AWARENESS AND THE USE OF VOLUNTARY COUNSELLING AND TESTING SERVICES: PANACEA TO HIV/AIDS PANDEMIC IN NIGERIA

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Abstract

The HIV/AIDS Voluntary Counseling and Testing (VCT) services provide a critical entry point to both HIV/AIDS prevention and care and support for the infected individuals. Over the past decades, the scope of VCT has evolved from diagnostic tool for symptomatic patients to an essential component of HIV/AIDS prevention efforts.

Stratified random sampling was used to select one hundred and fifty respondents (male and female) who were randomly interviewed from three military barracks in Nigeria.

The study reveals that the whole essence of HIV/AIDS is yet to be felt amongst the study population. The study further found that death results from inadequate facilities and non-availability of post-test support services. The study also shows that literacy, public enlightenment programmes and mass media are essential for an efficient and effective VCT.

The study concludes that there is the need to further recruit and train councilors with adequate and enough post-test support activities

Introduction

The United Nations programme on HIV/AIDS (UNAIDS) estimates that 40 million people worldwide were living with HIV at the end of 2006, of this approximately 13.6 million (59 percent) were women aged 15-49, 32 million (7.6 percent) were children aged 15. There were roughly 5 million new HIV infections in 2002. During the same year an estimated 3.1 million people died of AIDS. Since the beginning of this epidemic, more than 25 million people have died of the disease.

UNAIDS also estimated that at the end of 2002 approximately 14,000 new infections were occurring daily-95 percent of them in developing countries. Approximately 2000 of these daily infections occur in children under age 15, 12,000 occur in people aged 15-49. Almost half of the new infections occur in women and half occur in people aged 15-24 years.
Sub Saharan African carries the greatest burden of the disease with approximately 70 percent of all HIV infections worldwide. In 12 African countries, at least 10 percent of the adult population is infected. In Botswana and South Africa, the figures are 38.8 percent and 19.9 percent respectively.

While the global HIV/AIDS epidemic is hitting hardest in Sub-Saharan African, experts posit that Eurasia (Russia and Asia) will soon reach similar proportion in devastation. India, China and Russia are particularly at risk due to their large populations. Even if HIV rates remain far below those seen in the worst affected African Countries, the sheer number of PLWHA will exact a devastating loss of human life and economic growth potentials. UNAIDS estimates that by 2010 there will be 45million new HIV infections worldwide and that 40 percent of those new infections will occur in Asia and the Pacific. In Nigeria, the first diagnosed case of HIV was reported in 1986, since then the prevalence has risen steadily over the years; 1.8 percent in 1991, 4.5 percent in 1996, 5.4 percent in 1999 and 5.8 percent in 2000. The prevalence towards the end of 2001 represent a figure of about 3.5 million Nigerians already infected with HIV. The highest prevalence however is in the age group of 15-24 years, which is a reproductive and economic productive segment (VCT Tool Kit. F.H.I 2004).

In Nigeria, the first populous country to have an average national HIV prevalence rate of 75 percent (Nigeria overall National prevalence rate was 5.4 percent in 1999. “Youth” (defined by the Nigeria National Action

Committee on AIDS as 20-24 years of age) shows that the highest zero prevalence rate (4.2- 9.7 percent) since 1995. HIV prevalence rate among the youths in most affected states have increased by more than 700 percent. VCT for young people have been recognized as the major priority within the Nigerian HIV prevention program.

HIV voluntary counseling and testing (VCT) services provide a critical entry point to both HIV/AIDS prevention and care and support to infected and affected individuals. Over the past decade, the scope evolved from a diagnostic tool for symptomatic patient to an essential component of HIV prevention efforts. With improved intervention to reduce mother-to-child transmission (MTCT), increased access to more affordable antiretroviral (ARV) drugs and effective prophylactic treatment of opportunistic infection (OIS) providing VCT to the general public has come as an urgent priority (Lamptey, 2004 F.H.I)

The HIV epidemic continues to spread at an alarming rate with over 14,000 new infections per day. While the epidemic is now spreading rapidly in some parts of Asia, Latin America and Caribbean. Sub Saharan Africa continues to bear the greatest burden of the disease. HIV prevalence exceeds 30 percent among sexually active adults in some African cities and AIDS is the leading cause of deaths in major cities within Sub Saharan Africa (F.H.I VCT Tool Kit, September, 2003).

There is a clear need to strengthen and expand VCT services in resource constrained countries where 95 percent of new infections occur. Though significant efforts are being made to expand the scope and scale of VCT programmes worldwide, the vast majority of people are unaware of their HIV status, knowledge of ones HIV status play the most significant role in modifying behaviour to either remain uninfected or to prevent infecting current or future partners. Despite its importance, there are several barriers to wide spread expansion of VCT services. These include lack of government involvement, limited financial resources and fear of stigma and discrimination.

The dearth of appropriately trained counselors and health providers present a primary obstacle to establishment and maintaining high quality VCT services (Lamptey, 2004). Voluntary counseling and testing (VCT) for HIV is the process whereby an individual or couple undergoes counseling to

enable him/her/them to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individuals and he/she/ they may be assured that the process will be confidential.

The rate of transmission of the human immunodeficiency virus (HIV) has stabilized or decreased in some countries. But in many countries especially in Sub Saharan Africa and parts of Asia, HIV transmission continues to increase among both adult and children. High infection rate have contributed to growing awareness of the worldwide epidemic but not to corresponding levels of behaviour change. One reason for this paradox is lack of suitable counseling and testing services in many countries.

In recent years, demand for voluntary counseling and testing (VCT) services has increased alongside understanding that seeking basic health care can extend the lives of people living with HIV/AIDS (PLWHA). VCT is more than drawing and testing blood and offering a few counseling session. It is a vital point of entry to other HIV/AIDS service including prevention and clinical management of HIV related illness, tuberculosis (TB) control, psychosocial and legal supports and prevention of mother to child Transmission of HIV (MTCT). VCT centre can refer clients for medical care, which has encouraged community members to seek out of the services.

It is important to make special efforts to avail VCT services to particular group (youths, couples, pre-marital couple, other high risk and vulnerable groups) that may greatly benefit from such services. Of particular interest are adolescents and youths. High quality VCT enables and encourages people with HIV to access appropriate care and it is an effective HIV prevention strategy.

VCT as an effective behaviour change intervention offers a holistic approach that can address HIV in the broader context of people's lives including context of poverty and its relationship to risk practice, VCT also facilitates early referral to comprehensive clinical and community based prevention care & support including access to Anti-Retro Viral Therapy (ART).

Studies have shown that once the public has accepted VCT services more clients are likely to request VCT for social reasons, such as premarital testing and life planning, rather than solely for medical reasons. Any attempt to prevent new infection and improve the quality of care for PLWHA must

begin by enabling people to learn about their HIV status if they so choose. VCT is recognized as a critical entry point to prevention, care and support services. VCT prevent new infection by helping clients assess their risk and change their behaviour and by linking clients with interventions to reduce mother to child transmission of HIV (MTCT). VCT services contribute to improved care and support of PLWHA through early and appropriate referral for testing and preventing tuberculosis (TB), sexually transmitted infection (STIs) and opportunistic infection (OIs) as well as referral for nutritional services, legal aid, spiritual support, home based care (HBC) and anti-retroviral therapy for HIV (ART) (F.H.I VCT Tool Kit, July, 2002).

HIV poses a significant threat to uniform service population, including military personnel, peacekeepers and the police. This is particularly true during complex humanitarian emergencies. A large number of uniformed service personnel are young males. UNAIDS, the World Bank and FHI are currently providing funding and technical support to target VCT- related activities to uniformed services in Eritrea, Ethiopia, Ghana, Rwanda, Liberia and Sierra Leone. Constraints to providing VCT for some of these groups (including the military and especially new recruits) include mandatory testing requirement enacted by some governments.

Desirable interventions could lobby for reform of mandatory testing and /or encourage government to ensure that pre and post test counseling, sharing of results with the individual who has been tested and adequate referral to care and support services take place during the mandatory testing intervention. In addition VCT services need to be made available to uniform service given the high degree risk practices that often occur in the field and at home (Boswell and Baggaley, 2002).

The Armed Forces Programme on AIDS Control (AFPAC) was established to raise the level of awareness among armed forces personnel. In partnership with United States Agency for International Development (USAID) and Family Health International (FHI), the body received adequate material resources and financial support to carry out campaigns and programmes among uniform personnel. Much has been done in areas of basic awareness programme of what HIV is. The body has organized workshops and seminars to educate them on how HIV is contacted and how it is not contacted. Observable symptoms on AIDS, how a person can know if he or she has HIV infections or AIDS, the issue of high risk behaviour of multiple sex partners that is prevalent among uniform personnel have also been dealt

with. The role of sexually transmitted infections (STIs), the danger it posses to the health and how it can facilitate the transmission of HIV/AIDS. They have been given information to help them know if they have STIs, what to do and where to go. The body has also dealt extensively with behaviour change interventions and other prevention techniques to encourage abstinence, faithfulness and condom use (ABC) of AIDS prevention.

Some peer health educators have been trained and as much as possible uniform personnel are advice to avoid discrimination and stigmatization. Respect for the right of people living with AIDS and the need to provide support and care have also been emphasized by AFPAC. However, Voluntary Counseling and Testing has not been effectively implemented and maintained in Navy Town Barracks as a result of shortage of skilled manpower (trained VCT counselors). Also, the educational background of most of the ratings and the issue of confidentiality affect the willingness of the people to avail themselves of VCT services.

The rationale of this study is the prevention of HIV transmission from positive tested naval rating to untested/ negative partners living in the barracks. This study will also help to find out the adequacy of trained manpower to implement the VCT services and to review the level of acceptance of counseling services amongst the ratings in the barracks. The general objectives of this study includes examining the socio-demographic profiles of respondents; examining the knowledge and use of VCT services; examining the impact of VCT services on the spread of HIV/AIDS and finally, suggesting ways of improving the attitude towards the use of VCT services.

Methods

This study was situated among males and females presumed to be sexually active. The domain of the study was the Nigerian Navy Town Barrack, which is the largest naval barrack accommodating both officers and ratings. The Nigerian navy is one of the 3 armed services of the Armed Forces of the Federal Republic of Nigeria. It is constitutionally charged with the primary responsibility of maritime defense of Nigeria. Established on the 1st June 1956 as the Nigerian Naval Force, it was renamed the Royal Nigerian Navy in July 1959 and the Nigerian Navy in 1963 after Nigeria became a republic. The Naval officers are the commissioned cadres, while the non-commissioned cadres are referred to as the ratings. Among the ratings are junior ratings (junior rate) and the senior ratings (senior rate). The barrack is divided into 2 various areas. The officers' quarters, which is divided into sub

areas, which accommodate the junior officers, senior officers and another area for the very senior officers (captain and above).

The study population includes males and female ratings of various ranks residence in the barrack. Data was collected at the individual level. Multi-stage sampling procedure was adopted in the administration of 150 well-structured questionnaires in the study area. This sampling procedure was undertaken due to the absence of reliable sampling frame and the need to generate self-sampling frame that is representative of the problem and to make the study sample representative.

Survey design was adopted and primary data was collected through the process of stratify random sampling method was used, a rating quarter was selected. This was done by collating the names of all rating quarters in the barracks on a sheet of paper and dropped in a box; as a result rating C was selected. This was classified into strata's according to ratings and sub-quarters, which are as follows:

(1) Senior rates in senior rates quarters (2) senior rates in junior rates quarters and (3) junior rates in junior rates quarters. The process of simple random technique was used to select two quarters. Consequently, senior rates in junior rates quarters and junior rates in junior rates quarters were selected as areas of study. Simple random sampling technique was used to select Households.

This study lays particular focus on the voluntary counseling and testing, as it relates to sexual literacy of the naval personnel. This research work is intended to contribute to the role of VCT in the reduction of HIV/AIDS pandemic. In terms of data analysis, frequency distribution and non-parametric statistical method were employed in interpreting the quantitative data.

Questionnaires were used for the purpose of data collection, a total of 150 respondents were used. The entire 150 questionnaires were administered and after data cleaning all of them were useful, so the analysis was based on 150 cases. The unit of analysis was individual male and female. The analyses were carried out using the Statistical Package for Social Sciences (SPSS) computer software. Cross tabulation was employed in summarizing and describing the data in line with the study objectives.

DISCUSSION OF FINDINGS:

Socio-demographic profile of respondents: See Table 1

The study found out that at least three-fifths of the respondents were males while the remaining two-fifths were females. Also, more than one-quarter of the respondents were in the age bracket 20-29 years old while more than two-fifths of the respondents were in the age bracket 30-39 years during the study.

In terms of educational status, more than half of the respondents were secondary school leavers while two-fifths of the respondents had tertiary education (university, polytechnic and college of education)

With respect to marital status, about three-fifths of the respondents were married as at the time of the study while about two-fifths were single. Of interest to the study is the religious affiliation of the respondents, about half of the respondents were Christians while the remaining were either Muslims or African traditional religion believers.

Socio-demographic characteristics by awareness of VCT services: See Table 2

Whilst 22 percent of the respondents across gender could not articulate what they know about VCT, some however opined that they provide enlightenment on HIV/AIDS (16 percent), "help you know your status"(15 percent) and counsel and test for HIV/AIDS (14 percent) amongst others. Amongst those who claimed to know something about VCT, 19 percent said "it is an organ for counseling and testing people for HIV/AIDS. Yet 16 percent in each case mentioned "they help you know your HIV status and provide enlightenment on HIV/AIDS"

Finally, across board 21 percent of the respondents who have either primary, secondary or tertiary education said VCT is an organ that counsel and test for HIV/AIDS and 20 percent of those with secondary education and above opined, "They help you to know your HIV status".

Socio-demographic characteristics by attitudes towards VCT services: See Table 3

Most feelings and attitudes exhibited towards VCT are those that bother on the saying "that HIV is real" (18 percent). Others are that it "needs more government support" (15 percent), "more enlightenment" (14percent) and "is educative and help to know HIV/AIDS status"

Following on the trail of gender, respondents across age groups mostly affirmed VCT is symptomatic of the fact that HIV is real (18percent), "it

needs more enlightenment"(16 percent), "it needs more government support" (13 percent), and "it a good relief to those living with HIV/AIDS. Cutting across respondents with primary, secondary and tertiary education. It was affirmed that "VCT needs more enlightenment" (21 percent), HIV is real (17 percent), VCT needs more government support amongst others.

Socio-demographic characteristics by perception of how HIV/AIDS can be prevented: See Table 4

On how HIV/AIDS can be prevented, quite a good proportion of both male and female respondents made mentioned of "abstinence", "using condom", "avoiding multiple partners" and "avoiding unscreened blood transfusion". From the table it is evident that some of respondents were naïve to mention that "avoiding contact" e.g. avoiding touch with AIDS patients will prevent them from having HIV/AIDS.

Across age categories, "abstinence", "using condom", "avoiding multiple partners" and "avoiding unscreened blood transfusion were variously mentioned as preventive measures against contacting HIV/AIDS. In terms of education, respondents particularly those that have at least a secondary education made references to abstinence, using condom and avoiding unscreened blood transfusion as measures to prevent having HIV/AIDS.

Awareness of HIV/AIDS Abbreviation.

All the respondents interviewed among the Navy ratings in the barracks claimed to have heard of HIV and were aware of HIV and AIDS abbreviations.

On respondents' sex and full meaning of HIV, 74 percent of the 90 male respondents know the full meaning. While 26 percent do not know. Conversely, 48 percent of the 60 female respondents are aware and 52 percent of the remaining does not. It is therefore statistically significant that more males than females have the knowledge of the full meaning of AIDS.

Of the 150 respondents, 6 respondents who had primary education could not say the full meaning of HIV, 51 respondents of the 86 who had secondary education were forthcoming on the full meaning of HIV, while 49 were not. Out of the 58 with tertiary education, 79 percent of the respondents were knowledgeable about the full meaning of HIV, while 21 percent were not able to.

Awareness of VCT Abbreviation
On the basis of respondents' sex, educational background and age bracket, when respondents were asked of the full meaning of VCT, only 6 of the 90 male respondents showed knowledge of the full meaning of VCT without prompting and they fall into the age brackets of 18-25 and 46-55 years. All the primary school respondents had no clue of the meaning of the acronym. It was only 3 percent of respondents with secondary education and 7 percent of those with tertiary education that exhibited knowledge of the full meaning of VCT.

Causes of HIV/AIDS
On what causes HIV/AIDS more than 20 percent of the male respondents in each category alluded to "indiscriminate sex" while 29 percent of the female respondents also gave the same reason. Most respondents across the four age categories made copious mention of indiscriminate sex, sharing of contaminated or used injection needles and syringes and transfusion of injected blood as the main causes of HIV/AIDS.

Socio-demographic characteristics by use of VCT services: See Table 5
On whether they have ever visited any VCT centre, 69 percent of the respondents replied in affirmative, while 31 percent said "NO". Of those (103) who said "YES", 70 percent or 63 respondents are males. While 67 percent or 40 respondents are females. Of the 47 respondents who never visited VCT centres, their reasons included: "don't have time to go there", "it is unnecessary", "it's waste of time", "it is meant for those who have HIV/AIDS" and "don't know what VCT is all about"

On the frequency of visit in the last one year, majority (87percent) of the 103 respondents who visited a VCT centre one time or the other claimed to have done so 1-3 times, in the last one year. Reasons for visiting VCT centers as enunciated by 103 respondents who have done so bother on "Voluntary and ante- natal"
On the likelihood of patronizing VCT centers in future, with a mean score of above 4.0 on 5-point rating scale demography. There is a strong likelihood that majority of the respondents who have embraced VCT and those who have not, will all patronize VCT in the future. 70 percent of the respondents received benefits and services that has to with "blood testing" mostly and 16 percent respondents obtained services on "prevention of sexually transmitted diseases".

Socio-demographic characteristics by benefits of VCT services: See Table 6

Benefits of VCT services are those that have to do with blood testing (70%) mostly and to some extent prevention of sexually transmitted diseases (16%).

Socio-demographic characteristics by shortcomings of VCT services: See Table 7

On what the respondents considered the short comings of VCT centers, 35 percent of the respondents chose "lack of awareness and publicity", 31 percent went for "lack of confidentiality in counseling and testing" and 14 percent considered "lack of adequate facilities''.

In seeking the opinions of the respondents in addressing the inadequacies observed, 45 percent advocated for more publicity of VCT, 18 percent of the respondents desired that VCT should guarantee more confidentiality and that more counselors should be recruited and trained and 10 percent advised that there should adequate and available post test support services.

Summary

All the 150 respondents interviewed across socio-economic divides claimed to have heard of HIV abbreviation. In the same vein, respondents across board claimed to be aware of AIDS abbreviation. However, only 4 percent claimed to be aware VCT abbreviation. Indeed, only males whose age ranges between 18-26 and 46-55 whose educational backgrounds are either secondary or tertiary were amongst the list of 6 respondents. This shows that majority of the naval rating do not know what voluntary counseling and testing stands for. This portends a great danger as most of these uniformed men are most vulnerable to HIV/AIDS because of their high risks behaviours.

Also, there knowledge about the causes of HIV/AIDS is still very low. It was discovered that the female officers are a bit knowledgeable about the causes than their male counterparts who are not.

Conclusion and Recommendations

From the findings of this study, it is quite obvious that the whole essence of HIV Voluntary Counseling and Testing as a critical entry point to both HIV/AIDs preventions and care as well as acting as a support mechanism for both infected and affected individuals is yet to felt in substantial proportion among the ranks and file of the ratings in Navy Town Barrack.

Even though awareness and patronage of VCT services appear to increase with level of educational attainment, most respondents across board are still apathetic to VCT.

In order to overcome these impediments, there is the need on the part of the government to be more involved, both financially and operationally towards ensuring the entrenchment of VCT services, not only in Navy Town, but also in other high risk Barracks Cantonments across the country.

Thus, as antidotes to increasing the level of efficiency and patronage of VCT services, it is safe to conclude that more counselors will need to be recruited and trained with more facilities to be made available

Also, the activities of VCT centers need to be publicized, post test support services need to be made much more available and above all, confidentiality of patrons should be guaranteed.

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TABLE 1: SOCIO-DEMOGRAPHIC PROFILE OF RESPONDENTS

VARIABLES	FREQUENCY	PERCENTAGE
SEX		
Male	90	60.0
Female	60	40.0
AGE		
20-29	41	27.0
30-39	64	43.0
40-49	21	14.0
50+	24	16.0
EDUCATION		
Primary	6	4.0
Secondary	86	57.0
Tertiary	58	39.0
MARITAL STATUS		
Single	59	39.0
Married	83	56.0
Separated/Divorced	5	3.0
Widow	3	2.0
RELIGION		
Islam	66	44.0
Christianity	72	48.0
Other	12	8.0

TABLE 2: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS BY AWARENESS OF VCT SERVICES

VARIABLES	C&T FOR VCT	HELP TO KNOW HIV STATUS	HELP TO MANAGE HIV/AIDS	EDU ON HIV/AIDS	HELP 4 PLWHA	DON, T KNOW	OTHER	TOTAL
	%	%	%	%	%	%	%	%
Sex								
Male	16	15	13	20	10	19	7	100
Female	10	16	14	10	15	25	10	100
Age								
20-29	18	15	13	21	12	14	7	100
30-39	15	17	14	14	13	18	9	100
40-49	17	14	9	16	14	20	10	100
50+	21	19	13	15	10	15	7	100
Education								
Primary	-	70	-	-	-	30	-	100
Secondary	15	21	28	-	13	15	8	100
Tertiary	19	15	10	19	14	23	-	100

TABLE 3: SOCIO-DEMOGRAPHIC CHARACTERISTICS AND ATTITUDE TOWARDS VCT SERVICES.

VARIABLE	RELIEF FOR PLWHA	NEED MORE ENLIGHTENMENT	HELPS TO KNOW HIV STATUS	NEED MORE GOVT SUPPORT	HIV IS REAL	OTHER	DON'T KNOW	TOTAL
	%	%	%	%	%	%	%	%
SEX								
Male	10	13	12	22	17	9	17	100
Female	16	15	10	8	20	10	21	100
AGE								
20-29	16	10	11	14	25	9	15	100
30-39	10	19	14	10	18	10	19	100
40-49	11	17	14	18	15	11	14	100
50+	20	17	8	16	11	8	20	100
EDUCATION								
Primary	-	70	-	-	-	-	30	100
Secondary	11	18	14	16	19	8	14	100
Tertiary	13	14	15	18	17	12	11	100

TABLE 4: RESPONDENTS SOCIO-DEMOGRAPHIC CHARACTERISTICS BY PERCEPTION OF HOW HIV/AIDS CAN BE PREVENTED.

VARIABLE	ABSTINENCE	CONDOM	AVOIDING MULTIPLE PARTNERS	AVOIDING UNSCREENED BLOOD	AVOID CONTACT WITH PLWHA	OTHER	TOTAL
SEX							
Male	11	39	17	15	10	8	100
Female	20	36	14	17	8	5	100
AGE							
20-29	9	46	19	12	6	8	100
30-39	15	44	17	15	7	2	100
40-49	12	42	13	16	11	6	100
50+	7	37	22	14	13	7	100
EDUCATION							
Primary	-	33	-	45	22	-	100
Secondary	15	44	17	15	7	2	100
Tertiary	12	42	13	16	11	6	100

TABLE 5: SOCIO-DEMOGRAPHIC CHARACTERISTICS BY USE OF VCT SERVICES

	SEX		AGE GROUP				EDUCATION		
BASE	MALE	FEMALE	20-29	30-39	40-49	50+	PRI	SEC	TER
150	90	60	41	64	21	24	6	86	58
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Much Unlikely	3 3%	2 3%	- -	2 3%	3 14%	- -	1 17%	5 6%	3 4%
Unlikely	1 1%	2 3%	- -	- -	- -	- -	- -	- -	- -
Don't know	19 21%	9 15%	5 12%	11 17%	8 38%	4 16%	3 50%	8 9%	17 29%
Likely	14 16%	10 17%	3 8%	10 16%	2 10%	9 38%	- -	18 21%	6 10%
Much likely	51 57%	37 62%	28 68%	41 64%	8 38%	11 46%	- -	55 64%	33 57%
Others mean score	2(2%) 4.36	- 4.34	5(12%) 4.56	- 4.47	- 3.67	- 4.29	2(33%) 4.40	- 4.42	- 4.27

TABLE 6: SOCIO-DEMOGRAPHIC CHARACTERISTICS BY BENEFITS OF VCT SERVICES

BASE		SEX		AGE GROUP				EDU BACKGROU		
		MALE	FEMALE	20-29	30-39	40-49	50+	PRI	SEC	TERT
	103	63	40	27	40	16	20	6	62	35
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
BLOOD TESTING	72 70%	43 68%	25 63%	19 70%	32 80%	11 68%	6 40%	3 50%	45 73%	23 66%
PRE-MARITAL TESTING	5 5%	- -	5 13%	- -	2 5%	3 19%	- -	- -	3 5%	2 6%
PREVENTION OF RELATED ILLNESS	8 8%	6 9%	2 4%	8 30%	2 5%	- -	3 15%	3 50%	3 5%	2 6%
PREVENTION OF STIs	12 11%	8 14%	8 20%	- -	2 5%	- -	9 45%	- -	7 11%	6 17%
PREVENTION OF MOTHER-CHILD TRANSMISSION	6 6%	6 9%	- -	- -	2 5%	2 13%	2 10%	- -	4 6%	2 6%

TABLE 7: SOCIO-DEMOGRAPHIC CHARACTERISTICS BY SHORTCOMINGS OF VCT SERVICES

BASE		SEX		AGE GROUP				EDU BACKGROU		
		MALE	FEMALE	20-29	30-39	40-49	50+	PRI	SEC	TERT
	103	63	40	27	40	16	20	6	62	35
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
LACK OF FACILITIES	7 7%	4 6%	3 8%	3 11%	4 10%	- -	- -	- -	4 7%	3 9%
LACK OF EXPERIENCED COUNSELLORS	4 4%	- -	4 10%	- -	2 5%	2 13%	- -	- -	4 7%	- -
LACK OF ADEQUATE FACILITIES	14 14%	8 13%	6 15%	3 11%	6 15%	5 31%	- -	3 50%	8 14%	3 9%
LACK OF AWARENESS	36 35%	22 35%	14 35%	8 30%	16 40%	8 50%	4 20%	- -	29 47%	7 20%
LACK OF CONFIDENTIALITY IN TESTING	32 31%	22 35%	10 25%	5 18%	10 25%	1 6%	12 60%	- -	17 25%	18 51%
DON'T KNOW	10 9%	7 11%	3 7%	8 30%	2 5%	- -	4 20%	3 50%	- -	4 11%