected information on the household's access to safe drinking water and improved sanitation, environmental conditions, land ownership, and possessions. The adolescent questionnaire collected detailed information on a range of issues such as adolescents' views of health information and service sources; sexual relationships and partner characteristics; the consistency and correctness of condom use; exposure to and content of sex education in schools; and family and peer influences.

For data analysis, we used descriptive methods to describe the knowledge about voluntary counselling and testing among adolescents who know of HIV/AIDS according to sex and age; the demand for HIV testing among adolescents who have never been tested and who knows that a person can be tested, according to sex and age; the reasons for those who don't want to test, etc. We also used chi-square tests to compare proportions of respondents, within and across the groups. A logistic regression approach was used to assess the associations between adolescents' awareness of VCT and some socio-demographic characteristics (age, schooling, residence and so on). Analyses were performed using SPSS.

Preliminary Results

Sample characteristics

Overall, the educational level of the adolescents in the study was very low. About 53% of males and 64% of females aged 15-19 years have never attended school. Among males who have ever attended school, 58% of 12-14 years old and 78% of 15-19 years old are not currently in school. The proportions are much higher for females (70% of 12-14 years old and 84% for 15-19 years old). Very few adolescents of 12-14 years old females have initiated sex (2%). On the other hand, among 12-14 years old males 6% of them report that they have ever had sex. Among 15-19 years old females, 24.5% are currently in union while 16% of them have a child but it is also important to note that 55% of females and up to 66% of males aged 15-19 years report that they have never have sex. However, among those who have ever had sex, 6% of females and up to 21% of males have had 3 or more lifetime sexual partners while

5% and 24% respectively for females and males have had 2 or more sexual partners in the last 12 months.

Awareness of VCT among adolescents

Results showed that 37% of boys and 43% of girls don't know about VCT. Among those who know about VCT, 69% of girls and 74% of boys know where they can obtain VCT services and only 5% have used VCT services before (Table 1). Among those who are aware of VCT, 28% of girls and 25% of boys don't know where they could go to get tested. Government' clinics and hospital are the most commonly known as providing VCT. Among those who know where they can get tested 61% of boys and 66% of girls don't know if they must pay to get tested.

Table 1: Knowledge about voluntary counselling and testing among adolescents who know of HIV/AIDS according to sex and age, Burkina Faso, National Survey of Adolescents, 2004

Characteristic	Female			Male		
	12-14 (N=951)	15-19 (N=1497)	Total (N=2448)	12-14 (N=1056)	15-19 (N=1554)	Total (N=2610)
Have heard that people can get tested to see if they are infected with HIV/AIDS						
Yes	46,3	60,9	55,2	53,6	66,9	61,5
No	53,7	39,1	44,8	46,4	33,1	38,5
Knows of a place to get an HIV/AIDS test†						
Yes	65,9	74,8	71,9	71,9	77,4	75,5
No	34,1	25,2	28,1	28,1	22,6	24,5
Places known for HIV/AIDS test‡						
Government clinic/hospital	96,9	96,0	96,3	96,3	96,8	96,6
Private clinic/hospital/doctor	4,1	7,2	6,3	3,9	3,7	3,8
NGO clinic	1,4	2,2	2,0	1,5	3,2	2,6
Drug shop/pharmacy	0,3	0,1	0,2	0,0	0,2	0,2
Mobile clinic	0,3	0,0	0,1	0,0	0,5	0,3
Stand alone testing center	3,1	4,4	4,0	2,2	4,7	3,9
Other	1,4	2,2	2,0	1,5	2,4	2,1
Does a person have to pay to get tested‡						
Yes	11,7	15,6	14,4	17,9	16,3	16,8
No	17,6	20,3	19,5	19,7	23,8	22,4
Don't know	70,7	64,2	66,1	62,4	60,0	60,8
Total	100,0	100,0	100,0	100,0	100,0	100,0

† Limited to those who are aware of a test for HIV/AIDS.
‡ Limited to those who know a place for AIDS testing

Demand for HIV testing among adolescents

Demand for testing among those who know about testing and have never been tested is high. Indeed, 59% of girls and 67% of boys said they want to undergo the HIV test (Table 2). Those who don't want to get tested can be classified into three main groups: the first group is those who said that they are not sexually active (21% of boys and 25% of girls); the second group concerns those who don't feel themselves to be at risk for some other reasons (15% of boys and 18% of girls) and the third group concerns those who don't want to know their status. For this group, AIDS related stigmas might influence seeking VCT among them. Indeed, stigmatising beliefs are very common among adolescents. Findings show that 66% of boys and 68% of females think that if a family member became infected with AIDS virus, they would want it to be a secret and 31% of boys and 35% of females think that they would not be willing to care for a family member who became infected with HIV. Therefore, the associated fears of discrimination can influence decisions to seek VCT services. The lack of knowledge about where to get tested doesn't seem to be a barrier in seeking VCT even though 28% of girls and 25% of boys don't know where they could go to get tested. Indeed, only 2% of both boys and girls didn't seek VCT because they don't know where to go.

Table 2: Demand for HIV testing among adolescents who have never been tested and who knows that a person can be tested, according to sex and age, Burkina Faso, National Survey of Adolescents, 2004

Characteristic	Female			Male		
	12-14 (N=436)	15-19 (N=867)	Total (N=1303)	12-14 (N=562)	15-19 (N=988)	Total (N=1550)
Ever been tested for HIV†						
Yes	1,0	6,3	4,7	1,0	6,3	4,5
No	99,0	93,7	95,3	99,0	93,7	95,5
Want to be tested for AIDS virus						
Yes	52,3	64,1	60,2	62,1	69,6	66,9
No	44,3	33,6	37,1	35,1	28,3	30,8
Don't Know	3,4	2,3	2,7	2,8	2,0	2,3
Main reason do not want to be tested‡						
Not sexually active	32,7	19,9	25,0	26,8	16,7	20,9
Not at risk for other reasons	13,9	20,3	17,7	13,1	16,1	14,8
Do not know where to go	1,9	2,3	2,1	1,9	2,3	2,1
Costs too much	1,0	4,2	2,9	4,7	4,0	4,3
Can get infection from test	1,4	1,3	1,3	1,9	3,0	2,5
Don't want to know status	26,4	33,4	30,6	32,4	42,8	38,5
Someone might see me	1,0	1,9	1,5	1,9	0,7	1,2
Too young	5,8	0,0	2,3	4,2	1,3	2,5
Not infected	1,9	2,3	2,1	0,9	3,0	2,1
No reason	7,2	8,0	7,7	9,4	5,7	7,2
Other	6,7	6,4	6,6	2,8	4,3	3,7
Total	100,0	100,0	100,0	100,0	100,0	100,0

† Limited to those who know a place for AIDS testing.
‡Limited to those who do not want to be tested.

It is important to know that in Burkina Faso according to an official measure of the Ministry of Health (Ministère de la Santé, 2003), adolescents under 18 years old are not allowed to go for voluntary counselling and testing unless they are accompanied by their parents/caretakers. It is surprising to note that contrary to what one might think, adolescents didn't mention this decision as a barrier to seek VCT.

Factors influencing VCT among adolescents

From table 3, findings show that residence (rural/urban) and level of education are strongly associated with awareness of VCT, with adolescents living in urban areas 4 times more likely to be aware of VCT compared to those who are living in rural areas. As for school' influence, adolescents with a secondary level of schooling are 9 times more likely to be aware of VCT compared to those who have no instruction. Very young adolescents (12-14 years old) in general and especially females are also less likely to know about VCT.

Table 3: Odds ratios for VCT awareness among adolescents in Burkina.

Characteristics	**Odds ratio**	**Confidence interval**
Sex of respondent		
Female	RC	
Male	1.312***	[1.158-1.487]
Age of respondent		
12-14	RC	
15-19	1.812***	[1.594-2.059]
Instruction		
None	RC	
Primary school	1.904***	[1.659-2.184]
Secondary school and more	9.318***	[6.631-13.096]
Residence		
Rural	RC	
Urban	4.109***	[3.435-4.915]

Partial conclusion

These findings have some policy and programmatic implications. Indeed, adolescents are now known to be a key target group for HIV prevention efforts in Burkina Faso. Unfortunately these results suggest that there is a lack of accurate information about VCT towards adolescents, especially in rural areas. Another important point is that even though adolescents didn't cite the MOH' measure as a barrier to seek VCT, the fact remains that this decision is a critical point which needs to be deeply discussed. Indeed, given the high proportion of adolescents who want to be tested, we think that this decision should be reversed in order to provide the great majority of young people with the opportunity to learn their HIV status and to adopt protective behaviours if they are HIV negative and to refer them to appropriate medical and psychosocial care if they are infected.

References

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