**KNOWLEDGE, ATTITUDE AND PRACTICE OF VOLUNTARY COUNSELLING AND TESTING (VCT) FOR HIV/AIDS AMONG NURSES IN ABIA STATE UNIVERSITY TEACHING HOSPITAL ABA**

**ABSTRACT**

This study aims to investigate the knowledge, attitude, and practice of Voluntary Counselling and Testing (VCT) for HIV/AIDS among nurses at Abia State University Teaching Hospital Aba. The study was based on the Self-Perception Theory of Attitude and the Health Belief Model (HBM). These theories were used to understand the relationship between the dependent and independent variables. Additionally, relevant empirical papers pertaining to this topic were also examined. The study employed a survey descriptive design and utilised convenience sampling to choose a total of eighty (80) participants who are nurses at Abia State University Teaching Hospital Aba. A self-structured questionnaire was distributed to the participants, and a total of seventy-seven (77) responses were collected and verified for the study. The study employed descriptive analysis and inferential statistics to analyse data obtained from a field survey. Simple percentage, mean, and standard deviation were used to portray the results in frequencies and tables. A hypothesis test was performed using the Pearson correlation coefficient in the Statistical Package for the Social Sciences (SPSS v.23). The study revealed that the nurses at ABSUTH shown excellent general knowledge of VTC. However, a subset of nurses exhibited insufficient understanding and held misconceptions about HIV transmission. The study additionally discovered that nurses commonly experience apprehension regarding the acquisition of the infection. Although they were more afraid of contracting the disease, most individuals had a favourable attitude and behaviours towards People Living with HIV/AIDS (PLWHA). This study suggests that the Nurses and Midwives Council of Nigeria should incorporate the teaching of fundamental features of HIV/AIDS into the curricula of undergraduate nurses. This will enable them to acquire the necessary skills and knowledge to provide care for patients with HIV and AIDS.

**TABLE OF CONTENT**

**ABSTRACT**

**CHAPTER ONE**

Introduction

Background to the study- - - - - - -

Statement of problem- - - - - - - -

Objectives of the study- - - - - - -

Research questions/Hypothesis- - - - - -

Significance of the study- - - - - - -

Scope of study- - - - - - - -

Operational definition of terms - - - - -

**CHAPTER TWO**

**Literature Review**

Conceptual review- - - - - - - -

Theoretical review- - - - - - - -

Empirical review- - - - - - - -

**CHAPTER THREE**

**Methodology**

Design- - - - - - - - -

Setting - - - - - - - - -

Target population- - - - - - - -

Sampling- - - - - - - - -

Sampling technique- - - - - - - -

Instruments for data collection- - - - - -

Validity of instrument- - - - - - -

Reliability of Instrument- - - - - - -

Method of data collection- - - - - - -

Method of data analysis- - - - - - -

Ethical consideration- - - - - - - -

**CHAPTER FOUR**

**Results**

Demographic Presentation- - - - - - -

Answers to research questions/hypotheses- - - - -

**CHAPTER FIVE**

**Discussion of Findings**

Key findings- - - - - - - - -

Implication of the findings - - - - - - -

Implications of findings to nursing- - - - - -

Limitations of the study- - - - - - -

Summary of the study- - - - - - -

Conclusion- - - - - - - - -

Recommendations- - - - - - - -

Suggestions for further studies- - - - - -

List of tables

List of Figures

**CHAPTER ONE**

**INTRODUCTION**

1.1 **Background to the study**

Since the first human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) case was diagnosed over two decades ago, the disease has caused serious humanitarian and developmental challenges. According to the Joint United Nations Program on HIV/AIDS, since the beginning of the HIV epidemic, approximately 78 million people have been infected with HIV, with an approximate 35 million people dying due to AIDS-related illnesses and an estimated 36.7 million people living with HIV worldwide by the end of 2015 (UNAIDS, 2018).

 Corollary , sub-Saharan Africa bears the greatest burden, as it sees more than two thirds (69%) of all persons infected with HIV. An estimated 25.8 million people were living with HIV and AIDS in Sub-Saharan Africa, whereby at the end of 2014, women accounted for more than 50% of the number, 2.3 million of which were girls. In same vien, with an estimated population of 162,265,000, Nigeria is the most populated country in sub-Saharan Africa, a region which carries the globe’s heaviest burden of HIV/AIDS. In estimated numbers this represents about 3.5 million people, still keeping Nigeria as the country with the second highest burden of HIV in the world, only after South Africa.It was noted that high incidence rate among young people especially in Nigeria may be the result of multiple factors that include early sexual experimentation, multiple sexual partnerships, and inconsistent use of condoms(WHO 2006). As averred by Farotimi, Nwozichi & Ojediran (2015), the current situation clearly demands urgent prevention and control measures in the country.

One measure under discussion is the widespread introduction of voluntary HIV testing and counselling (HTC) across the country. The knowledge of Human Immunodeficiency Virus (HIV) status of an individual is critical in the prevention and treatment of the virus. It helps the individual to make informed decision, assess personal risk for HIV and further develop risk reduction strategy (World Health Organization (WHO) 2017). In turn, this leads to behaviour change and consequently contributes to the reduction in HIV transmission. It is for this reason that voluntary HIV counselling and testing (VCT) has been identified to be one of the interventions to control HIV epidemic. VCT provides access to continuum of prevention, treatment, care and support in HIV/AIDS management (National Department of Health (NDoH) 2010:1).

According to Habib, Baye, Awole, & Abebe (2018), VTC is the processes by which people seek voluntary services to enable them make informed choices after learning about their status and taking appropriate actions. The processes consist of pre-test, post-test and follow-up counselling. The procedure of discovering one’s HIV status, regardless of the test result, is an opportunity for education and motivation to modify behavior targeted at reducing the risk of HIV transmission. For those infected with HIV, VTC provides a means of accessing available HIV care services such as further counselling support, preventive therapy against opportunistic infections and antiretroviral therapy (ART).

 Bizarrely, Gagnon & Cator (2018) stated that in Nigeria the motivation to undergo VCT is still low in spite of various VCT interventions by the government and non-governmental organisations. According to the National HIV/AIDS and Reproductive Health Survey (NARHS) conducted in 2007, VCT coverage in Nigeria is about 11.7% among age group 15-49 years despite the fact that 78% of the population are willing to be tested (UNGASS 2010:39). Suri & Gopaul (2018) examined youth’s attitudes towards VCT and found that 66.7% of the respondents had not tested for HIV. This is similar to the findings of Ikechebelu, Udigwe, Ikechebelu & Imoh (2016) in a study conducted among undergraduates of a tertiary institution in the South-eastern part of Nigeria, where the authors reported high awareness of VCT among the students but poor knowledge of what VCT entails. Out of the 115 participants who were aware of VCT, only 40 of them knew it involves counselling before and after testing. These findings indicated that Nigerian adults are informed about VCT but there are barriers resulting to poor coverage of the service.

**1.2 Statement of problem**

In recent times, reduction in the rate of new HIV infection is a global priority that is particularly relevant to Nigeria, a country located in the West Africa where over 4.2% of people aged 15-24 years are estimated to be HIV positive. However there are varied prerequisites for successful HTC programmes. Okpala, Uwak, & Nwaneri et’al (2017) emphasized that apart from the need for clear protocols for counselling, testing, and treatment, there is also the need for: (a) awareness and knowledge of HIV in the community, (b) attitudes toward acceptability of HTC to potential recipients and to the health professionals who must administer it, and (c) willingness of health professionals to provide care, manage, and treat HIV positive individuals. Therefore, nurses play a central role in the HTC services.
 Some scholars like Pal, Chattopadhyay, Mandal, & Biswas (2016) has shown that refraining attitudes against HIV/AIDS and HTC are still present among health care personnel and pre-service nurses. Studies by Ledda, Cicciù, & Puglisi, et’al (2017) have also revealed that there is low knowledge about HIV/AIDS among health care workers and low uptake of HTC by student nurses. Unarguably, Nurses' attitudes towards VCT can significantly influence the adoption and promotion of these services. Som, Bhattacherjee, & Guha (2015) found that health workers were reluctant to have an HIV test, which inhibited their ability to initiate HTC services to clients. Pre-services nurses developing positive attitudes toward HTC will serve as positive role models in educating clients about HTC and HIV/AIDS services in their future occupational settings. To date, only few studies have explored HTC among college students’ nurses.

Although , studies abound on high prevalence of HIV/AIDS in some parts of the country, in recent times, there exist paucity of studies on knowledge, attitudes and utilization of VTC among nurses with reference to Abia State Teaching Hospital, Aba. Against the backdrop, the researcher choose this topic. This study is critical because it could help provide key baseline information for evaluating the effectiveness of strategies that may promote the prevention, care and management of HIV/AIDS among nurses.

**1.3 Objectives of the Study**

The aim of this study is focused on knowledge, attitude and practice of Voluntary Counselling And Testing (VCT) for HIV/AIDS among nurses in Abia State university teaching hospital ABA. Specifically, the study seeks to

1. Assess nurses knowledge on Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH, Aba.
2. Investigate attitudes of nurses towards HIV/AIDS VCT service in ABSUTH, Aba.
3. Determine the practices of nurses Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH, Aba.

**1.4 Research Questions**

1. What is the level of nurses knowledge on Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH, Aba?
2. What are the attitudes of nurses towards HIV/AIDS VCT service in ABSUTH, Aba?
3. What are the practices of nurses Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH, Aba?

1.5 **Research Hypotheses**

**Ho:** There is no significant correlation between the level of knowledge, attitude, and practice of VCT for HIV/AIDS among nurses.

**Hi:** There is no significant correlation between the level of knowledge, attitude, and practice of VCT for HIV/AIDS among nurses.

**1.6 Significance of the study**

Voluntary HIV counselling testing (VCT) is a critical strategy to reduce the rate of new HIV infections. Getting young people to test for HIV is imperative to curb the spread in Nigeria since this population contribute immensely to the epidemic. It is envisaged that, the findings of this study will help health programme planners to review existing 5 services so as to provide a youth-friendly services and environment whereby high school students can comfortably be at ease to undergo VCT. Knowledge generated will help health training institutions to incorporate the findings of this study in their training curriculum, so that better pre and post-test counselling approaches could be adopted by the nurses who are majorly counsellors in Nigeria.

Empirically, the study contribute to the body of the knowledge and serve as reference for further studies on related topic.

**1.7 Scope of study**

The scope of this study is restricted to knowledge, attitude and practice of Voluntary Counselling And Testing (VCT) for HIV/AIDS among nurses within the context of university teaching hospital. Geographically, the scope of Voluntary Counselling And Testing (VCT) for HIV/AIDS in this research is confined to nurses knowledge, attitude and practice, whereas , the scope of this analysis will be restricted to nurses . utilising data exclusively from Abia State Teaching Hospital, Aba.

**1.8 Operational definition of terms**

****HIV****: Is an abbreviation for the word Human Immuno Deficiency Virus and it is the virus that causes the disease AIDS.

****Aids:****AIDS is an abbreviation for the word acquired immune deficiency syndrome. It is referred to an illness which attacks the defense system of the body (i.e. the white blood cells). It is caused by the virus HIV and usually leads to death.

**Voluntary HIV counselling and testing (VCT):** The VCT is a process whereby an individual choose to undergo HIV counselling so that they can make an informed decision whether to be tested for HIV

**Knowledge of VCT:.** In this study, knowledge refers to the ability of the nurses to know what is involved in a VCT process.

Attitude: attitude refers to thoughts, intention, opinion, feelings and belief of nurses about VCT.

**Practice** Practice refers to the ways in which knowledge and attitudes are demonstrated through actions (Kaliyaperumal 2004:7). In this study, practice refers nurses’s demonstration of fear, stigmatization, and unwillingness to render VCT services.

**CHAPTER TWO**

**LITERATURE REVIEW**

**2.1 Introduction**

 This chapter critically examines relevant literature that would assist in explaining the research problem and furthermore recognize the efforts of scholars who had previously contributed immensely to similar research.

**2.2 Conceptual Review**

**2.2.1 Concept of HIV/AIDS**

According to Pudpon & Srithanaviboonchai (2020), the Human Immunodeficiency Virus (HIV) is known to cause Acquired Immune Deficiency Syndrome, destroys or hinders the activity of T-lymphocytes, specifically CD4 and CD8 subpopulations. This leads to a continuous decline of the immune system causing immune deficiency, resulting in the progression of AIDS. At a certain point, the immune system is no longer able to function efficiently to combat infections and diseases, paving way for a number of opportunistic infections (WHO 2018a). As averred by Mill, Nderitu, & Richter (2021) some of these opportunistic infections include tuberculosis, recurrent pneumonia, toxoplasmosis, and several others. In fact, this stage commonly referred as Acquired Immunodeficiency Syndrome may be characterised by more than twenty (20) opportunistic infections, and HIV-related cancers including Kaposi sarcoma, non- Hodgkin lymphoma, and invasive cervical cancers (WHO 2018).

**2.2.2 Overview Of HIV/AIDS Burden In Sub-Saharan Africa**

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) has become a major global health problem impacting negatively on human life, dignity, social and economic development (Iwu & Holzemer 2022). The disease is affecting people of all ages, causing premature deaths, depleting both human and capital resources most especially in subSaharan Africa, and leaving on its trail ethical, legal and political issues together with economic and human right implications. Sub-Saharan Africa continues to be the region mostly affected by the epidemic, accounting for over two–third (67%) of all people living with HIV globally and for nearly three quarters (72%) of AIDS-related deaths in 2008 (Joint United Nations HIV & AIDS Programme (UNAIDS 2019).

**2.2.3 HIV/AIDS in Nigeria**

Nigeria located in the West Africa with an estimated population of about 140 million people (National Population Commission (NPC) 2006) is one of the Sub-Saharan African countries that are plagued with the HIV/AIDS epidemic. In 2007 the adult prevalence of HIV infection in Nigeria was put at between 3.1-3.8% (Joint United Nations HIV & AIDS Programme/World Health Organization (UNAIDS/WHO)2008), the new HIV infection in children was estimated to be 154,920 and about 56,681 HIV positive babies were born in 2010 (National Action Committee on AIDS (NACA) 2011). Farotimi, Nwozichi & Ojediran (2015) assert that although the prevalence appears small, the large population of Nigeria makes this minimal figure to represent a significant proportion of the global epidemic. The greatest burden of the disease occurs in the age group 15-24years which constitute the youth in the country (United Nations Children’s Fund (UNICEF) 2009).

Undoubtedly, the estimated adult HIV prevalence in 2017 was 19.1% and the greatest burden occurred in the young age group of between15 to 24 years (UNICEF 2009). With the revision HIV prevalence in India to less than 3 million people, Nigeria may rank the second in the world after South Africa, which is the only country that has over 5.5 million HIV infected people (UNICEF 2019). According to recent global reports on HIV prevention, an estimated 5,000 young people are shown to be newly infected with HIV everyday (UNAIDS 2021). Worldwide, people aged between 15 to 24 years account for 41% of new infection in 2009, an estimated 5 million young people between this age group were living with HIV in the same year; among the 10 to 19 year age group, new data shows that estimated 2 million adolescents (1.8 million-2.4 million) do not know their HIV status (WHO 2021).

In Nigeria, youth aged between 15 to 24 years made up about 67% of the national HIV prevalence of 3.6%, this was revealed in the National HIV/AIDS and Reproductive Health Survey (NARHS) conducted in 2007 (UNGASS 2010:40). The report (UNGASS 10 2010:34) showed that the percentage increased to 4.2% in 2008. Despite the scale up of preventive messages on HIV in Nigeria, available statistics revealed that prevalence among youth only dropped from 4.3% in 2005 to 4.2% in 2008 (UNGASS 2020). The rapid scale up of access to antiretroviral drugs indicates that more young people are living longer with HIV but many are still unaware of their HIV status.

**2.2.4 HIV Sub-Types**

HIV belongs to a subgroup of retroviruses known as lentivirus, causing a variety of chronic diseases. There are two main known types of the virus, HIV-1, and HIV-2. HIV- 2, which was first isolated in West African patients is similar to HIV-1 and also share close characteristics with the simian immunodeficiency virus (Amusa, Joel, & Anyamela (2020). HIV 1 accounts for around 95% of all infections worldwide, and HIV 2 has been described as a slow virus due to the reduction in its virulence, resulting in a difference in the pathogen city of HIV 1 and HIV 2. The epidemiology of HIV 1 and HIV 2 differs greatly. For instance, HIV 2 is more prevalent in West Africa, compared to its prevalence in other regions (AVERT 2018a:1). According to Alabi, Jimoh, & Balogun (2023) HIV 1 could be further sub-grouped into group M, N, O and P. Group M of HIV 1 was the first identified virus that causes the majority of HIV infection worldwide, resulting in the HIV pandemic. The Group M subgroup alone is believed to have additional different subtypes: A, B, C, D, E, F, G, H, I, J, K. The varied number of HIV virus results from mutations and genetic variations of the virus (HIV Sequence Database 2017:2).

**2.2.5 Epidemiology of HIV/AIDS**

Since the beginning of the HIV epidemic, approximately 76 million people have been infected with the virus, with an approximate 35 million people reported dead due to AIDS-related illnesses. In 2017, the number of people newly infected with HIV and the number of people who died from aids related illnesses was approximately 1.8 million and 940,000, respectively (UNAIDS 2018a:1).

Globally, HIV related deaths have fallen, most likely due to the intervention of Highly Active Anti-Retroviral Therapy (HAART). Among children, new HIV infections have fallen by about 35% since 2010, with approximately 180 000 newly infected in 2017, compared to approximately 270 000 in 2010 (UNAIDS 2018). Approximately 21.7 million people with HIV were accessing antiretroviral therapy by June 2017, as compared to an estimate of 15.8 million in June 2015 and 7.5 million in 2010 (UNAIDS 2018b:1). An estimated 46% percent of people with HIV had access to treatment, and about 77% of HIV positive pregnant women having access to antiretroviral medication for the prevention of HIV transmission from mother to baby (UNAIDS 2017).

There has been no reduction in new HIV infections for adults, with about 1.9 million adults acquiring HIV infection yearly since 2015. However, AIDS-associated deaths have seen a reduction of 45% since their peak in 2005, with approximately 1.1 million people dying in 2015 in comparison to approximately two million in 2005. Tuberculosis is the predominant cause of death among the HIV positive; being responsible for a third of AIDS-related deaths (UNAIDS 2018b:1). However,tuberculosis-related deaths have seen a reduction of 32% since 2004. In 2017, an investment of 21.3 billion US dollars was made into the AIDS response in low and middle-income countries. Fifty-six percent of the total resources for HIV in low and middle-income countries were made up of domestic resources in 2015. It is estimated that 26.2 billion dollars will be needed for the aids response in 2020 and 23.9 billion in 2030 (UNAIDS 2018b:2).

**2.26 Transmission of HIV**

HIV is transmittable through unprotected sexual intercourse with an infected individual, contaminated blood product, contaminated needles and syringes, contaminated surgical equipment, or other sharp instruments. It can also be passed on from mother to child during pregnancy, child birth, and breastfeeding (WHO 2018a:1).

HIV is transmitted from an infected person to an uninfected one when an infected body fluid enters the body of the uninfected person mostly through the mucous membranes. This includes oral membranes, vaginal membranes, and the anal membranes. Another way of getting infected with the virus is through the use of infected needles and sharps (HIV.gov 2017:1). An infected mother could pass the HIV to the baby during labour or breastfeeding. HIV could be transmitted to people during procedures such as organ transplantation and blood transfusion. Pre-screening of such tissues and blood before the donation process is very important and has helped in reducing the spread of the virus (AVERT 2018b:1).

**2.2.7 Invasion and mutation of the HIV**

HIV must invade cells to reproduce. When HIV gets access to a cell, it converts viral RNA into DNA within the cell by using the enzyme reverse transcriptase. Due to the rapid conversion rate and a compromised immune system, the body is unable to fight HIV infection. This enhances the mutation of the virus. Reverse transcriptase does not have the typical proofreading that happens with the replication of DNA thus making the possibility of mutation more likely. The process continues in such a way that after the formed copies leave the cell, the cell is already damaged, and the infected cell goes on to infect other healthy cells, making it very difficult to eradicate the virus (Wang-Shick 2017).

Alemayehu (2020) averred that the mutation of the HIV virus has resulted in the evolution of several sub-types of the virus. In the USA, type B is the main subtype, while in East Africa, sub-types A and D are prevalent, subtype C is the prevalent type in Southern Africa, while West Central Africa has the greatest variance in subtypes. In addition, the mutation has resulted in HIV having the ability to outmaneuver both our biological response as well as our scientific responses, such as drug development. Our individual immune systems respond to infections and acquire resistance, this resistance and response can be passed onto future generations. Dapaah & Senah (2016) averred that HIV, like many lentiviruses,has been known to have adverse effects on the human brain and the immune system. The combination of HIV and other major diseases slows down the healing process as the immune system is greatly compromised.

**2.2.8 Diagnosis Of HIV\AIDS**

Nurses involved in the care of patients living with HIV/AIDS should receive training on testing and diagnosing of HIV infection. Early detection helps in halting transmission as well as improving the life of the patient (CANAC 2013 referenced in Froman, & Owen 2019). HIV antibodies could be detected after 45-60 days of infection through screening tests. First timers are expected to come back for retesting after three months since HIV antibodies might not be detectable through enzyme immunoassay (EIA) test or rapid assay test.

Stating further, Froman, & Owen maintained that the HIV test kits used in most testing centers can detect HIV-1 and HIV-2 antibodies after about 20-30 days of infection . Even though modern test kits that are now in use detect both antibodies and p24 antigens, thereby reducing the window period to between three and six weeks after transmission. A negative test result six weeks after exposure can be concluded to be correct with a high degree of certainty, though it is recommended to take a repeat test after three months for additional reassurance (Alexander 2016). Rapid HIV antibody tests are easy to use. They are more useful in situations that necessitate point of care testing (POC). Rapid tests can be performed in 20 minutes, and they do not require special laboratory equipment or extensive personnel training. They are used extensively in developing countries where access to laboratory infrastructure for HIV testing and diagnosis is unavailable (Alexander 2016).

The World Health Organization (2019) acknowledges four stages of HIV disease progression. The first stage is usually asymptomatic. The second stage is associated with symptoms such as mild weight loss, fungal infections, and infection with herpes simplex virus. The patient is generally unwell as the virus gets replicated and starts spreading around the patient‘s cells. Stage three is marked by serious signs and symptoms like opportunistic infections, candidacies, fevers, diarrhea, and severe weight loss. The fourth stage is also known as AIDS. It is at this point that the patient becomes very weak and very sick. During this stage, the patient can have all sort of bacterial infections including extra- pulmonary tuberculosis; pneumocystis pneumonia, toxoplasmosis, and meningitis (AVERT 2017)

**2.2.9 Voluntary Hiv Counselling And Testing (VCT) As a Reduction Tool For Hiv Transmission**

There are different strategies used to control HIV of which VCT is one, it acts as a link with HIV/AIDS care and support as well as a vital tool for HIV prevention.

 The Concept of Voluntary Counseling Testing (VCT)Publicly funded HIV antibody counseling and testing service were initiated in USA in March 1985 to provide an alternative to the donation of blood as a means for high-risk persons to determine their HIV status. At that time, little was known about the prevalence and natural history of HIV infection. Counseling was considered as an essential adjunct to HIV testing. The counseling addressed the accuracy and consequence of test and was designed to help persons interpret the meaning of positive and negativeresults. HIV counseling was based on the recognition that learning HIV status may bedifficult for certain clients (U.S. Department of Health & Human Service, 1994)

In 1987, with increased understanding about the scope and severity of the HIV epidemic and the predictive value of positive test, HIV counseling and testing were expanded. Persons seeking care for sexually transmitted infections, family planning,childbirth, or substance abuse were counseled and tested in an attempt to reduce their risk for HIV transmission. "The primary public health purposes of counseling and testing are to help uninfected individuals initiate and sustain behavioral changes that reduce their risk of becoming infected and to assist infected individuals in avoiding infecting others" (U.S.Department of Health & Human Service, 1994)According to Maria, (2006) the growing awareness of HIV infection and AIDS and the recent availability of antiretroviral therapy (ART), the scope of and reasons for Voluntary Counseling and HIV Testing have broadened.

Furthermore, Maria, (2019) defined VCT as the process by which an individual undergoes counseling to enable her/him to make an informed decision about being tested for HIV, assess their personal risk for HIV and develop a risk reduction strategy. Similarly, Family Health International,(2002) stated that, Voluntary counseling and testing (VCT) for HIV is an essential link between HIV prevention and HIV care and support. VCT promotes and sustains behavior change, and links with interventions to prevent mother-to-child transmission (PMTCT),prevent sexually transmitted infections (STIs), and prevent as well as treat tuberculosis(TB) and other opportunistic infections (OIs). VCT also facilitates early referral to Comprehensive clinical and community-based prevention, care and support services,including access to antiretroviral therapy (ART). VCT improves quality of life and mayplay a pivotal role in reducing stigma

VCT is the confidential dialog between a person and a care provider aimed at enabling the individual to make a decision to have HIV test or not (Ikechebelu, Udigwe, Ikechebelu & Imoh 2006:246; WHO 2010b:1). It is known for its potential in empowering people through health promotion as well as a way to prevent secondary transmission; the knowledge of HIV status of an individual allows behaviour adjustment with respect to the result.

The knowledge of HIV status is critical in the prevention and treatment of HIV/AIDS because it helps an individual to make an informed decision about getting tested for HIV, assess personal risk for HIV and further develop a risk reduction strategy which leads to behaviour change, subsequently contributing to the reduction of HIV transmission. Early diagnosis of HIV infection through VCT leads to risky behaviour change and facilitates medical interventions, thus contributing to the reduction of transmission of the infection (Center for Disease Control (CDC) 2007). It empowers the individual to reduce the risk of acquiring or transmitting HIV and enhances access to HIV care, treatment and support as well as protection of unborn infant from infection.

**2.2.10. Nurses Role in Voluntary Hiv Counselling And Testing (VCT)**

Nurses play a key role in the prevention of HIV/AIDS. Nursesare the first point of contact for patients. Education of the patient is one of the key roles of community pharmacists, and therefore competency in that aspect is a need. According to Gagnon, & Cator (2018), infection with HIV could be prevented through proper sex education. Proper sex education not only reduces the infection rate of HIV but can significantly reduce STI/STDs. The provision of free condoms, eliminating the stigma associated with condom use and sex education to the public, especially adolescents and young adults, leads to a reduction in the spread of the virus. Prevention of the spread of the virus could also be achieved through the provision of clean needles and syringes to injection drug users. The World Health Organization (2018) recommends the use of pre-exposure prophylaxis to individuals who are at high risk of contracting the virus. Pre-exposure prophylaxis is the use of antiretroviral drugs to prevent the spread of infection to high-risk individuals, such as prostitutes, gay men, and injection drug users.

**2.2.11. Nurses Knowledge on VTC**

HIV voluntary counseling and testing (VCT) programs have demonstrated their ability to increase safe sexual behavior and use of care and support services among adults(Coates et al. 2018). By helping clients learn their HIV sero-status and creating a personalized HIV risk reduction plan, VCT can provide the information and support necessary to change risky behaviors that could lead to HIV infection or transmission(CDC 1994). Counseling, both before and after the test, and a risk reduction plan are thekey features that distinguish VCT from other HIV testing services.Many patients have been treated for symptoms closely related to HIV, but since they have not yet been tested, they are misdiagnosed and the treatment offered to them does not work. They may end up spreading the virus and usually end up with a late diagnosis, which makes the management of the disease very difficult. According to a UNAIDS report, almost 70% of the people infected with this virus globally are oblivious of their HIV status (HIV.gov 2018). Despite the fact that HIV/AIDs awareness has been greatly emphasized, most people have not yet visited testing centers.

Key factors that would help nurses care better for HIV/AIDS patients need to be put in place in healthcare facilities. For example, there ought to be a routine procedure to test patients for HIV if they suffer from a sexually transmitted infection. Nursesshould be able to advise these patients on the importance of proper sexual habits and the importance of testing to eradicate doubt and ensure early treatment if need be. Prior to testing, Nurse sought to have a thorough conversation with patients ensuring the patient fully understands the benefits of the test and the options available to the patient regardless of the results.

The nurse must ensure that they are professional the whole time and allow the patient to make the decision. Face-to-face conversations are a better way to carry out this procedure. Other suggestions are that the patient is able to comprehend the information. For instance, patients with memory loss problems or mental conditions might need to be dealt with differently, as they may not be able to fully understand the information or importance of such testing. The law guides Nurseson the procedures to undertake when dealing with sensitive health issues for such patients and must b knwoledgable about the following test:

**Enzyme linked immunosorbent assay (ELISA) screening test:** This is the most widely used screening test for HIV infection. It is a test for HIV antibodies and does not detect the virus, therefore, a client may have a negative ELISA test result early in the course of infection before detectable antibodies have developed (Le Mone et al., 2000:299). This phenomenon is called the “diagnostic window” or “window period" (Manganye & Lebese 2023). Furthermore, false positives do occur; hence it is always necessary to do a confirmatory test which should be communicated to the patient intensively.

**Confirmatory assay:** For confirmation of a positive or reactive test, a western blot antibody test or an immuno fluorescence assay (IFT or IFA) is done. According to Iwu & Holzemer (2022), this test is more reliable but more time consuming and more expensive than ELISA. During this test, the patient's serum is mixed with HIV proteins to detect a reaction. If antibodies to HIV are present, a detectable antigen-antibody response will occur .

**HIV Nucleic Acid Testing (NAT):** It usually entails a Polymerase Chain Reaction (PCR). If done at birth, or from two weeks of age it will detect babies infected in utero or perinatally, therefore the recommended age for reliable HIV PCR testing in babies is ≥ 4 weeks. According to Makhado & Davhana-Maselesele (2023), this detection of a viral nucleic acid (viral genome) is laboratory tested from EDTA (ethylene diamine tetra acid) whole blood or EDTA plasma.

**Rapid Tests:** Also known as the "bedside", "point of care" or "simple/rapid" test. This test is used when results are needed urgently, for example in emergencies. They are based on one of four immunodiagnostic principles: particle agglutination, immunodot (dipstick), immunofiltration or immunochromatography. The results are normally available within fifteen to thirty minutes. A capillary blood sample is obtained through venipunture (from a finger tip). A reagent is added on the drop of blood and a "built in" internal control detects if the reagent is sufficient; if this control shows up, the results should not be accepted. One band indicates a negative result while two indicate a positive result (excluding the control band) (Wolfgang et al., 2000:45).

**CD4 (Cluster of differentiation) cell count:** This is used to monitor the disease progress and guide treatment therapy (Le Mone et al., 2000:300; Newell 2004:4; Leroy 2007:6).

**2.2.12 WHO Clinical Staging of HIV/AIDS**

The clinical staging and case definition of HIV for resource-constrained regions is based on clinical findings that guide the diagnosis, evaluation, and management of HIV/AIDS, and does not require a CD4 cell count. This staging system is used in many countries to determine eligibility for antiretroviral therapy, particularly in settings in which CD4 testing is not available. Clinical stages are categorized as 1 through 4, progressing from primary HIV infection to advanced HIV/AIDS. These stages are defined by specific clinical conditions or symptoms (WHO 2009:5-6).

**2.2.13 The Process of Counseling and Testing Counseling**

 HIV counseling has been defined according to Okpala et;al (2023) as a confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and to takepersonal decisions related to HIV/AIDS (WHO/GPA, 1994)-If testing is appropriate, your counselor or doctor should:-

* Describe the test and how it is done
* Explain AIDS and the ways HIV infection is spread-
* Discuss ways to prevent the spread of HIV
* Explain the confidentiality of the test results
* Discuss the meaning of possible test results
* -Ask what impact you think the test result will have on you
* -Address the question of whom you might tell about your result
* Discuss the importance of telling your sex and/or drug-using partner(s) if the result indicates HIV infection

**2.2.14 Attitudes of nurses towards HIV/AIDS VCT services**

There is no doubt that awareness about VCT is widely spread as reported by most studies already mentioned. Failure to utilise VCT services often results into missed opportunities for early medical treatment, care, support and prevention need for people. Main factors why people do not utilise VCT services have been identified as personal or healthcare service related reasons.Amusa, Joel, Anyamela, Okoro, Shobande and Pius 15 (2004) found that most Lagos-based VCT centres are not youth friendly, staff attitudes were moralistic and assurance of confidentiality cannot be guaranteed. Attitudes of health workers greatly influence how young people voluntarily go for HIV counselling and testing. A VCT service that is not user-friendly may prevent willing individuals from accessing the service. Furthermore, there is concern about the adolescents in a conservative country like Nigeria where it is believed that adolescents ideally should not be exposed to any sexual activity; questions are asked why an adolescent will need to go for VCT. These practices may serve as potential barriers that prevent adolescents from undergoing VCT.

 HIV-related discrimination among nurses in most public hospitals has been found to be one of greatest obstacles to effectively manage the epidemic and curbing behaviours that lead to increased HIV transmission (Dong, Yang, Peng, Pang, Zhang, Zhang, Rao,Wang & Chen 2018). Discrimination and other human rights violations might occur in health-care settings, preventing people from accessing health care.

HIV-related discrimination in health care settings can take many forms, including mandatory HIV testing without the consent of patients or counselling. Health workers may avoid or reduce contact with PLWHA, unnecessarily isolating patients with HIV/AIDS, delaying or denying them treatment, or even creating the demand for payment for services which are otherwise free (UNAIDS 2018). Discriminatory attitudes held by health providers may also lead them to make judgments about a person‘s HIV status, behavior, sexual orientation or gender identity, leading individuals to be treated without respect or dignity (UNAIDS 2017). Discrimination at the clinical care setting could also include denial of maternal health services, violation of patients‘ privacy and confidentiality, including disclosure of a patient‘s HIV status to family members or hospital employees without authorisation (UNAIDS 2017).

**2.2.15 Practices Of Nurses Voluntary Counselling And Testing (Vct)**

The nursing of HIV-positive and AIDS patients requires special skills and attitudes. However, a number of studies have suggested health workers including nurses hold negative attitudes towards people living with HIV and AIDS which in tun affect their practices (Manganye, Maluleke, & Lebese, 2023; Wada, Smith, Q& Ishimaru, 2016:4). Such negative attitudes come in the form of discrimination and stigma. Stigma and discrimination undermine all efforts to reach out to people with HIV information, HIV testing, treatment, and HIV preventive modalities to reduce their risk of infection.A recent UNAIDS report on stigma and discrimination in 19 countries shows that one in four people living with HIV have suffered discrimination in the hands of health workers and one in three women living with HIV have experienced at least one form of discrimination in their quest for sexual and reproductive health (UNAIDS 2017).

 Amidst these negative attitudes, Ishimaru et al., (2017) the nurses’ knowledge level of HIV and AIDS may have an impact on the quality of services provided (Gagnon & Cator, 2015:414). The inadequate knowledge of HIV and AIDS or lack thereof, are conditions associated with nurses’s demonstration of fear, stigmatisation, and unwillingness to care for PLWHA (Farotimi, Nwozichi, & Ojediran, 2015), good knowledge on HIV/ AIDS was an important step to reducing the fears, anxiety and negative attitudes exhibited by nurses. Farotimi et al. (2015:709) observed that poor knowledge of HIV and AIDS was a predictor of stigmatisation towards PLWHA. A study by Iwoi et al. (2017) also noted that the lack of HIV related knowledge was linked to the demonstration of fear, stigmatisation, and unwillingness to care for PLWHA. Lack of knowledge and misconceptions surrounding the spread of HIV has been identified by several researchers (Som et al., 2015) as the number one reason determining nurses’ discriminatory attitudes towards PLWHA. In view of this, studies have suggested the need for the inclusion of the basic aspects of HIV in the curricular of nurses’ training institutions (Farotimi et al., 2015).

In Vienna, Lao PDR, less than 50% of the nurses and medical doctors had received formal training on HIV and AIDS-related issues (Vorasane et al., 2017:10). Additionally, the availability of resources and compliance with the standard precautions was a positive element contributing to a positive attitude in nurses, such as willingness to care. Adherence to infection control measures not only serves to protect nurses but also help them to render quality care (Ishimaru et al., 2017:5).

**Management Strategies Of HIV/AIDS**

**Non-drug management of HIV**

According to the Department of Health in the Republic of South Africa (2006a:203), Counselling is an extremely vital part of the successful care of people with HIV infection and their families. Specific matters requiring attention are: The implications of the disease for the family  Implications of the treatment and understanding of the condition and its care. On completion of counselling, the family should be able to make informed decisions taking all this information into account. According to Fraser et al., (2008:667), a newly diagnosed pregnant woman must be offered intensive post-test counselling on the following aspects: effects of pregnancy on HIV infection, risk of transmission of HIV to foetus and newborn, option of termination of pregnancy, option for treatment in pregnancy and infant feeding. Other aspects include advantages and disadvantages of breastfeeding, disclosure of results to the male partner and family, the need for follow-up of both woman and child and future fertility management (Fraser et al., 2008:367).

**Drug management of HIV**

Currently, infants are given doses of antiretroviral prophylaxis. Antiretroviral therapies decrease the viral load. Such prophylaxis is designed to protect the uninfected infant while exposed to infection through breastfeeding. The regimes are taken during pregnancy, intrapartum and postnatally by mothers, as well as infants’ post-partum. In 2009, the South African National AIDS Council (SANAC) Treatment Technical Task Team (TTT), finalised recommendations for changes to the national standard treatment guidelines for adult and paediatric management and treatment, as well as changes in the prevention of the mother-to-child-transmission of HIV (PMTCT) guidelines, moving away from monotherapy to dual therapy. As announced on World Aids day 2009 by President Zuma, the changes to the guidelines were not to meet the Presidential mandates only, but to bring them in line with international recommendations and ensure the use of more efficacious drugs, including the phasing out of stavudine from the national antiretroviral (ART) programme (Serenata & Bekker, 2010:28). Pregnant women with a CD4 count less than 350 cells/µl meet the eligibility criteria to start antiretroviral therapy within two weeks of receiving their CD4 result and choosing to start lifelong antiretroviral therapy (ART). If the CD4 count is more than 350 cells/µl, these pregnant women follow the national PMTCT guidelines, namely:  Zidovudine from 14 weeks - oral, 300mg 12 hourly  Single-dose nevirapine (NVP) - oral, 200mg at onset of labour and zidovudine - oral, 300mg 3 hourly during labour to delivery  Tenofovir and emtricitabine single dose after delivery. If a woman presents in labour without having started either ART or the PMTCT regimen at 14 weeks, she should still receive the single-dose nevirapine and zidovudine 3-hourly and tenofovir and emtricitabine as per above (Serenata & Bekker 2010:28-30).

 In a nut shelll, providing VCT services can be emotionally demanding, and some nurses may express concerns about the emotional toll it may take on them. Ven though, Nurses may express concerns about resource constraints, including limited access to testing facilities, equipment, and manpower, which can impact the delivery of VCT services, Nurses who are well-informed and educated about HIV/AIDS may demonstrate positive attitudes towards VCT services, understanding the significance of early detection and prevention. However, with supportive institutional policies, including adequate training opportunities, resources, and a conducive work environment, nurses positive attitudes can be enhanced.

**2.3 THEORETICAL REVIEW**

**2.3 Self Perception Theory of Attitude – Bem 1967**

Self-perception theory (SPT) is an account of attitude formation developed by psychologist Daryl Bem (1967). It asserts that people develop their attitudes by observing their own behaviour and concluding what attitudes must have caused it. The theory is counterintuitive in nature, as the conventional wisdom is that attitudes determine behaviours. Furthermore, the theory suggests that people induce attitudes without accessing internal cognition and mood states. The person interprets their own overt behaviours rationally in the same way they attempt to explain others’ behaviours. In an attempt to decide whether individuals induce their attitudes as observers without accessing their internal states, Bem used interpersonal simulations, in which an “observer-participant” is given a detailed description of one condition of a cognitive dissonance experiment. Subjects listened to a tape of a man enthusiastically describing a tedious peg-turning task. Some subjects were told that the man had been paid $20 condition.

The results obtained were similar to the original Festinger-Carlsmith experiment. Because the observers, who did not have access to the actors’ internal cognition and mood states, were able to infer the true attitude of the actors, it is possible that the actors themselves also arrive at their attitudes by observing their own behaviour. Specifically, Bem notes how “the attitude statements which comprise the major dependent variables in dissonance experiments may be regarded as interpersonal judgements in which the observer and the observed happened to be the same individual”. Bem used a series of employed self-perception theory to try to reduce anxiety in heterosocially anxious or shy college students. The study conducted by an interaction among members of the opposite sex in order to overcome their shyness by attributing their successful outcomes to themselves and their own behaviour. The results indicate that the treatment is highly effective for both sexes. Also, the effects are fairly permanent and subjects find it enjoyable. Furthermore, the treatment is not a result of the subject-expectancy effect.

**2.3.2 Health Belief Model by Rosenstack et al (1950)**

The propounders of Health Belief Model were a group of psychologists Rosenstock, Becker, Fishben and Ajzen in 1950s. The rationale for this was to help explain people’s health behaviours. In the view of Becker the HBM can be outlined using four constructs which represent the perceived threat and net benefits of a particular behaviour.

* - Perceived susceptibility, a person’s opinion of the chances of getting certain condition.
* - Perceived severity, a person’s opinion of how serious the condition is.
* - Perceived benefits, a person’s opinion of the effectiveness of some advised action to reduce the risk or seriousness of the impact, and
* - Perceived barriers, a person’s opinion of the concrete and psychological cost of this advised action. Another concept in the Health Belief Model is known as cues to action. These are events (internal and external) which can activate a person’s readiness to act and stimulate an observable behaviour.

 Furthermore, Health Belief Model attempts to explain health behaviour in terms of individual decision making and proposes that the likelihood of a person adopting a given sexual or health related behaviour is a function of that individual’s perception of a threat to his personal health, and his belief that the recommended behaviour will reduce this threat.

**2.3.3 Application of Theory**

The Health Belief Model and Self Perception Theory of Attitudeis significant for this study as it reveals that nurses belief and knowledge of HIV/AIDs can impact their attitude and practices while delivering VTC. How nurses perceive HIV/AIDs as threat to their own health, how they judge severity and how they evaluate the factors that led to patients contact will determine their service delivery. What this implies is that a person would be more likely to adopt a given attitude and behaviour in a situation where non-adoption of such is perceived as a health threat and adoption is seen as reducing threat. Some nurses actively work towards destigmatizing HIV/AIDS, contributing to a more supportive and non-judgmental atmosphere for individuals seeking VCT services, whereas some other deliver test results in an insensitive and judgmental manner. Whatever the case may be, HBM and Self Perception Theory Of Attitudeconstruct in the study is of great significant to the the discourse.

**2.4. Empirical Review**

Iliyasu et al (2021) explored knowledge of HIV/AIDS and attitude towards VCT among adults and found that 72.3% of respondents were willing to be tested and will recommend VCT to friends and relatives. Meanwhile, 99% of the respondents had not gone for VCT, citing doubt about confidentiality of the result, marital disharmony, fear of stigma and discrimination as reason for avoiding it. The findings of a descriptive study by Jereni & Muula 2018) carried out among youth from 3 states in Nigeria revealed that youth have both positive and negative attitudes towards VCT. The statistics show that majority were aware that VCT was free, but over 60% indicated that they were afraid to be tested for the fear of positive test result. Most (70%) of the participants had never tested for HIV. For fear of stigmatization, many people who tested positive do not want to declare their status and those who might be negative do not want to undergo the test for the same reason.

Dorothy & Azwihangwisi (2019) assess nurses’ knowledge, attitudes and practices towards patients with HIV and AIDS in Kumasi, Ghana.: A quantitative cross-sectional study was conducted among 247 nurses at five selected health facilities in the Kumasi Metropolis. Data was collected by means of structured self-administered questionnaire and analysed using SPSS version 23.0. Results were presented using charts and tables. Findings reveals that Knowledge on HIV and AIDS was satisfactory but some still hold erroneous beliefs and misconception about HIV transmission. A majority demonstrated favourable attitudes. Nurses had fears of contracting the virus, which resulted in the display of negative attitudes by some. Their practice of universal precautions was satisfactory; however there was evidence of non-compliance among some of them. The study recommends continuous in-service training of nurses on HIV and AIDS as a key contributing factor to promoting knowledge, correcting a misconception, favourable attitude and improve compliance to universal precautions and other preventive practices such as uptake of PEP.

 In Vietnam, a study conducted to investigate community pharmacists willingness to care for HIV infected individuals, Ishimaru et al. (2017) found that community pharmacists who have discriminatory attitudes and stigmatized attitudes towards HIV were less willing to provide care for individuals diagnosed with the viral infection.In Thailand, Pudong,Prakongsai,Srithanaviboonchai, Chariyalertsak, Smutraprapoot, Sirinirund and Nyblade (2017) found that over 80% of healthcare workers had at least one negative attitude to HIV, while 20% said they knew colleagues who were unwilling to provide care or provided substandard services to people living with HIV. A little over 34% of the participants were worried about contracting HIV through touching clothing and bedding belonging to PLWHA, while 18.4% reported seeing health workers refusing to render care to PLHWA in the past 12 months in their facility. About 31.8% of participants reported using unnecessary personal protection measures, such as wearing double gloves when interacting with people living with HIV. Twenty-five (25%) of people living with HIV surveyed said that they avoided seeking healthcare for fear of disclosure or poor treatment, while a third had their status disclosed without their consent.

 In a study in China, 77.7% of health workers exhibited acts of discrimination against PLWHA while administering them care (Don et al., 2018).The most common acts of discrimination were forced detection, differential treatment, disclosing information, and refusing treatment. A greater percentage (65.3%) of the health workers discriminated against PLWHA by administering HIV antibody tests to them without their consent. More than 50% of the health workers gave differential treatment, and this was based on their HIV status of the patients. Forty-six percent (46.4%) of the health workers disclosed a patient‘s HIV status to a colleague who was not directly involved in the care of such patient, and 38.6% indicated they had refused to treat PLWHA in the past. Furthermore, it was noted that health workers give differential treatment and disclosed HIV status inorder to protect themselves by applying precautions when dealing with PLWHA (Don et al., 2018).

**CHAPTER THREE**

**METHODOLOGY**

**3.1. Design**

In this study, the researcher employed the survey research design. This is due to the nature of the study whereby the opinion and views of people are sampled. According to Singleton & Straits, (2009), Survey research can use quantitative research strategies (e.g., using questionnaires with numerically rated items), qualitative research strategies (e.g., using open-ended questions), or both strategies (i.e., mixed methods). As it is often used to describe and explore human behaviour, surveys are therefore frequently used in social and psychological research.

**3.2. Setting**

This study is conducted in Abia State University Teaching Hospital Aba also known as ABSUTH. Abia State University Teaching Hospital Aba is a state owned tertiary health facility that provides secondary and tertiary medical care, and is also involved in the training of high and middle level manpower for the health industry. The hospital (ABSUTH) is the only teaching hospital in Aba which is a commercial city in the South East region of Nigeria known for her industrial, trading, and craftwork activities.

**3.3. Target population**

The study population comprised of nurses in Abia State University Teaching Hospital .

**3.4. Sampling**

The study’s sample is 80 which comprises of nurses and student nurses in community health department of ABSUTH

**3.5. Sampling Technique**

In this study, the researcher adopted the convenient sampling method to determine the sample size. Nwana (2005) explains that convenience sampling is a non-probability sampling method where units are selected for inclusion in the sample because they are the easiest for the researcher to access. The researcher adopted this method because of the number of nurses available and accessible as at the time field survey was conducted and also base on the number of student nurses or willing to participate in the research.

**3.6. Instruments for Data Collection**

The research instrument used in this study is the questionnaire. A survey containing series of questions were administered to the enrolled participants. The questionnaire was divided into two sections, the first section inquired about the responses demographic or personal data while the second sections were in line with the study objectives, aimed at providing answers to the research questions. Participants were required to respond by placing a tick at the appropriate column. The questionnaire was personally administered by the researcher.

**3.7. Validity of Instrument**

An instrument is valid to the extent that is tailored to achieve the research objectives. The researcher constructed the questionnaire for the study and submitted to the project supervisor who used his intellectual knowledge to critically, analytically and logically examine the instruments relevance of the contents and statements and then made the instrument valid for the study.

**3.8. Reliability of Instrument**

The Pearson Correlation Coefficient was used to determine the reliability of the instrument. A co-efficient value of 0.68 indicated that the research instrument was relatively reliable. According to (Taber, 2017) the range of a reasonable reliability is between 0.67 and 0.87.

**3.9. Method of Data Collection**

Two methods of data collection which are primary source and secondary source were used to collect data. The primary sources was the use of questionnaires, while the secondary sources include textbooks, internet, journals, published and unpublished articles and government publications.

**3.10. Method of Data Analysis**

The responses from the field survey will be analyzed using simple percentage, mean and standard deviation which provided answers to the research questions. In analyzing data collected, mean score will be used to achieve this. The four points rating scale will be given values as follows: SA = Strongly Agree (4), A = Agree (3), D = Disagree (2), SD = Strongly Disagree (1). To ascertain the decision rule; any score that was 2.5 and above was accepted, while any score that was below 2.5 was rejected. Hypothesis was tested Pearson correlation Statistical Package for the Social Sciences (SPSS).

**3.11. Ethical Consideration**

The study was approved by the Project Committee of the Department. Informed consent was obtained from all study participants before they were enrolled in the study. Permission was sought from the relevant authorities to carry out the study. Date to visit the place of study for questionnaire distribution was put in place in advance.

**CHAPTER FOUR**

**RESULTS**

**4.1. Demographic Presentation**

The data analysis depicts the simple frequency and percentage of the respondents as well as interpretation of the information gathered. A total of eighty (80) questionnaires were administered to respondents of which only seventy-seven (77) were returned and validated. This was due to irregular, incomplete and inappropriate responses to some questionnaire. For this study a total of 77 was validated for the analysis.

**Question 1: Gender**

**Table 4.1: Respondent on question 1.**

|  |  |  |
| --- | --- | --- |
| **Option** | **Frequency** | **Percentage** |
| Female | 77 | 100 |
| **Total** | **77** | **100** |

**Source: field survey, 2024**

From the responses obtained as expressed in table 4.2. above, 77 the respondents constituting 100% were females.

**Question 2:** Age

**Table 4.2: Respondent on question 2**

|  |  |  |
| --- | --- | --- |
| **Option** | **Frequency** | **Percentage** |
| 20-25 yrs | 15 | 19.5% |
| 26-30yrs | 19 | 24.7% |
| 31- 35yrs | 23 | 29.9% |
| 36yrs | 20 | 25.9% |
| **Total** | **77** | **100** |

**Source: field survey, 2024**

From the responses obtained in table 4.3. above, 15 respondents constituting 19.5% were between the age bracket of 20-25years, 19 respondents constituting 24.7% were between the age bracket of 26-30years, 23 respondents constituting 29.9% were between the age bracket of 31-35ears, 20 respondents constituting 25.9% were between the age bracket of 36years and above

**Question 3: Educational Status Of The Respondents**

**Table 4.3: Respondent on question 3.**

|  |  |  |
| --- | --- | --- |
| **Options** | **Frequency** | **Percentage** |
| B.Sc Ns | 51 | 66.2% |
| Advanced Certification | 11 | 14.2% |
| Others  | 15 | 19.4% |
| **Total** | **400** | **100** |

**Source: field survey, 2024**

From the responses obtained as expressed in table 4.5 above on the educational level of the respondents, 51 respondents constituting 66 % are B.Sc Ns. holders 11 respondents constituting 14.32% obtained advanced certification, 15 respondents constituting 19.4% obtained other type of certificate or training,,

**Question 4: Marital Status**

**Table 4.4: Respondent on question 4.**

|  |  |  |
| --- | --- | --- |
| **Option** | **Frequency** | **Percentage** |
| Single | 44 | 57.1% |
| Married | 20 | 25.9% |
| Separated | 11 | 14.2% |
| Widowed | 3 | 3.9% |
| **Total** | **77** | **100** |

**Source: field survey, 2024**

From the responses obtained as expressed in table 4.5 above, 209 respondents constituting 52% were married, 102 respondents constituting 26% were Divorced, 54 respondents constituting 13.5% were separated, while the remaining 34 respondents constituting 8.5% were widowed.

**4.2 Answers to Research Question**

**Question 1:** What is the level of nurses knowledge on Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH, Aba?

**Table 4.5: Respondent on** **Level of Nurses knowledge on Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **X** | **S.D** | **DECISION** |
| 1 | HIV can been transmitted to people receiving blood transfusion | 2.80 | 3.0 | Accepted |
| 2 | The risk of infection with HIV after an accidental needle stick injury at the work place is high | 2.71 | 2.95 | Accepted |
| 3 | People infected with HIV can be asymptomatic, but still infectious | 2.62 | 2.90 | Accepted |
| 4 | Adherence to antiretroviral treatment is essential to avoid the development of drug resistance | 2.91 | 3.03 | Accepted |
| 5 | I explains the purpose, procedures, and benefits of HIV testing.  | 3.18 | 3.28 | Accepted |
| 6 | I provide comprehensive information about the testing process, potential outcomes, and the implications of results.  | 2.80 | 3.0 | Accepted |

**Source: Field Survey, 2024**

From the responses derived as described in the table relative on the level of nurses knowledge on Voluntary Counselling And Testing (VCT) for HIV/AIDS, the table shows that all the items (item1-item4) with mean score of 2.80, 2.71, 2.62, 2.91, 3.18 and 2.80 were accepted. This implies that nurses in ABSUTH is knowledgeable to a high extent Voluntary Counselling And Testing (VCT) for HIV/AIDS. This is proven as the respective items (item1-item6) respectively had mean scores of 2.50 and above.

**Question 2:** What are the attitudes of nurses towards HIV/AIDS VCT service in ABSUTH, Aba?

**Table 4.6: Respondent on** **the attitudes of nurses towards HIV/AIDS VCT service in ABSUTH.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **X** | **S.D** | **DECISION** |
| 1 | Most people with HIV/AIDS only have themselves to blame | 2.54 | 2.72 | Accepted |
| 2 | Patients with HIV/AIDS have the right to the same quality of care as any other patient | 2.72 | 2.94 | Accepted |
| 3 | Patients with HIV/AIDS are entitled to confidentiality, even if it puts other people at risk of contracting the disease | 2.81 | 3.01 | Accepted |
| 4 | Sometimes I have sympathy for people who get HIV/AIDS from sexual promiscuity | 2.74 | 3.03 | Accepted |
| 5 | I am always worried when testing or counselling a HIV patient  | 2.80 | 3.00 | Accepted |

**Source: Field Survey, 2024**

From the responses derived as described in the table the attitudes of nurses towards HIV/AIDS VCT service in ABSUTH, Aba, the table shows that all the items (item1-item5) with mean score of 2.54, 2.72, 2.81, 2.74 and 2.80 were accepted. This shows that ABSUTH nurses has a positive practice towards VCT since they are knowledgeable enough. This is proven as the respective items (item1-item5) respectively had mean scores of 2.50 and above.

**Question 3;** What are the practices of nurses Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH, Aba?

**Table 4.7: Respondent on the practices of nurses Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **X** | **S.D** | **DECISION** |
| 1 | I establish a comfortable and confidential environment to encourage open communication  | 3.31 | 3.26 | Accepted |
| 2 | I determine the appropriate HIV testing method based on factors such as window period, testing accuracy, and client preferences | 3.05 | 3.12 | Accepted |
| 3 |  I deliver test results in a sensitive and non-judgmental manner | 3.22 | 3.21 | Accepted |
| 4 |  Address the emotional and psychological impact of the test results, offering support and referral to additional services if needed. | 2.74 | 3.03 | Accepted |
| 5 | I offer personalized risk reduction strategies based on the test results, emphasizing safer practices and behavior change. | 2.80 | 3.00 | Accepted |

**Source: Field Survey, 2024**

From the responses derived as described in the table on the practices of nurses Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH, Aba, the table shows that all the items (item1-item5) with mean score of 3.31, 3.05, 3.22, 2.74

And 2.80 were accepted. This shows that ABSUTH nurses has a lukewarm attitude towards VCT even though they are knowledgeable enough. in This is proven as the respective items (item1-item5) respectively had mean scores of 2.50 and above.

**4.3 Testing Hypotheses**

**HO: There is no significant correlation between the level of knowledge, attitude, and practice of VCT for HIV/AIDS among Nurses in ABSUTH.**

**Table 4.8:**

| Correlation | KNW | AT | PRT |
| --- | --- | --- | --- |
| Knowledge | Pearson Correlation | 1 | .821\*\* | .813\*\* |
| Sig. (2-tailed) |  | .000 | .000 |
| N | 77 | 77 | 245 |
| Attitude | Pearson Correlation | .821\*\* | 1 | .815\*\* |
| Sig. (2-tailed) | .000 |  | .000 |
| N | 77 | 77 | 77 |
| Practices | Pearson Correlation | .817\*\* | .816\*\* | 1 |
| Sig. (2-tailed) | .000 | .000 |  |
| N | 77 | 77 | 77 |

*\*\*. Correlation is significant at the 0.01 level (2-tailed)*

The Pearson Correlation result in Table 1 contains the degree of association between knowledge, attitude, and practice. From the result, the Pearson correlation coefficient, r, value of 0.8 was positive and statistically significant at (p< 0.000). This implies that a positive correlation exists between the level of knowledge (KNW), attitude (AT), and practice (PRT) of VCT for HIV/AIDS among nurses, indicating that higher knowledge scores correspond to more positive attitudes and increased engagement in VCT practices. Thus, KNW, AT and PRT are correlated positively.

**CHAPTER FIVE**

**DISCUSSION OF FINDINGS**

**5.1 Key findings**

The principal focus of this study was to ascertain knowledge, attitude and practice of voluntary counselling and testing (VCT) for HIV/AIDS among nurses in Abia State University Teaching Hospital Aba. Findings show that nurses in ABSUTH has knowledge on Voluntary Counselling And Testing (VCT) for HIV/AIDS. Further findings reveals that nurses in ABSUTH show positive attitude towards VTC services as they believe that patients with HIV/AIDS have the right to the same quality of care as any other patient even as they patients with HIV/AIDS are entitled to confidentiality, even if it puts other people at risk of contracting the disease.

This finding is consistent with other studies which found VTC uptake to be higher among health-care providers who displayed a positive attitude toward HTC than those who exhibited a negative attitude.

Lastly, the study reveals that nurses establish a comfortable and confidential environment to encourage open communication, determine the appropriate HIV testing method based on factors such as window period, testing accuracy, and client preferences, deliver test results in a sensitive and non-judgemental manner and address the emotional and psychological impact of the test results, offering support and referral to additional services if needed. This is in line with the findings of (Dapaah & Senah, 2016) who averred that nurses in hospitals in east region Ghana showed positive attitude towards HIV testing and counselling as mandated by the ethics of their profession to respect the patients’ right to confidentiality and keep information obtained in associates with clients to themselves.

**5.2 Implication of the Findings**

Participants responses are masked by providers’ background characteristics (i.e., sex, age, marital status, and educational level) and attitudes and these elements would determine the extent to which care providers are trusted by their clients. Available literature claims that acceptance of VTC increases substantially after it was regularly offered by care providers who displayed positive attitudes, therefore definite clues could be taken to boost VTC services within the Aba geographical location where the current study was conducted. This approach would enhance motivation and expression of confidence in the VTC protocol for primary prevention, care, and management of HIV/AIDS.

**5.3 Implications of Findings to Nursing**

The attitude of an individual health-care provider with respect to the offer of VTC services may prove to be a significant gateway for clients’ who may consider VTC utilization. Nonetheless, some nurses, particularly as primary caregivers, may even be reluctant to help address HIV. The effort to increase the access and utilization of VTC services means that pre-service nurses should be trained to be more proactive and show confidence in facilitating HTC services toward early diagnosis, an essential element for appropriate treatment and prevention. Till date, intervention studies have proven the effect of provider-client interactions on the HTC utilization, For pre-service professional nurses, acting as role models or ambassadors of VTC services may intrinsically motivate clients toward accessing this management protocol for HIV/AIDS. Additionally, Nurses may engage in community advocacy through the findings of this study to raise awareness about the importance of HIV testing and reduce stigma associated with the virus.

**5.4 Limitations of the Study**

The study was carried out at Abia state university teaching hospital in Aba and the results may therefore only apply to similar settings. This means that the results and conclusions from this study cannot be generalized to other areas, particularly in different settings. Although interviewer bias was minimized through the use of self-administered questionnaires, since the sample is not chosen through random selection but through convenience, it is impossible that the sample will be fully representative of the population being studied. This undermines the ability to make generalizations from this sample to the population of interest. Sensitive issues like HIV/AIDS may trigger social desirability concerns such as under reporting or over reporting, self-presentation, recall biases, and confidentiality worries due to potential stigmatization connected with a reported behavior. These concerns were reduced by ensuring complete anonymity of study participants during the research.

**5.4 Summary of the Study**

This study's objective was focused on knowledge, attitude and practice of Voluntary Counselling And Testing (VCT) for HIV/AIDS among nurses in Abia State University Teaching Hospital, Aba. This research is reported in five distinct yet interrelated chapters. In the chapter one, a description of the study objectives was clearly stated, and also the motive behind this study. Research hypotheses were developed for testing while the scope of this research was defined as well. The framework guiding the study was anchored on self-perception theory of Attitude and HBM theory and explain the relationship between the dependent and independent variable respectively. Related empirical studies conducted on this topic were also reviewed.

The research adopted the survey descriptive design and with the aid of convenience sampling method, the researcher conveniently selected eighty (80) participant who are nurses in Abia State University Teaching Hospital Aba. Self- structure questionnaire was issued to the respondent of which seventy-seven (77) responses were retrieved and validated for the study. The study made use of of descriptive analysis and inferential statistics where data from field survey was analyzed using simple percentage, mean and standard deviation presented in frequencies and tables. Hypothesis test was conducted using Pearson correlation Statistical Package for the Social Sciences (SPSS v.23).

**5.5 Conclusion**

The nursing of HIV-positive and AIDS patients requires knowledge, special skills and attitudes. From the findings of the study, the overall knowledge of the nurses in ABSUTH was satisfactory regarding VTC; however, some had inadequate knowledge and misconceptions about HIV transmission. The study also found that nurses generally have fear of contracting the virus. Despite their increased fear of contagion, the majority displayed a positive attitude and practises towards People Living with HIV/AIDS (PLWHA). Fear of contagion was associated with erroneous beliefs about HIV transmission, leading to negative attitudes. Their compliance with universal precautions was satisfactory nonetheless.

**5.6 Recommendations**

* The Federal Ministry of Health in Nigeria ought to create opportunities for ongoing training and development of nurses. This can be facilitated by nurse managers through in-service training that specifically addresses nurses’ knowledge gaps in HIV transmission, management, and preventive measures.
* Training should be based on policies and research evidence on HIV and AIDS. Hospitals in Nigeria ought to collaborate to create nurses’ platforms through the establishment of journal clubs or focus groups. This will allow nurses from different hospitals to discuss issues relating to HIV/ AIDS as well as report on new evidence and updates on HIV/AIDS. To ensure that this becomes effective, nurses ought to have free access to the internet, especially at the workplace.
* Nurses and Midwives Council of Nigeria ought to integrate the education of basic aspects of HIV/AIDS into the curricula of undergraduate nurses to help them develop the competencies required to care for HIV and AIDS patients.
* To facilitate sustainable VTC service among pre-service nurses/, VTC programs should improve access as well as address stigmatization, anonymity, and confidentiality on VTC-related matters. For example, skill based training for HIV preventive behaviors and routine interaction between relationship partners about VTC may serve as a conduit toward bridging the gap between weird beliefs about HIV and health behaviors.
* A shift from the present clinic based approach to a more routine and widespread public health model will increase access to VCT. Stand alone VCT centres should therefore be cited in educational institutions, community centres, market places, youth friendly centres, among others for proximity to the people.

5.7 **Suggestions for Further Studies**

It would be interesting to ascertain through further studies the impact health-care provider-initiated VTC services may have on other HIV management and support-related services as well as their effectiveness. A qualitative research among Nurses in Private Hospitals Nigeria is needed to improve understanding of factors that influence Nurses attitude for VCT. Additionally, a population-based qualitative research would be appropriate in Abia State.

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**QUESTIONNAIRE**

**PLEASE TICK [√] YOUR MOST PREFERRED CHOICE AND AVOID TICKING TWICE ON A QUESTION**

**SECTION A**

**PERSONAL INFORMATION**

**Age**

20-25 yrs [ ]

26-30yrs [ ]

31- 35yrs [ ]

36yrs [ ]

**Qualification**

B.Sc Ns [ ]

Advanced Certification [ ]

Others [ ]

**Marital Status**

Single [ ]

Married [ ]

Separated [ ]

Widowed [ ]

**SECTION B**

Level of nurses knowledge on Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH, Aba?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **Strongly Agree** | **Agree**  | **Disagree**  | **Strongly Disagree** |
| 1 | HIV can been transmitted to people receiving blood transfusion |  |  |  |  |
| 2 | The risk of infection with HIV after an accidental needle stick injury at the work place is high |  |  |  |  |
| 3 | People infected with HIV can be asymptomatic, but still infectious |  |  |  |  |
| 4 | Adherence to antiretroviral treatment is essential to avoid the development of drug resistance |  |  |  |  |
| 5 | I explains the purpose, procedures, and benefits of HIV testing.  |  |  |  |  |
| 6 | I provide comprehensive information about the testing process, potential outcomes, and the implications of results.  |  |  |  |  |

Attitudes of nurses towards HIV/AIDS VCT service in ABSUTH, Aba.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **Strongly Agree** | **Agree**  | **Disagree**  | **Strongly Disagree** |
| 1 | Most people with HIV/AIDS only have themselves to blame |  |  |  |  |
| 2 | Patients with HIV/AIDS have the right to the same quality of care as any other patient |  |  |  |  |
| 3 | Patients with HIV/AIDS are entitled to confidentiality, even if it puts other people at risk of contracting the disease |  |  |  |  |
| 4 | Sometimes i have sympathy for people who get HIV/AIDS from sexual promiscuity |  |  |  |  |
| 5 | I am always worried when testing or counselling a HIV patient  |  |  |  |  |

Practices of nurses Voluntary Counselling And Testing (VCT) for HIV/AIDS in ABSUTH, Aba.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **Strongly Agree** | **Agree**  | **Disagree**  | **Strongly Disagree** |
| 1 | I establish a comfortable and confidential environment to encourage open communication  |  |  |  |  |
| 2 | I determine the appropriate HIV testing method based on factors such as window period, testing accuracy, and client preferences |  |  |  |  |
| 3 |  I deliver test results in a sensitive and non-judgemental manner |  |  |  |  |
| 4 |  Address the emotional and psychological impact of the test results, offering support and referral to additional services if needed.e |  |  |  |  |
| 5 | I offer personalized risk reduction strategies based on the test results, emphasizing safer practices and behavior change. |  |  |  |  |