

CLIENTS' PERCEPTIONS OF HIV/AIDS VOLUNTARY COUNSELLING AND TESTING (VCT) IN MOZAMBIQUE

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Background

- Worldwide only 5% of people with HIV/AIDS are aware of their status
- The coverage of VCT is extremely poor in countries with highest HIV/AIDS burden, it is the case of most regions of Africa
- In Mozambique HIV/AIDS prevalence among adults is 13.6% (WHO HIV/AIDS PLAN 2004)

- Women are more infected than men, constituting 60% of all HIV infected adults
- 2001 the National AIDS Control Program defined VCT service as main prevention strategy
- 2003 forty-seven VCT were opened throughout the Country, most in urban areas, nevertheless the reported number of tested and counselled is too limited if compared with local situation

VCT: What is it?

- VCT service is a direct, personalized and person-centred intervention, tailored to prevent transmission and to obtain referral to additional medical care, preventive and psychological services
- Is a gateway to prevention and treatment, an essential tool in the control of HIV/AIDS epidemic

Why is it important to address the topic?

- An effective VCT program should begin with raising a community awareness of benefits of testing and counselling, both in preventing the spread of infection and meeting the need of care and support the community
- Helps person to initiate and sustain behavioural change and reduce risk of becoming infected

- Helps HIV positive individuals in avoiding infecting others
- Reduces transmission of HIV/AIDS from mother to child
- Besides the reduced number of VCT available in Mozambique, the problem remains the lower level of clients using the services

The gaps to a wider use of VCT

- Few studies have been conducted on VCT issues in Mozambique
- Perceptions of personal susceptibility to HIV/AIDS infection is the main factor motivating to overcome **barriers** for seeking VCT, among the youth is also curiosity but joined with **fear** of using this services due to **stigma**
- A study on HIV positive women revealed that fear of **rejection** and **blame** were perceived as consequence of **disclosure** of their status

What needs to be done?

Objective:

Improve the coverage and quality of VCT services concerning HIV/AIDS prevention, sexual and reproductive health matters, through evaluation of clients' perceptions of appropriateness of VCT services:

why they go, how they perceive, what they get

- Ensure that effective counselling strategies have been provided
- Monitoring not only attendance, coverage and return rates of clients, but focusing on **sexuality**, fear of **stopping reproduction**, adoption of **new feeding strategies**
- Use of qualitative exploratory study concerning clients' perceptions of VCT

Methodology of qualitative study:

- Semi- structured in-depth individual interviews
- 45 people seeking VCT services HIV positive and negative, women (15-49 age) and men (15-60 age)
- Referral technique for recruitment, after and before counselling and testing
- Direct observation of interactions between providers and clients in VCT, if needed using simulated client technique

Outcomes

- The results will inform programming and policy decision making on HIV/AIDS and sexuality
- Contribute to development of relevant messages on HIV/AIDS prevention

Thank you