

**PERCEPTIONS OF MEN WITH REGARD TO HUMAN  
IMMUNODEFICIENCY VIRUS (HIV) VOLUNTARY COUNSELLING AND  
TESTING, WINDHOEK**

**A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE  
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## **ABSTRACT**

HIV testing continues to be very important for monitoring the progress of the epidemic, and for diagnosing individuals with HIV. HIV voluntary counselling and testing (VCT) is one of the key strategies in the prevention of HIV and AIDS and it is a critical entry point of access to HIV and AIDS treatment and care. The scale up of HIV treatment is important to the response. However, enrolment into treatment and care continues to be hampered by the low uptake of VCT, especially among men (32%) (MoHSS, 2010d). It is apparent that the participation of men in VCT is influenced by various factors.

The aim of the study was to explore and describe perceptions of men with regard to HIV voluntary counselling and testing in Windhoek. A qualitative, exploratory, and descriptive design was applied in this study while the researcher used a purposive sampling technique. Data was collected through face-to-face, semi-structured interviews with men who met the inclusion criteria and willing to participate in the study. The following research ethics were observed during the study: informed consent, approval from relevant authorities, confidentiality, voluntary participation and data protection. An interview guide was used to facilitate the interviews. The interviews were voice recorded, transcribed, and analysed by using Tesch's approach to data analysis.

The findings showed that men had a positive perception of HIV voluntary counselling and testing and emphasised the important role it plays in the lives of individuals. Furthermore, the participants' outlook on VCT was earnest and appreciable; such an outlook was very important and needed in the prevention and

control of HIV. However, men expressed the fear of positive results, stigma and discrimination as the main barrier to HIV voluntary counselling and testing, which could have negative effects on the HIV prevention and treatment programmes. It is, therefore, very critical and important to improve health education by educating men on HIV and AIDS related stigma and devise strategies that can address the needs of men.

It is clear from this study that measures for dealing with stigma are non-existent and, therefore, the Ministry of Health and Social Services needs to introduce measures that would reduce the fear of stigma. Although men are aware of the benefits of HIV Counselling and Testing, factors such as cultural beliefs, fear of being tested positive, fear of being stigmatized, and masculinity influence men's uptake on HIV voluntary counselling and testing. Continued efforts are thus needed to encourage HIV counselling and testing among men.

In order to increase the VCT uptake by men, the proposed solutions include men-to-men talks in the communities, promotion of VCT services at men's social events, attractive campaigns, and home-based testing. The researcher further recommends that strategies specifically designed for men should be implemented in order to attract the attention of men to HIV testing services. In addition, a complete review of the approach to pre and post counselling needs to happen with the aim of conducting it in such a way that clients do not need to fear the onset of depression

## TABLE OF CONTENTS

ABSTRACT .....	ii
ABBREVIATIONS AND ACRONYMS .....	xi
ACKNOWLEDGEMENTS .....	xiii
DEDICATION .....	xiv
DECLARATIONS .....	xv
CHAPTER ONE BACKGROUND AND INTRODUCTION .....	1
1.1 BACKGROUND OF THE PROBLEM .....	1
1.2 INTRODUCTION .....	4
1.3 PROBLEM STATEMENT.....	5
1.4 PURPOSE AND OBJECTIVES OF THE STUDY .....	6
1.4.1 Purpose .....	6
1.4.2 Objectives of the study .....	6
1.5 THEORETICAL FRAME OF REFERENCE .....	6
1.5.1 Paradigmatic perspective of the study .....	6
1.5.2 Assumptions .....	7
1.6 SIGNIFICANCE OF THE STUDY .....	9
1.7 DEFINITION OF KEY TERMS USED IN THE STUDY .....	9

1.8	Outline of Chapters.....	11
1.9	SUMMARY.....	12
	CHAPTER TWO RESEARCH DESIGN AND METHODOLOGY .....	14
2.1	Introduction .....	14
2.2	Research Design .....	14
2.2.1	Qualitative research design.....	14
2.2.2	Explorative research design.....	15
2.2.3	Descriptive research design.....	15
2.3	LOGIC OF RESEARCH AND REASONING STRATEGIES .....	15
2.3.1	Inductive reasoning .....	16
2.4	RESEARCH METHODOLOGY .....	17
2.4.1	Study population.....	17
2.4.2	Sampling.....	18
2.4.3	Pilot testing.....	19
2.4.4	Data collection.....	20
2.4.5	Data analysis.....	22
2.5	ETHICAL CONSIDERATIONS .....	24
2.5.1	Informed consent.....	24
2.5.2	Confidentiality.....	24

2.5.3	Ethical approval.....	25
2.5.4	Voluntary Participation .....	25
2.5.5	Data protection .....	25
2.6	TRUSTWORTHINESS.....	26
2.6.1	Credibility.....	26
2.6.2	Transferability .....	29
2.6.3	Dependability .....	30
2.6.4	Confirmability .....	32
2.7	SUMMARY.....	33
<b>CHAPTER THREE RESULTS OF INTERVIEWS AND LITERATURE</b>		
	CONTROL.....	35
3.1	INTRODUCTION .....	35
3.1.1	Categorised themes.....	35
3.2	FINDINGS OF THE STUDY .....	36
3.2.1	Central story line of men .....	36
3.2.2	Main themes and subthemes.....	38
3.3	SUMMARY.....	66
<b>CHAPTER FOUR CONCLUSIONS, RECOMMENDATIONS, AND</b>		
	LIMITATIONS .....	69

4.1	INTRODUCTION .....	69
4.2	CONCLUSION .....	70
4.2.1	Conclusion in respect of Objective 1.....	70
4.2.2	Conclusion in respect of Objective 2.....	71
4.3	LIMITATIONS.....	72
4.4	RECOMMENDATIONS.....	72
4.4.1	Recommendation 1: Service delivery.....	72
4.4.2	Recommendation 2: Health Education.....	73
4.4.3	Recommendation 3: Strategies to increase the uptake of HIV testing .....	73
4.5	FURTHER RESEARCH .....	74
4.6	CONTRIBUTION TO THE BODY OF SCIENCE KNOWLEDGE.....	74
4.7	CONCLUDING REMARKS .....	75
	REFERENCES .....	77
	APPENDIX A: INTERVIEW GUIDE .....	83
	APPENDIX B: CONSENT FORM.....	85
	APPENDIX C: RESEARCH APPROVAL FROM THE UNIVERSITY OF NAMIBIA .....	87

APPENDIX D: APPROVAL LETTER FROM THE MINISTRY OF HEALTH AND SOCIAL SERVICES .....	89
APPENDIX E: TRANSCRIPTS OF PARTICIPANTS' INTERVIEWS.....	91



## **LIST OF FIGURES**

Figure 3.1: Clients tested for HIV and who received results by region (Annual Report, April 2011 – March 2012).....	45
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## **LIST OF TABLES**

Table 2.1:	Criteria of credibility.....	27
Table 2.2:	Criteria of transferability.....	29
Table 2.3:	Criteria of dependability .....	31
Table 2.4:	Criteria of confirmability .....	33
Table 3.1:	Identified themes and subthemes about the perception of men with regard to HIV voluntary counselling and testing.....	36

## **ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral
AVERT	AIDS Virus Education and Research Trust
CT	Counselling and Testing
FHI	Family Health International
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
MoHSS	Ministry of Health and Social Services
NDHS	Namibia Demographic Health Survey
NGO	Non-Governmental Organisation
NLT	Nawa Life Trust
NSF	National Strategic Framework on HIV and AIDS
NTD	National Testing Day
PLWHA	People living with HIV / AIDS

PMTCT	Prevention of Mother-To-Child Transmission
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNAM	University of Namibia
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

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## **DEDICATION**

This study is dedicated to my late beloved parents, Mrs Rauha M'kaliko Nashandi and Mr Moses Laleka Nashandi. You empowered me to persevere and complete this study. Thank you for setting a good foundation for me. Your legacy shall continue to live. May your souls rest in eternal peace.

To my children, Hosea Ileni Pendapala and Valentia Inge Pombili, it is my wish that this should serve as an inspiration to you.

## **DECLARATIONS**

I, Victoria Nashandi, declare hereby that this study is a true reflection of my own research and that this work or part thereof has not been submitted for a degree in any other institution of higher education.

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Victoria Katuna Nashandi

## **CHAPTER ONE**

### **BACKGROUND AND INTRODUCTION**

#### **1.1 BACKGROUND OF THE PROBLEM**

The human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) are of universal concern. According to UNAIDS (2012), Sub-Saharan Africa remains the most heavily affected region in the global HIV epidemic. In 2011, an estimated 23.5 million people who were living with HIV resided in Sub-Saharan Africa and represented 69 percent of the global HIV burden.

In Namibia, HIV and AIDS remains a major public health problem with a prevalence rate among pregnant women aged 15 – 49 years of 16.9% (Ministry of Health and Social Services (MoHSS), 2014b). According to the 2011 Population and Housing Census, the population stands at 2 116 077 people, of which 1 084 258 are in the sexually active group of between 15 and 49 years (Namibia Statistics Agency, 2013). According to the 2013 Namibia Demographic and Health Survey, forty-nine percent of women and 38 percent of men age 15-49 were tested for HIV in the year preceding the survey and received the test results (Ministry of Health and Social Services (MoHSS), & ICF International, 2014).

The first HIV infection in Namibia was reported in 1986. The number of new HIV infections peaked around 1998 to 2000 and began to decrease thereafter, demonstrating the impact of the implementation of the prevention programmes. In 2010 / 11, the HIV prevalence in the general population among people aged 15 – 49 years was estimated at 13.5%, resulting in around 4 500 AIDS related deaths in



2010 / 11; those deaths amounted to approximately 18% of all deaths in Namibia (MoHSS, 2012b).

According to the 2012 ANC Sentinel Surveillance, the prevalence in the Khomas Region stands at 14.4% and 9.6% in Katutura and Windhoek Central (the lowest prevalence in the country) respectively.

In Namibia the response to HIV and AIDS has been aggressive and persistent. The current five-year strategy to address HIV and AIDS in the country addresses a number of important factors in respect of the future course of the HIV epidemic in Namibia, which includes efforts to increase levels of HIV- and AIDS-related knowledge among the general population, decrease social stigmatisation of people living with HIV and AIDS, and the modification of risky behaviour (Ministry of Health and Social Services [MoHSS], 2014a). Other goals are to increase the provision and uptake of HIV counselling and testing, and to enhance access to care and antiretroviral therapy (ART), including prevention and treatment of opportunistic infections.

Results from the 2010-11 “Estimates and Projections of the Impact of HIV / AIDS in Namibia” Report highlight a mature epidemic within the population which is indicative of the need for a continued and strengthened prevention-focused, decentralised multi-sectoral response which can effectively contain the spread of HIV and also to reduce the impact of AIDS (MoHSS, 2012d).

HIV voluntary counselling and testing is one of the key strategies in the prevention of HIV and AIDS and is a critical entry point for access to HIV and AIDS treatment

and care. The World Health Organisation (WHO) (2005) defines VCT as an HIV intervention that includes both voluntary pre- and post-test counselling and voluntary HIV testing. People choose VCT voluntarily, and it provides them with an opportunity to confidentially explore and understand their HIV risks and to learn their HIV test results. The expected outcomes of VCT are to lower HIV transmission by reducing high-risk sexual behaviour, improving medical care (particularly for sexually transmitted infections), and improving access to care and support services for both HIV-positive and HIV-negative persons.

In Namibia, governmental health facilities in most regions provide HIV counselling, testing, and referral services. It should be noted that Namibia has significantly expanded its HIV counselling and testing (HCT) services based on the traditional VCT for people who seek to know their HIV status. However, the vast distances and low population density in Namibia make health care and HCT services inaccessible to many segments of the population who are at risk of HIV. Namibia offers different approaches to HCT; namely client-initiated voluntary counselling and testing, provider-initiated testing and counselling, and home-based HCT. VCT is a client-initiated approach to HIV counselling and testing. The VCT intervention is “client-focused” to the extent that HCT counsellors focus on a client’s unique issues and circumstances related to HIV risk (MoHSS, 2011).

Despite a high scale up of counselling and testing (CT) services in the country, challenges of male involvement in the uptake of CT services remain, since men constitute only of 32% of those tested, according to the 2006 / 7 Namibia Demographic Health Survey (NDHS) (MoHSS, 2010d).

The low level of participation in routine HIV counselling and testing causes significant challenges for HIV prevention and care programmes in Namibia. Individuals with high risk behavioural profiles are at greater risk of contracting and passing on the virus if they are unaware of their own partner's HIV status, while delayed enrolment into HIV and AIDS care and treatment programmes is associated with worse long-term health outcomes for infected persons (MoHSS, 2010d).

The MoHSS in collaboration with other stakeholders organised the first national counselling and testing event in 2008. That event followed the United Nations General Assembly proposal of hosting international VCT events as an effective way of increasing access to and awareness of VCT services (MoHSS 2008b). The event targeted the 15 – 49 year old population with gender specific messages for men and women.

## **1.2 INTRODUCTION**

Namibia has a generalised HIV / AIDS epidemic with HIV primarily spread heterosexually. Unfortunately, the majority of Namibians do not know their HIV status, which is a gateway to care and treatment for those people who are HIV positive and a key area to reach the ones who are negative with prevention messages. Namibia is a country with a small population that is spread over vast distances, which makes the limited Counselling and Testing centres that are available inaccessible to some population segments (MoHSS, 2008b).

The scale up of HIV treatment is an important response. However, enrolment for treatment and care continues to be hampered by the low uptake of HIV voluntary

counselling and testing, especially among men. The aim of VCT is to inform individuals of their HIV status to enable them to make informed decisions. Global coverage of HIV testing and counselling programmes remains low (WHO, 2012). It is, therefore, important for all individuals to know their HIV status with the aim of enabling them to make better choices.

### **1.3 PROBLEM STATEMENT**

Despite the success of the HCT programme in improving access to the HIV testing services, a large proportion of the population remains reluctant to utilise routine HCT (MoHSS, 2010d). The Namibia Demographic and Health Survey of 2006 / 7 indicates that the uptake of VCT services by men is very low, with only one third (34%) of men aged between 15 and 49 years having been tested at some point, while 18% have been tested in the 12 months prior to the survey (MoHSS, 2008a). Unfortunately, the involvement of men in VCT is influenced by many factors, including perceptions. No study has been conducted in Namibia to assess the perceptions of men with regard to VCT, hence the deep concern of the researcher.

Men's poor utilisation of Counselling and Testing services has serious implications in terms of HIV prevention, support to partners in prevention of mother-to-child transmission (PMTCT) programmes, and access to antiretroviral treatment (ART) (Levack, Raletsemo, Budaza, & Hagopian, 2006). The researcher, therefore, was interested in investigating the reasons why men were utilising the VCT services so poorly. Although male participation in CT services could be influenced by different factors, the researcher wanted to explore and describe the perceptions of men with regard to HIV voluntary counselling and testing.

## **1.4 PURPOSE AND OBJECTIVES OF THE STUDY**

### **1.4.1 Purpose**

The purpose of the study was to explore and describe perceptions of men with regard to HIV voluntary counselling and testing in Windhoek.

### **1.4.2 Objectives of the study**

The objectives of the study were twofold:

- To explore and describe the perceptions of men with respect to HIV voluntary counselling and testing.
- To develop recommendations with regard to VCT based on the perceptions of men.

## **1.5 THEORETICAL FRAME OF REFERENCE**

### **1.5.1 Paradigmatic perspective of the study**

Matthews and Ross (2010) define paradigm as an entire constellation of principles, values, and techniques shared by members of a given scientific community. As various definitions suggest, paradigms are likely to either reflect the interests and focus of research communities or social scientists from a particular discipline, or to share a set of theory-informed principles about the social world. Marlow (2001), as cited by Matthews and Ross (2010), describes a paradigm as a map, helpfully directing one to the problems that are important to address, the theories that are acceptable, and the procedures needed to solve the problems. As explained by Kuhn (1970), Paradigm refers to universally recognized scientific achievements that for a

time provide model problems and solutions to a community of practitioners (Wallace & Wolf, 2006).

In this study, the researcher focused on exploring the views of men in relation to HIV voluntary counselling and testing with the purpose of describing why few men go for HCT. The men who participated shared their views and experiences with regard to HIV Counselling and testing and this provided insight to the researcher about the problem being investigated.

The researcher applied an interpretivist approach to explore and understand the perceptions of men in respect of HIV voluntary counselling and testing. The approach applied in this study is based on the ontological and epistemological beliefs described below.

### **1.5.2 Assumptions**

An assumption is a realistic expectation which is something that we believe to be true. However, no adequate evidence exists to support this belief. In other words, an assumption is an act of faith which does not have empirical evidence to support. Assumptions provide a basis to develop theories & research instrument. Assumptions are basically beliefs & ideas that are held to be true (Patidar, 2013). It is therefore essential to justify assumptions as probably true in order to justify the need for commissioning that specific study. The assumptions that were considered for this study are therefore described below.

### **1.5.2.1 Ontological assumptions**

Ontology refers to the way the social world and social phenomena or entities that it consists of are viewed. These social phenomena can include social groups of people like the family, gender, ethnic group, institutions, and organisations; as well as social situations, events, and social behaviour (including social research) (Matthews & Ross, 2010). In simple terms, ontology is associated with a central question of whether social entities need to be perceived as objective or subjective. Accordingly, objectivism (or positivism) and subjectivism can be specified as two important aspects of ontology (Research-Methodology.net, 2015). The subjectivism aspect of ontology was applied in this study.

Participants in this study lived under different conditions in society. They had certain perceptions of HCT and were able to make meaningful contributions to the research topic. The study, therefore, assumed that by conducting in-depth interviews, the point of view of men with regard to HCT would provide more insight into the stated problem.

### **1.5.2.2 Epistemological assumptions**

Matthews and Ross (2010) define epistemology as a theory of knowledge that presents a perspective on and justification of what can be regarded as knowledge. According to this approach people cannot be separated from their knowledge, therefore there is a clear link between the researcher and research subject (Research-Methodology.net, 2015). The epistemological approach of this study is called

interpretivism. From the detailed data gathered, possible explanations with regard to the low uptake of HIV voluntary counselling and testing by men were identified.

This study comprised the perceptions of men in respect of HIV voluntary counselling and testing. Through structured in-depth interviews, the researcher afforded men who participated in the study an opportunity to share their points of view about HIV voluntary counselling and testing and to provide possible recommendations for addressing the problem.

## **1.6 SIGNIFICANCE OF THE STUDY**

The findings of this study will contribute to the benefits of the society, considering that it would uncover critical issues preventing men from accessing HIV counselling and testing services. The information would be useful to the MoHSS and other stakeholders, since it aims at broadening their understanding of the challenges which men experience in relation to the participation in HCT and guiding the development of strategies that would improve the HCT programme. The study would also add to existing knowledge about this phenomenon and provide a springboard for further research.

## **1.7 DEFINITION OF KEY TERMS USED IN THE STUDY**

The following key words are used in this study and defined as follows:

### **Perception**

According to the Oxford Dictionaries (2014), perception refers to the way in which something is regarded, understood, or interpreted. Merriam-Webster Dictionary



(2015) defines perception as the way one thinks about or understand someone or something; the ability to understand or notice something easily; and the way that you notice or understand something using one of your senses.

### **Voluntary**

Voluntary refers to conducting an act out of one's own free will (Oxford Dictionaries, 2014). In other words, voluntary refers to proceeding from the will or from one's own choice or consent (Merriam-Webster Dictionary, 2015).

### **Counselling**

The Oxford Dictionaries (2014) defines counselling as professional assistance and advice given to someone to resolve personal or psychological problems.

### **Human Immunodeficiency Virus (HIV)**

As defined by AVERT (2014), Human Immunodeficiency Virus is a virus that gradually attacks the immune system cells. HIV is a retrovirus that ultimately results in the development of AIDS.

### **AIDS**

The acquired immunodeficiency syndrome is a chronic, potentially life-threatening condition that results from the HIV which weakens the human immune system (Mayo Foundation for Medical Education and Research, 2014).

### **HIV testing**

HIV testing refers to a medical test that determines whether or not one is infected with HIV, a virus that weakens one's immune system and may lead to acquired immunodeficiency syndrome (Mayo Foundation for Medical Education and Research, 2014).

## **1.8 OUTLINE OF CHAPTERS**

In this section, the outline of the chapters is provided.

Chapter one: Background and Introduction

Chapter two: Research design and Methodology

Chapter three: Results of the study and Literature control

Chapter four: Conclusion, Recommendations and Limitations

Chapter one provides an orientation and background of the study, the statement of the research problem, and the purpose and objectives of the study. This chapter also includes the theoretical framework of reference, significance of the study, and the definitions of key terms used in the study. Chapter two focuses on the nature of the research design and methodology applied in the study. Chapter three presents findings from the interviews and the corresponding literature control. The findings are categorised into themes and subthemes. Finally, the conclusions, limitations and recommendations are presented in chapter four.

## **1.9 SUMMARY**

HIV voluntary counselling and testing is one of the key strategies in the prevention of HIV and AIDS. It is a critical entry point for access to HIV and AIDS treatment and care. Namibia has maintained and continues to promote a mixed HCT delivery model; including integrated, standalone, and outreach / mobile sites in the public and non-governmental organisation (NGO) sector.

Despite the success of the HCT programme in improving access to the HIV testing services, a large proportion of the population remains reluctant to utilise routine HCT, with men reported to be the least likely to seek such services. The purpose of this study was to explore and describe perceptions of men with regard to HIV voluntary counselling and testing in Windhoek.

The paradigmatic perspective of the study focused on an interpretivism approach to explore and understand the perceptions of men in respect of HIV voluntary counselling and testing. The ontological and epistemological assumptions were applied in the study. The significance of the study was highlighted and key terms used in the study were defined.

Approval and permission to conduct the study were sought and granted by the University of Namibia, the Ministry of Health and Social Services, and the health facilities that were sampled. Informed consent had been obtained from each participant before the researcher conducted the interviews.

This chapter provides an orientation and background of the study, the statement of the research problem, and the purpose and objectives of the study. This chapter also

includes the theoretical framework of reference, significance of the study, and the definitions of key terms used in the study and the outline of chapters. In the following chapter, the researcher discusses the design and methodology of this research project.

## **CHAPTER TWO**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **2.1 INTRODUCTION**

In the previous chapter, the orientation and background of the study is provided, the research problem of the study is stated, the purpose of the study and applicable theories are explained. This chapter outlines the details of the research design and methodology applied in this study. The researcher also explains the sampling and data collection process in this section. In addition, the researcher explains the ethical aspects and the trustworthiness of this study.

#### **2.2 RESEARCH DESIGN**

According to Trochim (2006), research design refers to the structure of research which is the focus of all the elements together in a research project. A design is used to structure the research in such a way that all the major parts of the research project, the samples or groups, measures, treatments or programmes, and methods of assignment complement one another with the purpose of addressing the central research questions.

A qualitative, exploratory, and descriptive design was applied in this study.

##### **2.2.1 Qualitative research design**

According to Matthews & Ross (2010), qualitative research is primarily concerned with stories and accounts of events; including subjective understandings, feelings, opinions, and principles. This strategy enabled the researcher to develop the

understanding of people's perceptions with regard to HIV voluntary counselling and testing and to describe the findings.

### **2.2.2 Explorative research design**

An exploratory design aims at discovering what participants perceive to be important about a particular phenomenon (Matthews & Ross, 2010). This design enabled the researcher to collect different ideas about the perceptions of men with regard to HIV voluntary counselling and testing.

### **2.2.3 Descriptive research design**

A descriptive design refers to the exploration and description of phenomena in real life situations and provides an accurate account of characteristics of particular individuals, situations, or groups (Burns & Grove, 2007). During this study, the researcher discovered new meaning and described the findings in order to provide insights into the perceptions of men with regard to HIV voluntary counselling and testing.

## **2.3 LOGIC OF RESEARCH AND REASONING STRATEGIES**

Logic and reasoning refers to the ability of researchers to identify and contemplate problems and apply strategies to solve them. Logical reasoning is the process that uses arguments, statements, premises, and axioms to define whether a statement is true or false with the purpose of establishing whether the reasoning is either logical or illogical. In contemporary logical reasoning, three different types of reasoning can be distinguished; known as deductive reasoning, inductive reasoning, and

abductive reasoning based on respectively deduction, induction and abduction (Fiboni, 2011).

In order to derive at logical assumptions during a study, it is important to apply good and correct reasoning with the aim of validating the research findings. In this study, inductive reasoning strategy was applied.

### **2.3.1 Inductive reasoning**

Scientists using the inductive approach begin instead by observing, by immersing themselves in the data. They feel that to start analysis with a clearly defined hypothesis is too rigid and may lead analysts to ignore important aspects of their subject. They suggest it is far better to get to know a subject and situation well and gradually build up, or induce, descriptions and explanations of what is really going on. In an inductive approach, the key concepts emerge in the final analysis of the research process (Wallace & Wolf, 2006). According to Trochim (2006), inductive reasoning moves from specific observations to broader generalizations and theories. Sometimes, this is informally called a “bottom up” approach. A researcher starts with specific observations and measures, and begins to detect patterns and regularities, formulate some tentative hypotheses that can be explored, and finally end up developing some general conclusions or theories. Inductive reasoning, by its very nature, is more open-ended and exploratory, especially at the beginning. Inductive reasoning is about collecting data and seeing what patterns or meaning can be extracted.

In this study, the researcher observed the population being studied and interviewed the participants to attain a close familiarity with the population she was examining. The researcher also interviewed a nurse to get a clear picture of the situation. Conclusions related to aspects about the perceptions of men with regard to HIV counselling and testing were drawn from views expressed by men during the interviews.

## **2.4 RESEARCH METHODOLOGY**

For the purpose of this study, the research methodology comprised identifying the population of the study, sampling the population, procedures for data collection, pilot testing of the study, as well as data collection and analysis.

### **2.4.1 Study population**

Bryman (2008) defines a population as the universe of units from which the sample is to be selected. In this study, the population constituted all men who were visiting the state health facilities in Windhoek to seek any health services during the data collection period. There are 10 state health facilities that provide CT services in Windhoek. The target population included all males aged 18 years and older who attended a health facility and who were able to speak and understand either English or Oshiwambo.



## **2.4.2 Sampling**

According to Trochim (2006), sampling is the process of selecting units (e.g. people, organisations) from a population of interest that enables a researcher to fairly generalise the results of the sample to the population it represents.

The researcher applied a purposive sampling technique in this study. Of the 10 state health facilities, there are two hospitals and eight health centres / clinics.

The researcher purposively selected two clinics, one hospital, and a health centre for sampling purposes; namely the Katutura Hospital, Katutura Health Centre, as well as the Robert Mugabe and Okuryangava Clinics. The health facilities were selected due to their location and volume of patients.

The researcher purposively selected men who had met the criteria for inclusion in the study while they were visiting the sampled facilities. Purposive sampling was used to select participants in a strategic way that ensured their contribution was relevant to the research questions (Bryman, 2008). The researcher purposively selected participants that were willing to participate in the study and conducted individual interviews until saturation occurred. Data saturation refers to the stage when any additional data collected provides few, if any, new insights (Saunders; Lewis & Thornhill, 2012). The researcher had initially planned to conduct 15 interviews; however, the point of saturation was reached after nine individual interviews at three health facilities; namely the Katutura Health Centre, as well as the Robert Mugabe and Okuryangava Clinics.

#### **2.4.2.1 Sampling criteria**

The selection of participants was based on the following criteria:

- participants should be men attending the health centre during the data collection period;
- aged 18 years and older; because participants younger than 18 years would have required parental consent;
- able to speak and understand either English or Oshiwambo because the researcher only spoke those two languages; and
- agree to take part in the study.

#### **2.4.3 Pilot testing**

A pilot study refers to a small-scale version of a study conducted to confirm the feasibility of the main study and to pre-test a particular research instrument (Van Teijlingen & Hundley, 2004).

The researcher conducted a pilot study at the Khomasdal Health Centre in Windhoek in order to assess the practicability of the research instrument (Bryman, 2008). Three men were interviewed during the pilot study.

The pilot testing revealed that the questions were clear; however, the central question compelled respondents to provide answers to questions in the latter part of the interview guide. The research instrument for the main data collection (interview guide) was edited after the pilot study. The question that elicited responses to the

other questions was removed from the final interview guide of the main data collection process.

#### **2.4.4 Data collection**

Data was collected through face-to-face, semi-structured interviews with men who were willing to participate in the study. The researcher conducted semi-structured interviews because it allowed the researcher to gain the data she required without pigeonholing the responses of the participants (Bryman, 2008). The data was collected through face-to-face interviews with men who met the eligibility criteria because it enabled the researcher to control the context of the responses (Matthews & Ross, 2010).

The data collection process consisted of the following activities: Preparation of the field, data collection at the sampled health facilities, note taking during the interviews, and the voice recording of the interviews.

The researcher applied several techniques in order to gain an in-depth understanding of the interviewees. Probing was done in order to understand the participants' views in detail and to afford them an opportunity to elaborate more on the initial response. In addition, the researcher interpreted and sought clarifications when necessary to avoid misinterpretation.

##### **2.4.4.1 Preparation of the field**

The researcher visited the health facilities that were sampled before the data collection occurred to explain the nature of the study and to seek permission from the

head of the health facility to conduct interviews with men who visited the clinic on the day of data collection.

#### **2.4.4.2 Conducting interviews**

The researcher conducted semi-structured interviews by posing a central question: **“Tell me your perceptions on HIV voluntary counselling and testing”**, to ensure that similar aspects of the research topic were discussed with each participant (Matthews & Ross, 2010). Follow-up questions from the interview guide during the interview of each participant. The researcher introduced herself and prior to interviews the study and the purpose of the study was explained to the participants.

Written consent was obtained from the participants before the interviews started and the researcher explained to the participants that they were free to withdraw from the interview at any stage. Participants were assured that the interviews would not take too long in order facilitate their participation in the study. Participants were also informed that the interviews would be voice recorded and researcher permission was sought from the participants.

Some respondents refused to be voice recorded; in those instances, the researcher took comprehensive notes during the interviews. Although the plan was to interview fifteen men, only nine men were interviewed, since data saturation was reached after the ninth interview. The researcher also took additional notes during the other interviews that were voice recorded. In order to reflect on information as the interviewees presented it, the data was transcribed soon after the interviews had been

conducted. In the cases when it was necessary, data was translated from the Oshiwambo language into English.

The researcher repeatedly listened to the audio recordings of the interviews and listened to the verbatim transcripts of the interview recordings that were available.

#### **2.4.5 Data analysis**

Data analysis refers to a process of working with the data to describe, discuss, interpret, evaluate, and explain the data in terms of research questions or hypotheses of a research project (Matthews & Ross, 2010). This study followed Tesch's open coding for data analysis. The eight steps of Tesch's approach of data analysis (as cited by Mamabolo, 2009) were used to organise the data systematically.

The researcher transcribed all the interviews and thereafter, the process of data analysis was initiated. In order to avoid loss of any meaningful information and to incorporate non-verbal data such as tone of voice, the available voice recordings had been transcribed as soon as possible after each interview. The researcher listened repeatedly to the voice recorded of the interviews while verifying the notes taken. That process allowed the researcher an opportunity to gain a general understanding of the interview content.

The following steps of Tesch's approach for data analysis were applied:

**Step 1:** The researcher read through all the transcripts and made notes when ideas came to mind. That was done in order to extract the meaning from the interview transcripts.

**Step 2:** After reading the responses during the interviews repeatedly, the researcher identified main topics that emanated from the interviews.

**Step 3:** Descriptive wording was used to label the main and subtopics with the aim of identifying and noting those topics in the transcripts. Similar topics were grouped together and labelled under major topics, unique topics, and additional topics.

**Step 4:** Codes were allocated to the topics, simply by abbreviating them and the researcher was also mindful of new major categories that could emerge. The researcher highlighted the topics by using a different colour for each category.

**Step 5:** Related topics were grouped together. Data was reduced and organised into meaningful categories by means of a coding system, and interpreted in reference to relationships that emerged from data reduction. That was done by creating major themes and subthemes with the purpose of grouping similar topics according to a particular theme.

**Step 6:** At that stage, the researcher identified names for the categories / themes with the aim of organising the coded data into meaningful phenomena.

**Step 7:** The researcher listed the data that belonged to the same category to prepare the data for analysis.

**Step 8:** The data was analysed according to the identified themes and subthemes. Recoding of data was done in order to formulate meaningful concepts within the framework and objectives of this study.

The emergent themes from the data analysis are discussed in Chapter Three.

## **2.5 ETHICAL CONSIDERATIONS**

As described by Matthews and Ross (2010), research ethics refer to the generally acceptable principles that guide research from its inception up to the completion and publication of results and beyond. The process of ethical approval is basically to make sure that, participants are not put at any risk by the research, or more usually to make sure that, among other things, the risks are reasonable and that the participants understand them. The following ethical measures were therefore applied in this study.

### **2.5.1 Informed consent**

A researcher has to ensure that participants' rights are respected and acknowledged by means of an informed consent (Bryman, 2008). Written informed consent is necessary to ensure that participants understand exactly what they are consenting to. In this study, the purpose and objectives of the study were explained to the participants prior to the actual interviews. Participants were requested to sign an informed consent form. Participants were informed that the participation was strictly voluntary and that they could withdraw at any stage from the interview. The researcher also explained to the participants that the interview would not take much of their time.

### **2.5.2 Confidentiality**

To ensure confidentiality, participants remained anonymous. The interview guide did not contain any question that reveal the identity of the participants, no names were linked to the transcripts, and the researcher assured participants that nobody

apart from the researcher would listen to the recorded interviews and that data from the study would only be used for research purposes.

### **2.5.3 Ethical approval**

The study was submitted and approved by the Ethics Review Committee of the School of Nursing and Public Health Research Committee of the University of Namibia (UNAM) and the UNAM Postgraduate Study Committee. The study protocol was henceforth submitted to the Ministry of Health and Social Services head office for approval and the researcher sought permission from the nurse in charge at the selected clinics.

### **2.5.4 Voluntary Participation**

All participants agreed to participate in the study voluntarily. Their consent was obtained before any information was collected from them. They were informed that they had the right to withdraw from the study at any point of the interview without being victimised in any way.

### **2.5.5 Data protection**

The researcher ensured the safekeeping of the audio recordings and written documents and notes related to the interviews. Data was only accessible to the researcher. The researcher saved all electronic data on a computer that was protected by a password and kept written interview notes in a safe place. The researcher anticipates keeping the data for a maximum of two years after the publication of this research report after which the data would be destroyed.



## **2.6 TRUSTWORTHINESS**

There is a continuing debate among methodologists about the value and legitimacy of this alternative set of standards for judging qualitative research (Trochim, 2006). According to Given and Saumure (2008), trustworthiness in qualitative research has become an important concept because it allows researchers to describe the virtues of qualitative terms outside of the parameters that are typically applied during quantitative research.

Rule & John (2011) explained that Guba (1981) offered the concept of trustworthiness as an alternative to reliability and validity. The concept promotes values such as scholarly rigour, transparency and professional ethics in the interest of qualitative research gaining levels of trust and fidelity within the research community.

In this study, the researcher applied different strategies to enhance the trustworthiness of this study; namely credibility, transferability, dependability, and confirmability (Bryman, 2008).

### **2.6.1 Credibility**

Credibility criteria seek to establish whether the results of qualitative research are credible or believable from the perspective of the research participants. Since the purpose of qualitative research is to describe or understand the phenomena of interest from the participants' eyes, the participants are the only ones who can legitimately judge the credibility of the results (Trochim, 2006).

Credibility refers to the extent to which a case study has recorded the fullness and essence of the case reality (Rule & John (2011). King and Horrocks (2010) defined credibility as the extent to which the researcher’s interpretation is endorsed by those with whom the research was conducted.

The credibility is tested by the transparency of the analysis and interpretation of the data, for example by testing the interpretation of the data with the research participants or comparing the interpretation of data with existing theory (Matthews & Ross, 2010).

Credibility is increased when the researcher spends long periods of time with the participants in order to understand them better and gain insight into their lives. It is also increased by making use of triangulation, where more than one research methods are used to collect data (Du Plooy-Cilliers, Davis & Bezuidenhout, 2014).

In this study, credibility was ensured through prolonged engagement, thick description, peer debriefing, and data triangulation.

**Table 2.1: Criteria of credibility**

<b>Credibility</b>	<b>Method of application</b>
Prolonged engagement	The researcher applied prolonged engagement until the scope of the data was adequately covered. This was done by spending adequate time with the participants, while they were waiting for their treatment and/or after they have been served. This

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varied engagement provided an opportunity of providing clarity on the research question and provided adequate information of the phenomena being investigated.

Dense/thick description

The researcher addressed the concept of transferability by providing sufficient contextual information about the fieldwork. The dense/thick description of the research results including literature control and direct quotations from the interviews provided good description of the phenomena being studied and allowed readers to have a good understanding thereof.

Peer debriefing

The researcher was assisted by three experienced researchers to compare the notes for completeness and uniformity.

Data triangulation

The interpretation of the data was compared with the existing data. The researcher read other sources with the view of gaining a better understanding of the background and details about the behaviour of men in respect of the research topic and verified particular details that the participants had provided.

## 2.6.2 Transferability

Transferability refers to the degree to which the results of qualitative research can be generalised or transferred to other contexts or settings. From a qualitative perspective, transferability is primarily the responsibility of the one who seeks to generalise the findings of a study. The qualitative researcher enhances transferability by thoroughly describing the research context and the assumptions that the research project focuses on. A person who wishes to "transfer" the results to a different context is then responsible for making the judgment of how sensible the transfer would be (Trochim, 2006).

Transferability is based on the ability of the researcher to provide sufficient rich detail that a reader can assess the extent to which the conclusions drawn in one setting can transfer to another (King & Horrocks 2010).

In this study, the researcher ensured transferability through thick description.

**Table 2.2: Criteria of transferability**

<b>Transferability</b>	<b>Method of application</b>
Purposive sampling	Purposive sampling allowed the researcher to select participants who would be able to provide detailed information about the phenomena being studied.
Dense/thick description	The researcher addressed the concept of transferability by providing sufficient contextual

information about the fieldwork. The dense/thick description of the research results including literature control and direct quotations from the interviews provided good description of the phenomena being studied and allowed readers to have a good understanding thereof.

### **2.6.3 Dependability**

The idea of dependability emphasises the need for a researcher to account for the ever-changing context within which research occurs. A researcher is responsible for describing the changes that occur in the setting and how these changes affect the way a researcher approaches a study (Trochim, 2006).

Dependability refers to the quality of the process of integration that takes place between the data collection method, data analysis and the theory generated from the data (Du Plooy-Cilliers, Davis & Bezuidenhout, 2014).

The researcher ensured dependability by maintaining a record of all research activities and documenting all data collection and analysis procedures throughout the study. A researcher confirms that the research process and decisions of the researcher are transparent and available to other subject matter experts for scrutiny (Matthews & Ross, 2010).

The dependability of the study was ensured by thick description or describing research methods in detail, so that the results of the research would be consistent; audit trail; data triangulation and independent coding and expert panels.

**Table 2.3: Criteria of dependability**

<b>Dependability</b>	<b>Method of application</b>
Audi trail	Two research supervisors reviewed and judged the acceptability of the process and procedures followed during the course of the research
External audits	The research findings were examined by internal and external qualified and experienced examiners, who examined whether the results and conclusions are supported by data.
Data triangulation	The interpretation of the data was compared with the existing data. The researcher read other sources with the view of gaining a better understanding of the background and details about the behaviour of men in respect of the research topic and verified particular details that the participants had provided.
Independent coding and expert panels	Raw data was colour coded and categorized in themes and sub-themes according to Tesch's open

coding. The researcher critically discussed the coding/themes produced with two independent research experts in order to scrutinize them. The coding produced were also shared and discussed with the research supervisors.

Thick description

The researcher ensured dependability by maintaining a record of all research activities and documenting all data collection and analysis procedures.

#### **2.6.4 Confirmability**

Qualitative research leans towards the assumption that each researcher brings a unique perspective to a particular field of study. Confirmability refers to the degree to which the results could be confirmed or corroborated by other subject matter experts (Trochim, 2006).

Confirmability refers to how well the data collected support the findings and interpretation of the researcher. It indicates how well the findings flow from the data. It requires the researcher to have described the research process fully in order to assist others in scrutinising the research design (Du Plooy-Cilliers, Davis & Bezuidenhout, 2014).

The researcher ensured the confirmability of this research project by the safekeeping of raw data with the purpose of allowing the integrity of research results to be scrutinised and audited. The data included audio recordings, transcripts of the interviews, field notes, and in-depth methodological description of the research process. The retention of all the research records made a data audit possible to examine the data collection and analysis procedures, and to establish the potential for bias or distortion.

**Table 2.4: Criteria for confirmability**

<b>Confirmability</b>	<b>Method of application</b>
Peer debriefing	The researcher was assisted by three experienced researchers to compare the notes for completeness and uniformity.
Audit trail	Data collected during the study were kept safe in order to allow for scrutiny and audit.

## **2.7 SUMMARY**

Chapter Two focuses on the qualitative, exploratory, and descriptive nature of the research design and methodology used of the study. The population comprised all men aged 18 years and older who were visiting the state health facilities in Windhoek to seek any health services during the data collection period and who were able to speak either English or Oshiwambo. The researcher used a purposive sampling method to select the first three health facilities for data collection. Semi-



structured interviews were used for data collection. The researcher voice recorded the interviews and took field notes. The data was analysed by using Tesch's open coding method of qualitative data analysis. The researcher used four strategies to ensure trustworthiness; namely credibility, transferability, dependability, and confirmability. The following chapter presents the research findings and literature control.

## **CHAPTER THREE**

### **RESULTS OF INTERVIEWS AND LITERATURE CONTROL**

#### **3.1 INTRODUCTION**

Chapter Two focused on the research methodology; as well as description of the research design, strategies, and measures for trustworthiness of the qualitative approach applied to this study. A qualitative approach was used because it was best suited to establish an understanding of men's perceptions with regard to HIV voluntary counselling and testing.

In this chapter, findings of this study are presented and a literature control that supports the findings of the study. The findings are presented based on the themes identified during the data analysis process.

##### **3.1.1 Categorised themes**

From the data analysis, the researcher identified four main themes:

- Men perceived HIV voluntary counselling and testing as readily available and affordable;
- Voluntary Counselling & Testing attendance is perceived to be influenced by various factors;
- The uptake of Human Immunodeficiency Virus (HIV) Voluntary Counselling & Testing by men is perceived to have barriers; and
- New strategies targeting men are needed to encourage men to get tested.

## 3.2 FINDINGS OF THE STUDY

### 3.2.1 Central story line of men

Men have a positive perception of Voluntary Counselling and Testing. Despite the potential known benefits, availability, and affordability of HIV voluntary counselling and testing, men experience obstructing factors that discourage them to seek HIV testing services at public facilities. Although men are aware of the benefits of HIV Counselling and Testing, factors such as cultural beliefs, fear of being tested positive, fear of being stigmatized, and masculinity influence men's uptake on HIV voluntary counselling and testing. This is the central storyline that emerged from the data analysis and more details are discussed in the next section.

Themes and subthemes obtained from the interviews with men about perceptions of men with regard to voluntary counselling and testing are presented in Table 3.1.

**Table 3.1: Identified themes and subthemes about the perception of men with regard to HIV voluntary counselling and testing**

Main themes	Subthemes
<b>3.2.1.1 Theme 1:</b>  Men perceived HIV voluntary counselling and testing as readily available and affordable.	<b>a. Availability of VCT services</b> <ul style="list-style-type: none"><li>• Easily accessible.</li></ul> <b>b. Affordability of VCT services</b> <ul style="list-style-type: none"><li>• VCT services offered free of charge at public health facilities.</li></ul>

Main themes	Subthemes
<p><b>3.2.1.2 Theme 2:</b></p> <p>VCT attendance is perceived to be influenced by various factors.</p>	<p><b>c. Motivational perceived factors</b></p> <ul style="list-style-type: none"> <li>• Awareness of health benefits;</li> <li>• Assurance in relationships;</li> <li>• The urge to know the HIV status; and</li> <li>• Health status.</li> </ul> <p><b>d. Non-motivational perceived factors</b></p> <ul style="list-style-type: none"> <li>• Negligence of health; and</li> <li>• Masculinity.</li> </ul> <p><b>e. Perceived benefits associated with VCT</b></p> <ul style="list-style-type: none"> <li>• Informed family planning; and</li> <li>• Healthy and positive living.</li> </ul>
<p><b>3.2.1.3 Theme 3:</b></p> <p>The uptake of HIV VCT by men is perceived to have barriers.</p>	<p><b>a. Social and behavioural barriers</b></p> <ul style="list-style-type: none"> <li>• Fear of positive results</li> <li>• stigma; and</li> <li>• Risky sexual behaviour.</li> </ul> <p><b>b. Cultural barriers</b></p> <ul style="list-style-type: none"> <li>• Shame; and</li> <li>• Cultural beliefs.</li> </ul>
<p><b>3.2.1.4 Theme 4:</b></p> <p>New strategies targeting men are needed to encourage men to get tested.</p>	<p><b>a. Educational strategy</b></p> <p><b>b. Peer talks</b></p> <p><b>c. Home testing</b></p>

### **3.2.2 Main themes and subthemes**

A discussion of the identified themes and subthemes is presented below.

#### **3.2.2.1 Theme 1: Men perceived HIV voluntary counselling and testing as readily available and affordable.**

Participants expressed that HIV counselling and testing is readily available and affordable and thus provides an opportunity to individuals to know their HIV status.

HIV and AIDS remains a concern for all Namibians from all walks of life because it is the greatest socio-economic developmental challenge, and hence its importance for all Namibians to work collaboratively in response to this pandemic (MoHSS, 2010c). As reported by MoHSS (2008a), Namibia has a generalised HIV epidemic, with HIV primarily being transmitted during heterosexual sexual activity.

VCT provides the opportunity for people to know their HIV status with quality counselling support to assist them with coping with either a positive or a negative test result. Knowing one's HIV negative status can serve as a strong motivating factor to remain negative, particularly for those people who may otherwise assume it is too late to adopt safer sexual practices. For people who test positive, VCT services can link them to options for treatment when and where they exist, to care, and to support. Just as important, it allows for adopting preventive measures. By knowing their positive status, HIV positive individuals may become more motivated to adopt a more healthy lifestyle that improves their health status and slows down the progression from HIV infection to symptomatic HIV diseases and full blown AIDS; for example avoiding further risks of infection with other viral strains and STIs,

seeking early treatment for opportunistic and HIV / AIDS related infections, eating healthy food, avoiding tobacco consumption, and reducing stress (UNFPA, 2014).

The results of the 2013 Namibia Demographic and Health Survey confirms that there has been a scale up in service delivery that is resulting in an increased percentage from 34.3% reported in 2006 to 63.2% of men who have ever been tested for HIV. Similarly, the uptake for men who have been tested and received their results during the prior 12 months has more than doubled from 17.6% in 2006 to 38.1% in 2013 (Ministry of Health and Social Services (MoHSS), & ICF International, 2014).

**a. Subtheme: Participants' perceptions pertaining to availability of VCT services**

VCT was regarded as helpful because it informs people of their HIV status and respondents found its accessibility commendable. According to the 2013 Namibia Demographic and Health Survey, the majority (97%) of women aged between 15 and 49 years and 95% of women aged between 50 and 64 years know a place where they can have an HIV test done. This information is in support of the views expressed by participants that VCT services are easily accessible.

As reported by The Joint United Nations Programme on HIV / AIDS (UNAIDS) (2012), surveys conducted between 2004 and 2011 in 14 countries in sub-Saharan Africa found significant increases in the percentage of adults who had taken an HIV test in the preceding 12 months and received their results. However, among countries surveyed, HIV testing rates were inclined to be higher among women than

men; that might be due, in part, to increased availability of HIV testing in antenatal settings.

According to UNAIDS (2012), despite the potential benefits of VCT, uptake is often poor regardless of the availability of the services. The results of this study agree with this statement, because participants confirmed that the services were easily accessible but uptake by men was very poor.

**b. Subtheme: Participants' perceptions pertaining to affordability of VCT services**

Participants expressed gratitude to the Government of the Republic of Namibia for offering free VCT services at all public health facilities. Some men feel that VCT is a very good thing that can be classified as a lifesaver which is affordable. The Ministry of Health and Social Services stipulated in the National Policy on HIV and AIDS that VCT services shall be free of charge for all vulnerable groups (MoHSS, 2007).

The following statements are responses from some of the participants.

*"I feel it helps everyone in the sense that if you want to get tested, you can, as it is both available and affordable. You don't have to pay anything"*

Interviewee # 1.

*"It is a very nice process. It helps you determine where you stand"*

Interviewee # 3.

*“It is good for the people because it saves lives and it is very affordable”*

Interviewee # 7.

From this theme, it can be concluded that men have a positive perception about HIV voluntary counselling and testing and regard it as a very important and beneficial health service because it helps individuals to know their HIV status and enables them to make the right choices for the future. However, despite the availability and affordability of such services, the uptake by men remains very low.

The following theme focuses on the factors that influence the uptake of HIV voluntary counselling and testing.

### **3.2.2.2 Theme 2: VCT attendance is perceived to be influenced by various factors**

Participants were asked why they got tested or not in order to determine the driving factors. Respondents highlighted driving factors for seeking HIV VCT services, which included motivational (for seeking) and non-motivational factors (for not seeking). In addition, these participants expressed the benefits associated with testing that motivated them to get tested for HIV. The benefits included informed family planning, as well as healthy and positive living.

#### **a. Subtheme: Motivational perceived factors**

Motivational perceived factors contributing to the uptake of HIV VCT were highlighted as awareness of health benefits, assurance in relationships, the urge to know one's HIV status, and health status.



There appears to be important differences between the factors that motivate men and women to request an HIV test. For example, it would appear that while men are inclined to be tested to confirm whether they are HIV negative, women are more likely to have a perception of personal susceptibility and therefore will engage in testing to find out whether they are HIV positive (Maman, Mbwambo, Hogan, Kilonzo, & Sweat, 2001).

A study conducted in the rural Uganda concludes that among the reasons mentioned for undergoing VCT are: Showing symptoms of AIDS, loss of a sexual partner, for marriage, mandatory requirements like joining the army, when demanded by a sexual partner, and after one has taken part in various risky behaviour such as unprotected sex with somebody one does not trust, undergoing blood transfusion, and after being involved in a road traffic accident (Nuwaha, Kabatesi, Muganwa, & Whalen, 2002).

- **Awareness of health benefits**

The pressure from within and also the motivation during campaigns such as the national testing day have led men to HIV testing. Several possible factors could contribute to the important uptake of VCT; such as socio-demographic characteristics, proximity to a clinic, awareness / knowledge related to HIV / AIDS, perception of being at risk of HIV infection, perceived benefits of VCT, the belief that knowledge of infection may accelerate disease progression; as well as psychosocial factors, such as HIV / AIDS-related stigma and discrimination and concerns about confidentiality (UNAIDS, 2012).

A study conducted by Bock (2009) confirms that the general awareness of VCT services in Namibia is good, according to the 2006 Namibia Demographic and Health Survey, and the turnout at the National Testing Day indicates that there is still an unmet need amongst people for VCT.

Below are responses from the participants:

*“Ah, I don’t know! Since at school, they have been telling us about being born with infection. I just told myself, let me go check for myself and just to be on the safe side”* Interviewee # 6.

*“It was National Testing Day and I thought why shouldn’t I get tested. So I got tested”* Interviewee # 9.

The above-mentioned statements are supported by the following literature:

One commonly used approach to reaching underserved populations in Sub-Saharan Africa has been national or local testing and counselling campaigns, including mass media awareness and mobilisation, as well as campaigns that provide services directly at mobile clinics and home-based testing. Campaigns have been particularly important in Burkina Faso where a considerable proportion of all testing occurs during annual campaigns (Obermeyer, Makhoul, Bayer, Desclaux, & Baggaley, 2013).

In Kenya, an integrated week-long campaign reached up to 50 000 people and resulted in high uptake rates of testing. A media campaign to promote HCT between 2002 and 2005 contributed to a substantial increase in testing uptake. In Malawi, a

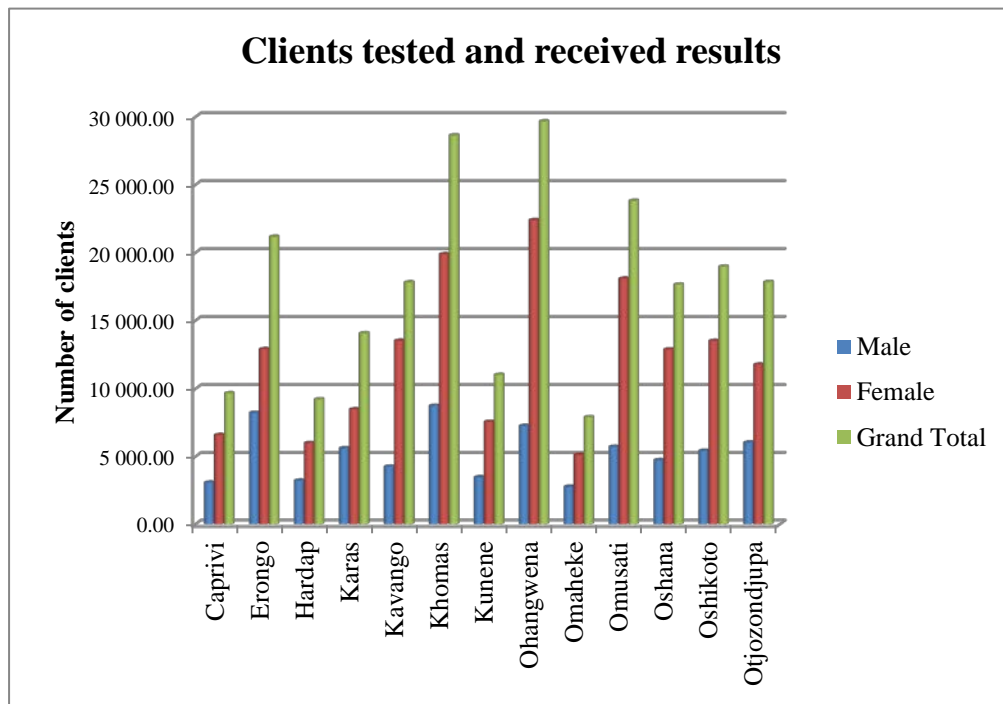
week-long campaign aims at mobilising people to test during the annual “Testing Week” for several years. The campaign has been linked to improvements in testing uptake and is currently being formally evaluated (Obermeyer et al., 2013).

Namibia is no stranger to National Testing Day campaigns. As reported by the MoHSS (2012a) in the Global Aids Response Progress Report, during the 2010 one-day National Testing Day event, a total of 39 858 people got tested. Figure 3.1 illustrates that the Khomas Region recorded the highest number of participants, followed by the Erongo and Otjozondjupa Regions. The demand for VCT has been created by campaigns, such as the National HIV Testing Day.

The Nawa Life Trust (NLT) collaborated with the MoHSS and IntraHealth to create demand for the New Start and public health system counselling and testing services during the 2010 National HIV Testing Day. The collaboration between the MoHSS and NGOs resulted in the development and implementation of the “Be Strong, Get Tested” campaign that aimed at encouraging more men to utilise HCT by promoting VCT as the “strong” thing to do. Desired changes were observed as a result of the campaign, since more clients had been tested even during the period beyond the National HIV Testing Day in the history of the New Start network. More men used the services as a result of the campaign. During the first campaign month, the male/female ratio changed from 75 men/100 women to 84 in May 2010 and 85 in June 2010. The average male to female ratio – excluding National Testing Day (NTD) clients –for the campaign period was 81:100 in comparison with 75:100 during the four months prior to the campaign. These results were embedded in a larger trend of higher uptake and more male clients that had gained momentum since

early 2010 and only ended with centre closures during September and October 2010.

The campaign appeared to have further boosted this development.



**Figure 3.1: Clients tested for HIV and who received results by region (Annual Report, April 2011 – March 2012)**

A total of 227 553 people got tested and received their HIV results at the MoHSS public health facilities. As displayed in Figure 3.2, Ohangwena Region had the highest number of people counselled and tested (29 672), followed by the Khomas Region that tested 28 000 during the year under review. The report clearly indicates that women continue to demonstrate health seeking behaviour, which includes HIV CT services. The low uptake of services by males was reflected in all the regions.

- **Assurance in relationships**

Assurance in relationships was identified as one of the driving forces for HIV voluntary counselling and testing. Participants highlighted the following:

*“I am currently in a long distance relationship and at the time had problems in our relationship. So, I thought it would be best for me to get tested, just to be on the safe side”* Interviewee # 1.

*“Because I was forced by my girlfriend”* Interviewee # 3.

*“It is a very good thing actually because when two people are in a relationship they need to trust each other and by doing that voluntarily without having the partner asking you to go test, it shows that there is a centre of togetherness in a relationship”* Interviewee # 6.

New WHO guidelines recommend making HIV testing and counselling available to couples wherever HCT is available, including at antenatal clinics. HCT for couples allows individuals to learn about their own status and the status of their partner. It affords them an opportunity to collaboratively make decisions about preventing transmission. In this context, counsellors are able to modify prevention messages based on the couple’s test results (WHO, 2012).

In support of this study, a study conducted in Uganda in 2010 concludes that men perceive their marriages as unstable and distrustful, making the idea of couple testing unappealing due to possible conflict that might result from couple testing. Men generally has a negative view about couple HIV testing and the "promise" of couple

HIV testing at antenatal care (ANC) health facilities actually discourages men from accompanying their wives to antenatal visits. In fact, men view the possibility of receiving HIV test results in the presence of one's spouse as a disadvantage rather than as an advantage.

- **The urge to know one's HIV status**

Participants confirmed that their decision to go for HIV testing was driven by the urge to know their HIV status. This is evident in the following statements:

*“Yes, I know some. So, you know where you stand and also so that you can protect yourself and your partner”* Interviewee # 2.

*“It is good to know where you stand, you will prepare for your family and leave them money if you get tested and know where you stand”*  
Interviewee # 7.

*“So, you know where you stand, to avoid getting other diseases and re-infection”* Interviewee # 9.

HIV testing and counselling form the gateway to care, treatment, and support for persons who need it. HCT ensures that people are given an opportunity to exercise their right to know their HIV status and to benefit from increased access to ARV treatment for HIV positive people. HIV testing and counselling must be radically scaled up by using innovative, ethical, and practical approaches to service delivery (WHO, 2015).

- **Health status**

Participants explained that men mostly get tested when they get sick. They were not motivated to seek HCT when there were no symptoms of sickness. Below are statements from the participants:

*“I have realized that men have this belief that they wait until they are sick.*

*It is the sickness that forces them to get tested.” Interviewee # 3.*

*“I wasn’t feeling well; I was sick and losing weight excessively. So, the doctors decided I should get tested” Interviewee # 4.*

*“Because I am not sick, why I should get tested” Interviewee # 8.*

In agreement with this study, Obermeyer *et al.* (2013) state that gender imbalances in access to testing or treatment have also been documented in individual studies from Burkina Faso, Kenya, Malawi, and Uganda. In those studies, part of the numerical gender imbalance reflects the fact that women comprise a higher proportion of those citizens living with HIV than men. However, women are more likely to visit health facilities, since they have to make use of ANC services, therefore, men have fewer opportunities to test and receive HIV care early in the infection and they often delay testing and / or treatment until they become symptomatic.

This study concludes that men’s decisions to seek HIV testing are influenced by the knowledge and benefits of knowing their HIV status and also to secure their love relationships. However, there are some who only visit a health care facility for testing when they start presenting with signs of sickness.



**c. Subtheme: Non-motivational perceived factors**

Negative factors that contributed to the low uptake of HIV VCT were perceived as negligence of health by men and perceptions of masculinity.

- **Negligence of health by men**

It had been stated that it was not necessary to get tested without signs of sickness.

Men are more likely to delay seeking help for medical problems as health-seeking behaviour has become “feminised” and admitting illness or weakness challenges their social position as “men” (Myburgh, 2011).

Gender norms of masculinity are also implicated in men’s reluctance to seek medical care. Cross-cultural evidence suggests that in many societies, masculinity is associated with a sense of invulnerability, being self-reliant, to hide their emotions, and a reluctance to seek assistance in times of need. It has been suggested that delays in seeking and using health care may be related to men’s beliefs about masculinity. Some of this reluctance is spurred on by the fact that health services are often not designed to cater for men’s needs (Peacock, Redpath, Weston, Evans, Daub, & Greig, 2008, P.30).

The following statements are responses from some of the participants.

*“I have realized that men have this belief that they wait until they are sick.*

*It is the sickness that forces them to get tested.” Interviewee # 3.*

*“Because I am not sick, why I should get tested” Interviewee # 8.*

- **Masculinity**

Men's perception of masculinity also contributes to the low uptake of HIV voluntary counselling and testing. These findings are in line with the results of other studies. The UNAIDS (2008) report that "social definitions of masculinity and the behaviours boys and men learn often include behaviours that put both them and their sexual partners at risk of HIV". Mills, Beyrer, Birungi, & Dybul (2012) further concluded that the reality why men are less likely to seek health care is intimately linked to perceptions of masculinity. In a study about male involvement in PMTCT programmes in Uganda, Ikalany (2011) concludes that while it is evident that men do not want to go for couple CT with their female partners due to the hegemonic notion that men are naturally stronger, less vulnerable to HIV infection, or HIV disease free. Fear and stigma of a positive HIV status are additional reasons for their low involvement. These findings are congruent with this study that the perception of masculinity based on men being stronger contributes to the low uptake of HIV testing by men. This shows that men still believe that they are naturally stronger and are less vulnerable to HIV infection in comparison to their female counterparts. It is clear from this study that men would rather wait until their health deteriorates before they seek assistance at health services. This type of behaviour is also contributed by the nature of secretive in men.

This is evident from the following response.

*"You know men are very secretive, and they think they are the strongest who cannot catch HIV. They are the people, who do not want to know their status, because he knows, most of them know they know if you get tested,*

*you may get bad results. So, it is better not to go get results that would damage them” Interviewee # 5.*

**d. Subtheme: Perceived benefits of HIV testing**

Men perceive HIV voluntary counselling and testing as a greatly beneficial health service.

With the exception of one participant, all men who participated in the study shared their knowledge about the benefits associated with HIV testing. Perceived benefits were mainly associated with treatment and further prevention. Furthermore, participants indicated that, once their HIV positive status was known, they could start HIV treatment and make informed decisions about their future.

The benefits of knowing one’s HIV serostatus are well-known. When a person tests HIV positive and is eligible, HIV testing is an entry point for access to ART. Antiretroviral therapy has dramatically improved the quality and duration of life for many people living with HIV and may also reduce the risk of transmission due to the decreased the viral load (MoHSS, 2008b).

Knowing that one is HIV positive also provides an opportunity to protect sexual partners and to plan for the future from an informed position: deciding about marriage and child bearing, preparing children and family for the progression of disease, and death (UNFPA, 2014).

- **Informed family planning**

It was stated that knowing one's HIV status could inform one's choices for family planning and to protect oneself and one's partner from getting infected. Other benefits identified were the opportunity to prepare for future and further protection. These observations are evident in the statements below.

*“The benefits are family planning, employment, stops infection of other diseases, makes you cautious of who you are, prevents the effects of HIV, and beneficial for the nation”* Interviewee # 5.

*“Yes, I know some. So, you know where you stand and also so that you can protect yourself and partner”* Interviewee # 2.

*“It is good to know where you stand, you will prepare for your family and leave them money if you get tested and know where you stand”*  
Interviewee # 7.

*“So, you know where you stand, to avoid getting other diseases and re-infection”* Interviewee # 9.

VCT provides an opportunity to affect sexual and fertility behaviour. Counselling can affect behavioural changes as a result of improved decision making skills. Armed with information, individuals and couples have a greater ability to reduce their risk of infections (Sanders, Hardee, and Shepherd, 2007).

- **Healthy and positive living**

Participants were aware that knowing their HIV status has benefits of healthy living and further emphasised that knowing their status could assist them with living positive lives. This concept is demonstrated in the responses below:

*“Yes, I am aware of the benefits, such as knowing where you stand so that you can live more healthy... Mmm, if you do turn out to be HIV positive you can start the medication and take care of yourself” Interviewee # 1.*

*“It has given me benefits because I got to know my status. Now I know how I should behave myself” Interviewee # 3.*

*“It is nice because you can start your medication on time as well as just know where you stand” Interviewee # 4.*

Knowing their HIV status enables individuals to initiate or maintain behaviour that prevents the acquisition or further transmission of HIV; to gain early access to HIV-specific care, treatment, and support; to access interventions that prevent transmission from mothers to their infants; to better cope with HIV infection; and to plan for the future (World Health Organization, 2003).

A balanced diet keeps our bodies strong and our immune systems healthy with the result that it becomes harder to get ill. HIV positive people are more susceptible to infectious agents in food and water. Therefore, it is especially important to follow safe cooking guidelines, drink water that has been purified, and be careful when dining out. Additionally, it is important for HIV positive individuals to maintain their

body weight and muscle mass. Finally, people with illnesses like HIV and cancer often hear and read about diets that claim to "cure" illness; although it may be hard to resist these promises, it is important to avoid being taken advantage of (MedicineNet, 2015).

Theme 2 highlighted the motivational and non-motivational factors that lead to decisions about the uptake of HIV testing, as well as the associated benefits. The next theme focuses on the barriers that affect the uptake of HIV VCT.

### **3.2.2.3 Theme 3: The uptake of HIV VCT by men is perceived to have barriers**

Participants shared their experiences and thoughts with respect to barriers that prevented them from accessing HCT. Related factors to social, behavioural, and cultural issues were identified as barriers to HCT.

According to MoHSS (2010a), the majority of the people who are tested through routine VCT are females (69%). This statement is further supported by the statistics of the 2010 National Testing Day event which indicate that more females than males were tested in most of the regions (92% of the regions), including the Khomas Region.

#### **a. Subtheme: Social and behavioural barriers**

Barriers related to social and behavioural factors that were mentioned by the participants of this study included fear of positive results, stigma, and risky sexual behaviour. These findings are in agreement with a recent study conducted in South

Africa (Levack et al., 2006) which has established that men accounted for only 21% of all clients who are receiving VCT. Reasons why men are reluctant to test stem from three realms: Individual factors, societal factors, and institutional factors. Individual factors for not testing include fear of results, based on the assumption that a partner's HIV status implies that one has the same status, the nugatory perception of knowing one's status, and no sense of vulnerability to HIV. Societal factors that contribute to men not utilising CT services include stigma and men's gender socialisation. Institutional factors include poor treatment by nurses and confidentiality concerns (Levack, et al., 2006).

- **Fear of positive results**

Environmental factors, such as fear of positive results were dominantly reported by men as the stumbling blocks to the uptake of HIV testing. Men seem to always be afraid of facing their HIV results and being seen visiting VCT centres. It was mentioned that knowing one's results would cause damage to an individual when he is confronted by bad results that might lead to depression.

- **Fear of Stigma**

Fear of stigma was dominantly reported by men as the stumbling blocks to the uptake of HIV testing. It is therefore apparent that stigma and discrimination remain barriers to HIV testing.

Environmental factors are evident in the following statements.

*“They are afraid of being told that they are positive. They are just afraid; full of fear” Interviewee # 1.*

*“It is just because of fear. They are simply afraid of being tested and the results come out positive. Also they fear what people might say about them seeking testing” Interviewee # 2.*

*“You know men are very secretive, and they think they are the strongest who cannot catch HIV. they are the people who do not want to know their status, because he knows, most of them know they know they are 21 jump street, they know if you get tested you may get bad results, so it better not to go get results that would damage them” Interviewee # 5.*

*“Aah, eish, -aah like for African men they have this belief that, what you don’t know won’t kill you, so they prefer not knowing their status aah, simply because they are afraid to find out if they are HIV positive or not, because in most cases, most of them know that they probably have unprotected sex, with multiple partners, so they feel, that probably once they know they would probably become depressed” Interviewee # 6.*

*“Men are scared of the results. Maybe they don’t feel it is necessary and important” Interviewee # 9.*

Findings of this study are supported by the study conducted in Uganda by Bwambale, Ssali, Byaruhanga, Kalyango, and Karamagi (2008), which concludes that VCT among men is low and reinforces the widely reported observation that men are not fully involved in HIV prevention programmes. The major barriers to VCT



use among men are poor utilisation of CT services due to poor access, stigma, and confidentiality of services. Bwambale et al. (2008) further conclude that AIDS related stigma creates barriers to seeking CT among men and this has led to more than half of the men failing to test for HIV. Men pointed out that they are worried of being labelled HIV infected because they would lose their social privileges. Fear of meeting familiar people at HIV testing clinics is also mentioned; therefore, they prefer to be tested in distant clinics where they are not known.

Stigma and the fear of testing positive are potential barriers to testing. Individuals are more likely to seek HIV testing when it is offered anonymously. Anonymity is a critical component of establishing trust and ensuring client demand for services, as has been shown in the VCT programme in Uganda (Bwambale et al., 2008).

People living with HIV / AIDS (PLWHA) face not only medical problems but also social problems that are associated with the disease. One of the barriers to reaching those citizens who are at risk or infected with HIV / AIDS is stigma. Stigma aggravates secrecy and denial that at the same time are catalysts for HIV transmission. Although the reaction to PLWHA varies, with some PLWHA receiving support that positively affects them, HIV / AIDS stigma negatively affects seeking HIV testing, seeking care after diagnosis, the quality of care provided to HIV patients, and finally the negative perception and treatment of PLWHA by their communities, families, and partners. It isolates people from the community and affects the general quality of life for HIV patients, (Mbonu, Van den Borne, & De Vries, 2009).

A study conducted by Nuwaha *et al.* (2002) emphasises that anticipated consequences of being found positive discourages HIV testing. Among the negative consequences that the participants mentioned were: loss of hope that leads to destructive behaviour, early death compounded by worries, and sometimes suicide.

Stigma and discrimination negatively affect the response to HIV. The WHO cites fear of stigma and discrimination as the main reason why people are more reluctant to get tested, disclose their HIV status, and take ARV drugs (AVERT, 2015b). The AIDS Virus Education and Research Trust (AVERT) (2015b) further states that the prevalence of fear, stigmatisation, and discrimination has undermined the ability of individuals, families, and societies to protect themselves and to provide support and measures to those individuals who are affected. In no small way, this prevalence hinders efforts to stem the occurrence of these negative responses. It also complicates decisions about testing, disclosure of status, the ability to negotiate preventative behaviour, and the use of family planning services.

- **Risky sexual behaviour**

Some participants indicated that men do not get tested due to concerns about their own risky behaviour, such as having multiple sexual partners and engaging in unprotected sexual intercourse.

*“Aah, eish, -aah like for African men they have this belief that, what you don’t know won’t kill you, so they prefer not knowing their status aah, simply because they are afraid to find out if they are HIV positive or not, because in most cases, most of them know that they probably have*

*unprotected sex, with multiple partners, so they feel, that probably once they know they would probably become depressed” Interviewee # 6.*

*“Men are usually scared of the results. Also they are ashamed because they sleep around and have multiple partners” Interviewee # 7.*

According to Bwambale et al. (2008), a significant proportion of men engage in risky sexual behaviour, including having multiple sexual partners and engaging in unprotected sexual intercourse. Multiple sexual partners are a common practice and appear to be a manifestation of male dominance in the society. Surprisingly, despite the risky sexual behaviour, especially among older men, the awareness of HIV risk is very low. One possible explanation for the apparent discrepancy between multiple sexual partners and risk perception lies in the fact that men regard having multiple sexual partners as a societal norm, therefore, they fail to perceive it as risky sexual behaviour.

One may conclude from this study that efforts of HIV prevention programmes still need to be strengthened in order to minimise risky sexual practices. In addition, a complete review of the approach to pre and post counselling needs to happen with the aim of conducting it in such a way that clients do not need to fear the onset of depression.

**b. Subtheme: Cultural barriers**

Participants expressed culturally related barriers, namely shame and cultural beliefs. Presumably, these factors diminish the courage of men to get tested.

- **Shame**

Participants reported that men were more ashamed to report for HIV testing, therefore, their shame had become a barrier to the uptake of HCT. This shame deprived men of the opportunity to seek health services.

Men are reluctant to ask for help or admit they have a problem with anything. Taking risks while thinking nothing bad would happen is even seen as an integral part of being a man. It is, therefore, recommended that health education should equip men with an understanding of the implications of risky sexual behaviour and how it affects their health; an entertaining way of sharing such serious information seems to have a far more profound impact (BBC News Magazine, 2009).

*“There are those who do not want their lives, maybe is shyness, but now shyness, if you die, is like you have no interest in your life”*

Interviewee # 4.

*“Men are usually scared of the results. Also they are ashamed because they sleep around and have multiple partners”* Interviewee # 7.

- **Cultural beliefs**

Certain prevalent cultural norms and practices contribute to the risk of HIV infection. In this study, the participants emphasised the strong influence that cultural beliefs have on the uptake of HIV voluntary counselling and testing. The statement below is such an example.

*“Aah, eish, -aah like for African men they have this belief that, what you don’t know won’t kill you, so they prefer not knowing their status aah, simply because they are afraid to find out if they are HIV positive or not, because in most cases, most of them know that they probably have unprotected sex, with multiple partners, so they feel, that probably once they know they would probably become depressed” Interviewee # 6.*

The research conducted by Springer (cited by the American Sociological Association, 2009) strongly suggests that deep-rooted beliefs about masculinity are one core cause of men's poor health inasmuch these beliefs reduce compliance with recommended preventative health services.

Theme 3 focused on barriers associated with the uptake of HIV voluntary counselling and testing. The fourth and last theme emphasises the proposed strategies needed to encourage more men to get tested.

#### **3.2.2.4 Theme 4: New strategies targeting men are needed to encourage men to get tested**

While strategies have already been implemented to motivate people to get tested, statistics show that the uptake is still low, especially by men. Participants, therefore, suggested various strategies that might be implemented to increase the uptake of HIV VCT by men. Among the strategies that they suggested were education, peer talks, and home testing.

**a. Educational strategy**

Education was identified as the most preferred strategy that should be implemented to improve men's knowledge and benefits of HCT. Participants felt that more health education for men should be evaluated as a strategy for encouraging men to get tested. This targeted health education should aim at raising awareness about the importance of HCT.

This point of view is evident in the statements below.

*“I think they just need to be counselled, to understand the benefits of testing” Interviewee # 2.*

*“The good thing is to do more by educating more people and counsel the people more as well” Interviewee # 4.*

*“That one can only be through education, especially TV and radio. That one can encourage more men to get tested” Interviewee # 5.*

*“Maybe stress the importance of getting tested” Interviewee # 9.*

In Uganda, mass media and marketing approaches have proven to be successful in improving people's perceptions with regard to the benefits of knowing their status and increasing the uptake of VCT in some communities. According to the Family Health International (FHI), effective communication in terms of the increasing demand for VCT services may include providing information about where VCT services are available, including the availability of related HIV / AIDS services; addressing the benefits of HIV testing; encouraging target populations to access and

utilise VCT services; encouraging sustained behavioural changes after a person has been tested, and encouraging CT as a routine component of health seeking behaviour (Mugisha, Van Rensburg, & Potgieter, 2011).

**b. Peer talks**

The participants felt that a trial run of peer talks should also be considered as a platform to discuss matters related to HIV voluntary counselling and testing and its associated benefits. The following statement indicates this suggestion clearly.

*Probably, men-to-men talks like calling out men in the communities and then sitting down and talk about issues without women” Interviewee # 6.*

Peer education is a strategy that allows individuals from a target group to provide information, training, or resources to their peers. Peer education interventions might be effective in several important areas. Peer education interventions possibly would lead to more advanced HIV knowledge and an increased condom use in various populations that are at risk (The Johns Hopkins Bloomberg School of Public Health, 2010).

**c. Home testing**

Some participants indicated that the services should be offered in other settings, such as at home to make testing a more private experience. This study, therefore, suggests home testing as one of the best ways of curbing the fear associated with HIV testing.

The responses below confirm the above statement.

*Health Officers must use other venues besides hospitals then maybe they won't be embarrassed. Also if they started mobile testing centres that can come to the people” Interviewee # 3.*

*“Start more private testing indoors; inside the houses maybe they won't be embarrassed # 7.*

*“Maybe you should start testing people inside their houses”  
Interviewee # 8.*

As reported by MoHSS (2012c), financial means and geographic limitations are some of the major obstacles to accessing HCT services in Namibia. Inadequate HCT facilities, particularly mobile and door-to-door testing have been identified as a major gap in the 2010/11 – 2016/16 national strategic plan (MoHSS, 2012c). Study findings elsewhere show that the majority of potential clients of HCT services who are otherwise constrained due to costs of transport would consider mobile / outreach testing as a great opportunity. The findings of this study complement the introduction of mobile / outreach HCT services by the Ministry of Health and Social Services.

In a study conducted in South Africa about mobile VCT by Van Rooyen, McGrath, Chirowodza, Joseph, Fiamma, Gray, Richter & Coates (2012) indicate that mobile VCT in convenient and accessible sites in a community would attract more men than women to HIV testing. They further note that in South Africa, a major challenge for HIV prevention and treatment is finding effective strategies for reaching men who typically do not access health care services. In many parts of Africa, men and



women access public health facilities differently, with women having more contact with health facilities, mainly at reproductive and child health services. As a result of this gender disparity in health care, men have fewer opportunities and disproportionately poorer access to HIV testing, prevention, care, and treatment services. Subsequently, men have worse care outcomes – including mortality – than women and are not adequately engaged and retained in HIV care and treatment.

The Evaluation of Men as Partners (MAP) approach in Côte d’Ivoire concluded that because men are reluctant to go to health centres, which they perceive to be for women, community outreach is likely to be a more successful strategy for encouraging their participation in VCT than facility based efforts (Castle, Tano-Kamelan, Yahner, N’Djore, Agbre-Yacé & Harper (2013).

It is, therefore, critically important that the MoHSS scale up the implementation of home testing.

### **3.3 SUMMARY**

In this chapter, findings from the face-to-face in-depth interviews and the corresponding literature control are presented. The findings are categorised into themes and subthemes.

The first theme deals with HIV voluntary counselling and testing perceived as readily available and affordable. Participants expressed gratitude for the beneficial accessibility and affordability of VCT services.

The second theme identifies motivational and non-motivational factors that influence the uptake of HIV voluntary counselling and testing, including the perceived benefits associated with knowing one's HIV status. Participants identified mostly motivational factors; such as the awareness of health benefits, assurance in relationships, the urge to know one's HIV status, and health status. Non-motivational factors that were mentioned during the interviews were related to negligence of health by men, as well as the masculinity. Perceived benefits viewed as associated with VCT were related to informed family planning as well as the need for healthy and positive living. These subthemes relate to the driving force that either motivates or prevents men from seeking HIV counselling and testing. Participants expressed the opinion that their decision to access HIV testing was driven by the urge to know their status, their engagement in love relationships and their well-being. Furthermore, participants expressed the factors that obstruct them from seeking HCT as negligence of health practiced by men as well as the masculinity. The participants were acutely aware of the benefits associated with HIV counselling and testing. Most of the participants expressed the benefits as a gateway to prevention and future planning. The reflections of the participants emphasised family planning and healthy living as correlated subthemes.

The third theme highlights the barriers that prevent men from accessing HCT and are clustered under social, behavioural, and cultural barriers. The most pressing issue that was reflected in most of the responses was the fear of positive results, stigma, and discrimination.

The fourth theme suggests various strategies for encouraging men to get tested. The subthemes are educational strategy, peer talks and home testing.

The following chapter contains the conclusions, recommendations, and limitations of this study.

## **CHAPTER FOUR**

### **CONCLUSIONS, RECOMMENDATIONS, AND LIMITATIONS**

#### **4.1 INTRODUCTION**

In the previous chapter, the researcher has reported on the findings of the study. Themes and subthemes that are the result of the one-on-one in-depth interviews among men at health facilities in Windhoek have been presented. The health facilities that participated in the study were the Katutura Health Centre, Robert Mugabe Clinic, as well as the Okuryangava Clinic, in Windhoek.

Bunton (2005) states that a conclusion is not merely a summary of one's points of view or a re-statement of one's research problem but a synthesis of key issues. In this chapter, the researcher discusses the general conclusions in relation to the stated objectives, recommendations based on findings, prospective further research topics and limitations of the study.

The study aimed at exploring and describing perceptions of men in Windhoek with regard to HIV voluntary counselling and testing.

The objectives of the study were twofold:

- To explore and describe the perceptions of men with respect to HIV voluntary counselling and testing.
- To develop recommendations with regard to VCT based on the perceptions of men.

## **4.2 CONCLUSION**

This study highlights a number of findings about men's perceptions, barriers for men to HIV testing, and suggested solutions to improve the uptake of HIV testing by men in Namibia, particularly in Windhoek. The conclusions described below were drawn to match the objectives, and are based on the themes from the data analysis process.

### **4.2.1 Conclusion in respect of Objective 1**

Men have an informed perception of HIV voluntary counselling and testing, and emphasise the important role it plays in the lives of individuals. The participants expressed a high and appreciable regard for VCT, which is very important and needed in the prevention and control of HIV. Furthermore, the availability and affordability of the HIV counselling and testing services at the public health facilities are remarkable and consequently, they save many lives.

The awareness of HIV voluntary counselling and testing among men relates to prevention and treatment. However, men regard the fear of stigma and discrimination as the main barrier to HIV testing, which could have negative effects on the HIV prevention and treatment programmes. This study concludes that measures for dealing with humiliation are deficient.

The study results indicate that men are not very motivated to engage in VCT. Despite the efforts of government and NGOs to educate communities about the dangers of having unprotected sex, it is clear that men still practise unsafe sex. This phenomenon creates a reluctance to test due to the fear of receiving positive results.

It can be concluded from this study that a lack of strategies that focus on men is a gap and a contributing factor to the problem of low uptake of HIV testing among men. This observation concurs with the study conducted by Jooste and Amukugo (2012) who have determined that strategies to encourage the participation of men in the reproductive health services process are deficient and need to change as a matter of urgency. Policies, legislation, and strategies for approaching men are also not available.

The findings of this study as described above provide a clear picture regarding VCT as perceived by men; and the factors associated with low uptake of VCT among men. The study therefore concludes that efforts need to be intensified in order to successfully implement HIV prevention programmes especially taking into consideration gender specific needs.

#### **4.2.2 Conclusion in respect of Objective 2**

Objective 2 was attained by requesting participants to provide their thoughts about what needed to change in order to encourage more men to attend HIV testing services. Recommendations are based on the findings of the study.

It is recommended that the level of education of men should be increased in terms of prevention of HIV, as well as an understanding of the importance and benefits associated with VCT. Moreover, HIV prevention campaigns should involve men, for example, men prefer to talk to other men rather than to their female counterparts.

Finally, participants recommended that HIV testing should be conducted in a different environment such as door-to-door home testing as opposed to testing in the

traditional health setting in order to avoid stigma and discrimination in society. The Ministry of Health and Social Services (2012c) has identified inadequate HCT facilities, particularly mobile and door-to-door testing as some of the major gaps in the 2010/11 – 2016/16 national strategic plan, and recommends mobile services in providing access to HCT services, especially in light of the vast distances and the sparse distribution of people in Namibia. Similar findings to the ones identified by MoHSS (2012c) clearly emerge from this study.

### **4.3 LIMITATIONS**

The study was undertaken at health facilities, implying that the participants were those men who sought health services, including HIV voluntary counselling and testing. Although participants provided general responses with regard to the barriers that men are facing in respect of the uptake of VCT, the views of those who hardly visit Health facilities may have been different.

Limited availability of documentation on the topic especially in the Namibian context proved to be a challenge for the researcher.

### **4.4 RECOMMENDATIONS**

The findings of this study solicit a number of recommendations.

#### **4.4.1 Recommendation 1: Service delivery**

A favourable and enabling environment should be created for clients who are seeking VCT in order to attract men to HIV testing services. This specifically refers to the human resources who conduct counselling and testing; as well as the infrastructure

where testing is conducted. Males should be available for conducting the testing in cases where men request or prefer that.

The researcher recommends that attractive strategies of delivering HIV testing in the communities should be designed in a way that would not compromise the social status of men in their communities. The issue of confidentiality should always be emphasised in order to ease or remove men's fear of stigmatisation and discrimination. Lastly, policies should be revised to accommodate the needs of specific groups, especially the needs of men. There is, therefore, a need for improvement in the delivery of VCT services to make it more attractive to men.

#### **4.4.2 Recommendation 2: Health Education**

It is critically important to improve and scale up health education especially targeting men and devise strategies that address the particular needs of men. Awareness about stigma and discrimination should be created among men since these factors discourage the uptake of VCT.

The researcher recommends health education that specifically focuses on men, which are facilitated / spearheaded by men (peers). Furthermore, men should be encouraged to take up the profession of Nursing or Counselling in order for other men to feel comfortable when visiting testing centres.

#### **4.4.3 Recommendation 3: Strategies to increase the uptake of HIV testing**

Mobile testing as a strategy, such as home testing and / or mobile community outreach points should be implemented on a larger scale with the purpose of



promoting VCT among men. The researcher recommends that men should be enforced to accompany their partners to antenatal visits, where testing can be conducted for the couple. The Ministry of Health and Social Services should therefore develop strategies specifically designed for men to draw the attention of men to HIV testing services.

#### **4.5 FURTHER RESEARCH**

The researcher proposes the following supplementary research focus:

- Studies aiming at designing models that could reduce stigma and discrimination associated with HIV and AIDS.
- Future studies should apply a quantitative research method to make comparisons within different socio-economic status.

#### **4.6 CONTRIBUTION TO THE BODY OF SCIENCE KNOWLEDGE**

The following is a summary of the contribution to the body of knowledge from this study:

- The study contributes to the gap in knowledge about perception of men with regard to HIV voluntary counselling and testing in Namibia, since it is the first study of its kind to be undertaken, targeting men. The knowledge about contributing factors to the low uptake of HIV voluntary counselling and testing perceived by men was identified. The literature review also brought a wide understanding about similar factors and strategies that could be implemented to improve the uptake of HIV voluntary counselling and testing among men.

- The findings of the study would guide decision makers to make informed decisions with regard to effective targeted strategies for HIV voluntary counselling and testing.

#### **4.7 CONCLUDING REMARKS**

The study explored the perceptions of men with regard to HIV voluntary counselling and testing and described the factors associated with the low uptake. Participants in the study reported that socially contextual factors; such as stigma, discrimination, masculinity, and socio-cultural factors largely contributed to their reluctance to visit public health facilities for the uptake of HCT.

The findings of this study show that men perceive HIV voluntary counselling and testing positively but various factors contribute to their reluctance to ask for HIV voluntary counselling and testing. The researcher concluded her study with an understanding gained from the knowledge and perceptions of the participants and the results of other researchers who stated that men's decisions to visit HIV voluntary counselling and testing facilities were influenced by social issues; such as masculinity, culture, as well as environmental and behavioural factors associated with men. It is in this regard that the researcher outlined a number of recommendations that would address issues highlighted in this study.

This study endeavoured to present solutions to the central problem that the researcher had identified. It is thus crucial to implement continued efforts with the view of promoting HIV voluntary counselling and testing among men. In order to increase the VCT uptake by men, some of the proposed solutions are men-to-men talks in the

communities without women present, educating men about benefits of HCT, and home-based testing. The HIV policy should be framed in such a way that it addresses behavioural, social, and environmental factors that obstruct the uptake of HIV voluntary counselling and testing among men.

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**APPENDIX A: INTERVIEW GUIDE**

## **APPENDIX A: INTERVIEW GUIDE**

**UNIVERSITY OF NAMIBIA**

**SCHOOL OF NURSING AND PUBLIC HEALTH**

**Private Bag 13301, Pionierspark, Windhoek, NAMIBIA**

**Title of the research project: Perceptions of men with regard to HIV voluntary counselling and testing, Windhoek.**

### **INTERVIEW GUIDE**

1. Tell me your perception on HIV voluntary counselling and testing.
2. Have you ever been tested for HIV?
3. Tell me about your decision that led you to test / not test.
4. Have your friends / family been tested? Why?
5. Are you aware of the benefits of knowing your HIV status? If yes, please mention some.
6. What is your opinion about the VCT process / services?
7. Why do you think few men attend VCT?
8. What would you do differently to encourage more men to attend?
9. Is there anything else you would like to bring to my attention concerning this topic?

**Thank you for taking your valuable time to participate in this interview.**

**APPENDIX B:      CONSENT FORM**

**APPENDIX B: CONSENT FORM**

**UNIVERSITY OF NAMIBIA**

**SCHOOL OF NURSING AND PUBLIC HEALTH**

**Private Bag 13301, Pionierspark, Windhoek, NAMIBIA**

**December 2012**

**Title of research project: Perceptions of men with regard to HIV voluntary counselling and testing, Windhoek “**

This study has been described to me in a language that I understand and I freely and voluntarily agree to participate. I understand that my participation will be voice recorded and I am aware of and consent to your use of the audio recordings in order to ensure that the participants' exact words are captured. I understand that sections of my interviews will be transcribed and used in publications but that confidentiality and anonymity will be maintained and it will not be possible to identify me from this quoted material. I may choose to withdraw or not answer specific questions in this study without giving a reason at any time and this will not negatively affect me in any way.

**Participant's name:** \_\_\_\_\_ **Date** \_\_\_\_\_


**Participant's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Interviewer's name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Interviewer's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPENDIX C: RESEARCH APPROVAL FROM THE UNIVERSITY OF  
NAMIBIA**

## APPENDIX C: Research Approval from the University of Namibia

<p>[+264 61] 206 3111 Website: www.unam.na</p>		<p>340 Mandume Ndemulayo Avenue Private bag 13301 Windhoek NAMIBIA</p>
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Inspiring minds & shaping the future

Enquiries: Dr. H. J. Amukugo Private Bag 13301 Mandume Ndemufayo Windhoek	Tel. No.: 061- 2064617 Fax No.: 061- e-mail: <a href="mailto:hamukugo@unam.na">hamukugo@unam.na</a>
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*All correspondence must be addressed to the Office of the Associate Dean*

**LETTER OF PERMISSION:  
POST GRADUATE STUDENTS**

Date: 08 January 2013


Dear Student: Ms. Victoria Nashandi  
(Student number: 9973672)

The post graduate studies committee has approved your research proposal.

**PERCEPTION OF MEN REGARDING HIV VOLUNTARY COUNSELING AND TESTING,  
WINDHOEK**

It may be required that you need to apply for additional permission to utilize your target population. If so, please submit this letter to the relevant organizations involved. It is stressed that you should not proceed with data collection and fieldwork before you have received this letter and got permission from the other institutions to conduct the study. It may also be expected that these organizations may require additional information from you.

Please contact your supervisors on a regular basis



**Ms Lucille van der Westhuizen**  
Deputy Associate Dean (SoNPH)

UNIVERSITY OF NAMIBIA  
Faculty of Health Sciences  
OFFICIAL

2013 -01- 23

PRIVATE BAG 13301  
WINDHOEK, NAMIBIA

SCHOOL OF NURSING & PUBLIC HEALTH

**APPENDIX D: APPROVAL LETTER FROM THE MINISTRY OF  
HEALTH AND SOCIAL SERVICES**



**APPENDIX D: Approval letter from the Ministry of Health and Social Services**



9-00001

**REPUBLIC OF NAMIBIA**

*Ministry of Health and Social Services*

Private Bag 13198 Windhoek Namibia	Ministerial Building Harvey Street Windhoek	Tel: (061) 2032560 Fax: (061) 222558 E-mail: tkakili@yahoo.com
Enquiries: Ms. T. Kakili	Ref: 17/3/3	Date: 05 April 2012

**OFFICE OF THE PERMANENT SECRETARY**

**M. V. Nashandi**

**P.O. Box 20883**

**Windhoek**

Dear Ms Nashandi

**Re: Perceptions of men regarding HIV Voluntary Vounseling and Testing, Windhoek.**

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
  - 3.1 The data to be collected must only be used for completion of your Master's degree in Public Health;
  - 3.2 No other data should be collected other than the data stated in the proposal;
  - 3.3 A quarterly report to be submitted to the Ministry's Research Unit;
  - 3.4 Preliminary findings to be submitted upon completion of study;
  - 3.5 Final report to be submitted upon completion of the study;
  - 3.6 Separate permission should be sought from the Ministry for the publication of the findings.

Yours sincerely,

  
**MR. ANDREW NDISHISHI**  
**PERMANENT SECRETARY**  
MINISTRY OF HEALTH AND SOCIAL SERVICES

**"Health for All"**

**APPENDIX E: TRANSCRIPTS OF PARTICIPANTS' INTERVIEWS**

## **APPENDIX E: TRANSCRIPTS OF PARTICIPANTS' INTERVIEWS**

Language: English & Oshiwambo

Region: Khomas, Windhoek

Starting Date: 16 September 2013

### Introduction

I am Victoria Nashandi, a student at the University of Namibia, studying towards a Master Degree of Public Health. I am conducting a research study entitled: Perceptions of men with regard to HIV Voluntary Counselling and Testing, Windhoek.

The aim of the study is to explore and describe perceptions of men with regard to HIV voluntary counselling and testing in Windhoek. Your participation will provide valuable information which could be used for planning purposes. Therefore your information can contribute towards improving the delivery of HIV Counselling and Testing services. Participation is voluntarily. You may withdraw at any time if you wish.

## **Participant 1**

Date: 16 September 2013

Time: 10h15

Venue: Katutura Health Centre

Interviewer: "I would like you to tell me your perception on HIV Voluntary Counselling and Testing".

Participant: *I feel it helps everyone in the sense that if you want to get tested, you can, as it is both available and affordable. You don't have to pay anything.*

Interviewer: Have you ever been tested for HIV?

Participant: *Yes I have been tested once.*

Interviewer: Tell me about your decision that led you to test/not test.

Participant: *I am currently in a long distance relationship and at the time, I had problems in our relationship, so I thought it would be best for me to get tested, just to be on the safe side.*

Interviewer: Have your friends/family been tested? Why?

Participant: *Some have been tested but others refuse to be tested, no matter how much I tell them it is good for them.*

Interviewer: Are you aware of the benefits of knowing your HIV status? If yes, please mention some.

Participant: *Yes, I am aware of the benefits such as knowing where you stand so that you can accordingly as well live healthier. If you do turn out to be HIV positive, you can start the medication and take care of yourself.*

Interviewer: What is your opinion on the VCT process/services?

Participant: *The process is nice because they ask you questions first, just to see how much you know, and how strong you are, and to see your reactions and prepare you for the results, whether positive or negative. Counselling really helps a lot.*

Interviewer: Why do you think few men attend VCT?

Participant: *They are afraid of being told that they are positive. They are just afraid, full of fear.*

Interviewer: What would you do differently to encourage more men to attend?

Participant: *Maybe if people (men) got paid then they could come and get tested. There was once a campaign which paid people to get tested and at that event a lot of people got tested, even men.*

Interviewer: Is there anything else you would like to bring to my attention concerning this topic?

Participant: *No*

### **Participant 3**

Date: 16 September 2013

Time: 11h20

Venue: Katutura Health Centre

Interviewer: “I would like you to tell me your perception on HIV Voluntary Counselling and Testing”.

Participant: Ayee oshili nawa shaashi otashiku kwathele opo wu kale wushi mpa wa thikama. [*It is a very nice process. It helps you determine where you stand*].

Interviewer: Have you ever been tested for HIV?

Participant: Jaa [*Yes*].

Interviewer: Tell me about your decision that led you to test/not test.

Participant: Aayee, onda force ko girlfriend [*Because I was forced by my girlfriend*].

Interviewer: Have your friends/family been tested? Why?

Participant: Ee, oya testingwa. [*Yes they have been tested*].

Interviewer: Are you aware of the benefits of knowing your HIV status? If yes, please mention some.

Participant: *Osha pandje uuwanawa shaashino onda mona kutya onda thikama peni mos. Now, ondishi kutya okukala nonkalamwenyo yandje ondina oku kala ndiikwata*

ngiini .*[It has given me benefits because I got to know my status. Now I know how I should behave myself].*

Interviewer: What is your opinion on the VCT process/services?

Participant: Aaye oyili nawa shaashi, tango oho shungwa omwenyo mos tolombwelwa ngaa nawa, kutya nee owa monika ombuto nenge ino monika, ohayi kutha po uumbanda. *[The pre and post counselling really helps you understand the process and it also takes away the fear of getting tested.*

Interviewer: Why do you think few men attend VCT?

Participant: Aalumentu onda mona kutya oyena o belief ndjino kutya ohaa tege yeehame. Ngeenge hayeehama opo nee ha kala, uuvu owo nee hawumu force opo aka testing. *[I have realized that men have this belief that they wait until they are sick. It is the sickness that forces them to get tested. Because of fear. Also because men believe that they should only get tested if and when they get sick, which is not good at all because it will be too late].*

Interviewer: What would you do differently to encourage more men to attend?

Participant: Shapo, either kwali tapuya nande onkatu yimwe kaayishi oku testingili kiipangelo. Ngaashi ngaa nande, nande aantu ngaa haya ende ngaa nande okuli, taa testing nande omegumbo. *[Health Officers must use other venues besides hospitals then maybe they won't be embarrassed. Also if they started mobile testing centres that can come to the people.*

Interviewer: Is there anything else you would like to bring to my attention concerning this topic?

Participant: Aayee [No].

#### **Participant 4**

Date: 16 September 2013

Time: 11h50

Venue: Katutura Health Centre

Interviewer: “I would like you to tell me your perception on HIV Voluntary Counselling and Testing”.

Participant: Oshiwa shaashi otaa vatele ovanhu [*It is a very good thing. It helps people*].

Interviewer: Have you ever been tested for HIV?

Participant: Ee, onda testingwa. [*Yes I have been tested*].

Interviewer: Tell me about your decision that led you to test/not test.

Participant: Okwali kanduudite nawa, okwali handi vele ame handi kanifa oshiviha, eendohotola tadi tokola nee di testingenge. [*I was not feeling well; I was sick and losing weight excessively, so the Doctors decided I should get tested*].

Interviewer: Have your friends/family been tested? Why?



Participant: Oha vahala aoku testingwa [*Yes, some are willing to get tested*].

Interviewer: Are you aware of the benefits of knowing your HIV status? If yes, please mention some.

Participant: Oshili nawa shaashi eshi kwali ihiinu eepela neenghono kakwali ndina, oto dulu oku tameka epango pefimbo nokushiiva apa wa fikama. [*It is nice because you can start your medication on time as well as just know where you stand*].

Interviewer: What is your opinion on the VCT process/services?

Participant: Ayee, ame okutya ashike , oprocess oyiwa shaashi ngaashi ame ondi wete kutya ondili hwepo paife maar ngeene kaandi udite nawa, ohandiyi ashike koshipngelo. [*I do not have anything to say, but it is a good process. Because like me now I can see that I am getting better but if I do not feel well, I just visit the hospital*].

Interviewer: Why do you think few men attend VCT?

Participant: Ayi openna owu inaa hala omwenyo waye, po opena owuuu – ohoni pamwe, ohoni nee, ngee omwenyo woye owasi, osho oshiima oshinjuu, shaaashii ngawo owafa wuhena nomwenyo woye. [*There are those who do not want their lives, maybe is shyness, but now shyness, if you die, is like you have no interest in your life*].

Interviewer: What would you do differently to encourage more men to attend?

Participant: Shiwa ngeno, okwali ngoo ngeenge aantu kavuuditeko, tatu kutha oonkatu hatuyi tuka va lombwele; ediladilo limwe, omuntu wumwe ota tameke

teehama, pamwe okwa pumbwa ngoo ehungomwenyo. [*The good thing is to do more by educating more people and counsel the people more as well*].

Interviewer: Is there anything else you would like to bring to my attention concerning this topic?

Participant: Onda hala ashike okutya natunwe eepela detu nawa, natu nwe omiti dhetu ngaashi twa pewa kundohotola. Natu ikwate nawa. [*I just want to say let us take our medication as prescribed by the Doctors*].

### **Participant 6**

Date: 17 September 2013

Time: 10h55

Venue: Okuryangava Clinic

Interviewer: “I would like you to tell me your perception on HIV Voluntary Counselling and Testing”.

Participant: *It is a very good thing actually because when two people are in a relationship they need to trust each other and by doing that voluntarily without having the partner asking you to go test, it shows that there is a centre of togetherness in a relationship.*

Interviewer: Have you ever been tested for HIV?

Participant: *Yes, alone though.*

Interviewer: Tell me about your decision that led you to test/not test.

Participant: *Uhhh – I don't know, since at school they have been telling us about being born with infection, I just told myself, let me go check for myself and just to be on the safe side.*

Interviewer: Have your friends/family been tested? Why?

Participant: *Aagh – that I would not know because I have never asked them actually.*

Interviewer: Are you aware of the benefits of knowing your HIV status? If yes, please mention some.

Participant: *Yes, first of all you know where you stand, and health is actually the number one thing in life and without it then you are nothing, so you need to know if you are healthy, you know and yes that is it actually.*

Interviewer: What is your opinion on the VCT process/services?

Participant: *Aagh, sometimes it is quite intimidating because they start ...you know ...when you are given your results, they ask you a lot of question and tell you stuffs, and which sometimes freaks people loud but I think it is better than giving someone results just like that.*

Interviewer: Why do you think few men attend VCT?

Participant: *Aah, eish, -aah like for African men they have this belief that, what you don't know won't kill you, so they prefer not knowing their status aah, simply because they are afraid to find out if they are HIV positive or not, because in most*

*cases, most of them know that they probably have unprotected sex, with multiple partners, so they feel, that probably once they know they would probably become depressed.*

Interviewer: What would you do differently to encourage more men to attend?

Participant: *Probably, men to men talks; like calling out men in the communities and then they sit down and talk about issues without women.*

Interviewer: Is there anything else you would like to bring to my attention concerning this topic?

Participant: *Aaah, nothing, but yaah...I think that is all about it, I am not really versed in that.*