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Women's perception on HIV/AIDS testing during pregnancy a case of Mopani District in Nkowankowa Tzaneen South Africa

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Abstract

This study focused on perceptions and experiences of HIV counseling and testing. The pregnant women's perceptions and experiences were assessed in order to gain insight into their views towards voluntary antenatal counseling and testing. A purposive random sampling was used to collect data from the participants. The study sample comprised of 50 participants who were pregnant, 20 Participants from the community and 10 from the health personnel all in all made a sample population of 80 participants. Despite the recognition of the benefits of VCT, it was evident that women were reluctant to use the VCT service because of reasons that include fear of being stigmatized, abandoned and discriminated against. The women are often blamed for spreading the disease in the family. Due to stigma and discrimination women were afraid to disclose their status in order to avoid rejections by their partners, family and society, ignorance about the service as well as reluctance to be tested. Participants appreciated some aspects of VCT rendered, but suggested improvement in areas they felt were lacking. Areas of concern included partner involvement, community education, improving confidentiality and extension of services to the rural places / clinics. The study makes number recommendations, among others improved partner communication on the issues of HIV/AIDS.

Key words: HIV, AIDs, perception. pregnancy, testing, women.

1. Introduction and background to the study

As the HIV epidemic continues to grow, women are increasingly and disproportionately affected. HIV prevalence among women now exceeds half of the total prevalence in many countries particularly where the disease is generalized (MOHSS 2002). For many years, however interventions that focused on increasing women's access to prevention, treatment and care were not prioritized. Since the discovery in 1994 that administration of zidovudine (also known as AZT) to HIV positive women during pregnancy greatly reduced the likelihood of mother-to-child transmission of HIV, prevention of mother to child transmission (PMTCT) programs began to be instituted globally and pregnant women have been a focus population for HIV testing. Scientific data now confirm that HIV can be transmitted. It is against this background that voluntary HIV counseling and testing should be available and accessible to all pregnant women, in order to reduce the vertical transmission. Currently, most pregnant women do not know their HIV status (WHO, 2000). This is because they fear to receive positive results. It is now high times to promote, provide and improve the access to VCT (Voluntary Counseling and Testing) in areas intervention to reduce MTCT are planned from an infected mother to her child during delivery and through breastfeeding (WHO, 2001). Pregnant women, they have different perception on HIV /AIDS testing during pregnancy. According to the(Daily sun September 2010), a lot has been done so far by the ministry of health in order to protect all unborn babies, giving treatment to the mother just before birth so as to protect the unborn child and also the treatment of the baby soon after birth giving the baby nevirapine. Although HIV/AIDS testing is voluntary to each individual pregnant women are encouraged to get tested whilst they are pregnant for the sake of the baby. According to the Ministry of health of South Africa, all pregnant women nowadays are expected to be tested so that early measures can be taken so as to protect the unborn baby.

HIV/AIDS is the most devastating disease human kind have ever faced. Since the beginning of the pandemic more than 60 million people have been infected with HIV, (UNAIDS fact sheet 2004). According to UNAIDS (2005), "Globally , just under half of all people living with HIV are female .Over one third (36%)of people living with HIV in Latin America are female .Women and girls represent 57% of all people living with HIV in Sub Saharan Africa .Where a striking 76% of young people aged 15-24 years living with HIV are female. For Winkpedia (2006), "HIV /AIDS in South Africa is a prominent health concern because South Africa is believed to have more people with HIV/AIDS than any other country." In 2002 South Africa 's High court ordered the government to make the drug nevirapine available to pregnant women to help prevent the mother to child transmission of HIV following campaigns by treatment Action Campaign and others (THE DAILY SUN JUNE 15 2010). Nkowankowa is situated in the Limpopo province in the Mopani district. This is the place where the Shangaans and the Sotho people originated and their ethnic cultures and lifestyles are shown in a living Museum in Tzaneen South Africa. Nkowankowa is approximately three hundred and fifty four kilometers from the capital city of South Africa , Pretoria.(http://www.travelmath.com).

A lot of women including young girls are falling pregnant around Nkowankowa in Mopani district. Most of them are single mothers and then a small percentage are married (Blandy Fran, 2006). A lot is happening to these

pregnant women especially those who are still of the school going age of which they are the ones which are many as compared to all other age groups around the area. Most of the young girls who fall pregnant are not much worried about the health of their unborn babies, since all they want are grants from the government (The Daily sun June 2010). Again if we look closely at those who rarely visit the clinics they are scared of HIV/AID Sand they believe that it does not make any difference since they do not know much about health facilities are for free including the drugs but of the people around are ignorant and also lack of knowledge.

2. Research objectives

The objectives of this study are:

- to identify the perception of women on HIV/AIDS testing during pregnancy;
- to identify the common problems faced by women during pregnancy;
- to establish challenges faced in implementing HIV testing during pregnancy;
- to determine the extent to which the women understand the issues concerning HIV testing; and
- to recommend measures that could enhance positive perception of HIV/AIDS counseling

3. Delimitation

The study was confined to pregnant women in Nkowankowa Tzaneen Mopani District Limpopo province South Africa .In this area people are living in nice modern houses most of them given to them by the government especially old people, orphans and single mothers .Most of them own the houses ,though in some areas they are overcrowded .The researcher is going to focus much on pregnant women between the age of 15 and 25. The study concentrated on the perception on HIV/AIDS testing during pregnancy. The area of Nkowankowa they are medium density suburbs with all age groups but mostly people of about 15 -40 years of age are dominating the place. Around the area, there is approximately 5 000 people staying there. The researcher is only to choose a population sample of about 15people which will be a manageable sample to the researcher. From the sample there will be 2 nurses, 2 counselors, 3 married women, 3 pregnant single mothers, 2 doctors, 3 men. The researcher is to use a smaller sample which will be easier for her to work on .

4. The perception of women on HIV testing during pregnancy

Perception is the process through which one gives meaning to the information received through senses. This leads to the person taking the reasoned action or refusing to take the action depending on the perceived risk. HIV risk perceptions are not stationary and can vary depending on the context, time and knowledge that the person has (Dawad 2003:19). People, who are exposed to the same or a similar situation, may have different perceptions of risk at different stages of their life course. That is, a person may change from low- perceived risk to high perceived risk or vice versa· With regards to HIV testing in pregnancy, a person with low risk perceptions at one stage may progress to a high level perceived risk as a result of adequate exposure to HIV/AIDS information. This means that a person who was initially not interested in HIV testing -due to lack of information - will end up accepting HIV testing after receiving adequate information on HIV /AIDS and HIV testing in pregnancy. Dawad (2003:19) stated that there are different categories or states of perceived risks which might lead to either low or high perception risk. Women, who feel that they might be infected and that there is something that they can do about it, might have high HIV/AIDS information levels and risk perceptions and they will opt for HIV testing. A second category of women might feel that they may be infected, but there is nothing they can do about it and they will not take the test. The following criteria according to Dawad (2003:18), are important in assessing people's risk of perceptions, specific knowledge of transmission and prevention; for example thinking that a healthy looking person cannot have HIV mother to child transmission and the knowledge of ways to avoid contracting HIV. These relate to people's own interpretation of illness and severity (Dawad 2003:19): Pregnant women who are in stable relationships will think that they are safe from contracting HIV and those who are still healthy will not associate themselves with HIV infection and they will not be eager to take the test. Several studies have indicated that there is a stigma involved in HIV testing which leads to a reluctance to have the test. In a study conducted by Leclerc-Madlala (1999:20), it was found that women are often blamed for spreading HIV infection and become targets for anger and violence from their partners. There is a great amount of stigma which is attached with HIV infection which contributes to women not opting for HIV testing. The stigma of HIV infection for women means rejection and ostracism, by friends, by their partner or by their families. (Oppenheimer and Reckitt1997:389). Fear of stigma has deterred pregnant women from being tested (Herek, Capitanioand Widaman 2002:8). This stigma further affects the child who is HIV positive because his/ her mother will be ill she is solely responsible for her child's sickness (Tallis 1997:63).Women, according to Minkoff et al (1995 :268), may fear their partner's reaction including abandonment, withdrawal of emotional or economic support or emotional or physical violence.

It has been noted that once the victim discloses her HIV status, public and friends tend to keep their distance to avoid the stigma. The victim is subjected to a lot of emotional trauma, gossip and finger pointing about her

HIV status. A study conducted by Leonard, Gahagan, Doherty, Hankins and Rehman in (2002:421), concluded that many women perceived HIV testing as being for the benefit of their unborn child rather than or their own benefit. The reason for their perceptions may be due to the fact that most women are not offered testing until they become pregnant, and they regarded HIV testing as an exceptional' test done out of concern for the baby and not necessarily considering their own risk factors .Ho and Loke (2003 :823), in their study found that women who had stable partners were more likely to decline the test because they thought that their chances of contracting a disease were minimal. According to their perceptions, they believed that single pregnant women are at risk because of a number of consorts. The perception that test results are not always kept confidential deters many people from seeking the HIV test (Jurgens 2004:4). If perceptions are good, they can lead to women to take reasonable action to protect herself and the unborn baby. Poor perceptions in most antenatal settings have resulted in women not opting for an HIV test.

5. The common problems faced by women during pregnancy

Antenatal women encounter various difficulties. This is especially true for HIV-positive women, and includes HIV-related maternal depression among others. Most people including antenatal women who become pregnant by engaging in sex without a condom, do not know when – or sometimes how - they became infected with HIV. They only receive a diagnosis once they undergo an HIV test.

However, at the initial stage of infection, the infected can experience flu-like symptoms such as fever, headache, sore muscles and joints, stomach ache, swollen lymph glands or a skin rash for a few days or weeks. During this period, the HI-virus will replicate rapidly, and though the infected person might test negative to the virus, he or she is infectious. Only once the immune system responds and starts producing antibodies does the outcome of the test register as positive; but an effective immune response will, at first, suppress any symptoms of illness. Indeed, after the first set of symptoms described earlier, most people including antenatal women can be healthy for up to ten years or more, though the virus will continue multiplying and destroying the immune system. This is known as the window period, also known as the acute stage. The impact on the immune system can be measured by undergoing another test to count the CD4 cells.

The situation of disease progression, from HIV infection to AIDS, is compounded by poverty, which also hits antenatal pregnant women hard. For instance, another difficulty in addressing antenatal HIV infection might be linked to the maternal level of HIV & AIDS treatment literacy and literacy overall. This is because the level of literacy of the woman might determine her predisposition to optimal maternal care, including observance of environmental issues like proper sanitation and ventilation. In addition, the woman's level of literacy might be proportional to her ability to adhere to treatment regimens, as well as to relate it to mixing scientific and traditional medicines. For the women who are still nursing babies and are pregnant, further challenges include the constraints of adhering to infant feeding recommendations. By what can be deduced from studies, the attitudes of these women can be beneficially modified by addressing the above-mentioned challenges to antenatal voluntary counseling and testing, including those emanating from society, communities, clinics, broader health systems and individual relationships.

'Prevention is the best cure' is a common expression, but what happens if preventative measures are not used? A large proportion of pregnant Ugandan women are going out of their way not to be HIV tested, increasing the risk of mother-to-child transmission.

A recent paper by Larsson et al. in AIDS journal discussed how mother-to-child transmission of HIV can be easily and cost-effectively prevented using a short course of antiretroviral therapy. However, this is effective only if the mother is willing to be screened for HIV.

One year after the implementation of the opt-out policy, fewer than 60% of pregnant women were tested for HIV in 2007 in the majority of countries in Eastern and Southern Africa, the exception being Botswana where voluntary counseling and subsequent testing rates are higher.

Programs of syphilis screening during pregnancy already faced the same problem in Uganda. However, the authors of the study suggest that women who attended an antenatal clinic that did not have HIV testing on site, did so in order to avoid HIV testing. If confirmed, this finding is worrying.

More studies that identify and tackle the problems that exist with HIV screening need to be carried out, especially in parts of the world that have a high prevalence of HIV. Dr Buve goes on to say, "there should be more studies like this one that look into why people do not have access to or refuse to accept interventions that could prevent HIV infection among their offspring".

Women are vulnerable to much kind of diseases when their estrogen has started to work in different manner. If at all the estrogen has the problem then a lot of side effects are seen, enlargement of breasts, weight changes abnormally, legs are swollen and weak, bloat ness, nausea and vomiting and even the estrogen level could cause issue to the skin like rash, lupus, redness and irritation. Above all the risk of cancer is set to be great and would have its won complication in all levels. This would result in thickening of the uterus and pregnancy problem. Most of the women have the pregnant problems due to the estrogen problem.

If at all a apparent symptom is seen then the intensive medical care has to be given in all sense so that the woman can have the net results. Those symptoms are swelling of the abdomen, breast lumps, blood appearance in the vomit, chest pain, and irritation in the skin, breathing problems, coughing, and eye problems. Hence the appropriate estrogen medication is applied in order to get changes in the body level so that the concern woman can have the normal life with all features.

5.1 Stigma and discrimination

Stigma and discrimination associated with HIV and AIDS are great barriers to preventing further infections and providing adequate care, support and treatment (SAfAIDS, 2002).Being tested positive during pregnancy increases worries among pregnant women regarding the well being of their babies and stigmatization by the health workers, family members and the entire community. Interagency Coalition on AIDS and Development's report stated that the participation in prevention and treatment of HIV programmes, including VCT is hampered by social stigma, anger, depression and denial (Interagency Coalition an AIDS and Development, 2001). People may be discouraged from attending sites of a perceived stigma or attending a site known to be associated with HIV activities. This was proved by the report produced in South Africa, which confirmed the sentiment that pregnant women did not take VCT because of long waiting times, and people would see them (McCoy et al: 2002). The issues of confidentiality may affect acceptance of the HIV test. Most women do not want to take the test; they are afraid of stigmatization.

An exploratory study on attitudes of pregnant women towards antenatal voluntary counseling and testing for HIV among pregnant women conducted in rural south west of Uganda revealed that women feared to be tested because the nurses would refuse to care for them or kill them in order to reduce the infections (Pool, 2001). Another study conducted in Dar es Salaam, Tanzania on the implications of HIV voluntary antenatal counseling and testing found that a serious barrier to disclose the HIV results to partners is fear of a violent reactions by male partners and that HIV infected women are at increased risk of partner violence (Horizons, 2001).

According to Jackson (2002:175) people fear that they can get HIV through normal social contact with an infected person. As a result the people with HIV have been thrown out of family houses, sacked from employment, denied access to services and excluded from all sorts of social gatherings and events. They had to endure the stigma, rejection and isolation in addition to their agony of facing a life threatening condition.

The HIV positive women felt that they were stigmatized with regard to their sexuality: HIV positive women should not engage in sexual activities and should not have children (SAfAIDS, 2002). Therefore, disclosure helps fight self-stigmatization, empowers and enhances self-worth. The only way of making progress against stigma and discrimination is to replace shame with solidarity; and fear with hope (SAfAIDS, 2002).

6. The challenges faced in implementing HIV testing during pregnancy

A great number of challenges are being faced in order to implement the HIV test during pregnancy. Anna Thorson (2009) said that' Women who accepted HIV testing sometimes do not wait for their results, although these are normally available later in the same day. Some of the women who are identified as HIV-positive refused antiretroviral prophylaxis. This problem appeared to particularly be when women are tested late in the pregnancy, without time to cope with their HIV status.'

The follow-up of HIV-positive women is a major challenge. Some women attended the antenatal clinic once and then vanished without a trace. Others did not deliver in the PMTCT hospitals and so missed antiviral prophylaxis and modified obstetric care. This difficulty is more common in rural areas and when women depended on spouses for transport to hospital. The follow-up of women and their babies after delivery is even more difficult. Those who had normal vaginal deliveries sometimes did not see the need to return to the PMTCT hospitals for postnatal services.

According to Beagleho (1997), it is difficult for women to disclose their HIV status to their partners. They saw this as compounded by a lack of male partner involvement in PMTCT activities at all sites. They also reported non-disclosure of the HIV status to the partner as creating serious problems in family planning. Some women, for example, had returned with second and third pregnancies after initial diagnosis of HIV. In some cases it is of great challenge to implement because there are instances where one partner had started antiretroviral therapy without informing the other. Women who had not disclosed their HIV status to their partners would be more likely to get lost to follow-up, as they preferred not to be traced into their community.

7. How does perception affect HIV/AIDS testing during pregnancy

The study's focus is on the perceptions and experiences of pregnant women towards HIV testing, but it is also important to contextualize the women's vulnerability to the risk of HIV infection. Jackson (2002) states that all over the world the women's rights are violated every day because many cannot earn a living wage, or cannot afford basic necessities. Again, in many cultures they are not recognized. These can make them more vulnerable

to infections and illness. There are several biological, economical and socio-cultural factors contributing to the increase of vulnerability of women to HIV. In Zimbabwe women cannot question their husband's extramarital affairs, because of the risk of violence or being subjected to abuse (Measuring et al 1999)Less than 25% of Zambian women agreed that a woman could not refuse to have sex with her husband even if he was known to be violent, unfaithful or infected with HIV (SAfAIDS, 2002).

Factors that affect voluntary counseling and HIV testing among antenatal pregnant women revolve primarily around stigma and discrimination. Stigma and discrimination fuel the HIV & AIDS epidemic, with the adverse effects extending beyond the infected individuals into the broad society. Stigma is predominantly fuelled by domestic and societal pressures, as well as some cultural and religious ethos. Another factor is the emotionally-laden disclosure of status, especially as it affects children .Relevant factors that determine whether or not an individual will disclose his or her status include:

- Adverse reaction from relatives and the fear of hurting the parents: relatives of the subject including the parents might not take the news easily, especially as the condition is regarded as a terminal situation. For adults, it will be taken that the affected is/was promiscuous.
- Apprehension of an employer's reaction: the subject might be worried about the way the employer will take the news, including the possibility of severance. This is predominant in organizations that subject their employees to HIV & AIDS tests.
- Loss of acquaintances: friends and associates of the affected might reduce interaction with the infect individual.
- Feeling of guilt, especially for members of same cultural community: this situation arises when such cultural affiliations attach much value to subjects revolving around sexual ethics, etc.
- The likelihood of having the integrity of one's sexual relationship questioned or of losing a relationship: when one sexual partner tests positive, this might lead to questioning the sexual fidelity of the infected.
- The probability of being subjected to prejudice and stigma: this is very common especially in developing countries / societies. This is fuelled by ignorance about HIV & AIDS issues.
- The prospect of being labeled an unfit parent: this is also predominantly propelled by ignorance. There is the tendency to label the affected as being 'sick' with HIV.
- Vulnerability to violence, and in this context a woman intending to disclose to her partner. The difficulty here is that the woman needs to be supported and shielded from physical and emotional abuses as well as to prevent being re-infected or infecting her partner if sero-discordant. These are ultimately the responsibility of the partner to provide for, including economic support,(Horizons 2001)

8. Knowledge about PMTCT/VCT during Pregnancy.

VCT is an essential entry point to PMTCT services. WHO (2001) recommended that an opportunity should be given to all pregnant women to know their HIV status in order to save lives of hundreds of thousands of newborns. However, in many developing countries there are many factors hampering the uptake of VCT during pregnancy. Some literatures indicate that lack of knowledge hampers the uptake of VCT during pregnancy. A study conducted in the South West of Nigeria on clients' perspective towards antenatal HIV screening indicated that there is an association between uptake and knowledge (Fasubaa, 2001). It revealed that the high acceptance of VCT is only coming from pregnant women who are knowledgeable about HIV.

In Addis Ababa, Ethiopia, a study identified the factors that hampered the use of VCT services such as lack of appropriate knowledge, psychological, cultural and economic factors as well as lack of appropriate care and support services for the people living with HIV/AIDS (International Conference on AIDS, 2002). These factors need to be tackled in order to increase the uptake.

9. Attitudes of pregnant women towards VCT

It is important to know the attitudes of pregnant women towards antenatal VCT. This may contribute to the success of the programme. At Ndola clinic in Zambia, a report revealed that after VCT services were introduced, community members chose not to be tested because they felt that VCT was a source of stress (Horizon, 2003). The implications of a positive test result for pregnant women are, therefore, enormous. Pregnant women drop out of the PMTCT programme for many reasons; including fear and denial of HIV, lack of partner support and poor quality care. In Zimbabwe pregnant women did not want to be tested because they could get high blood pressure and stress; their husbands could blame them for bringing the disease into the house, and divorced them (ICASA, 2003).

10. Methodology

The researchers used the descriptive survey design in trying to find out the perception of pregnant women towards HIV /AIDS testing during pregnancy. The design is to be viewed to be the most appropriate one in the study as it also dealt with experiences and opinions. Questionnaires for the pregnant women and interviews for nurses were used.

The population of the study consisted of pregnant women residing in Nkowankowa village. Since the researchers could not interview all pregnant women, they used a convenient sample. of ten pregnant women on questionnaires and interviewed five nurses working with the pregnant women .

11. Findings

11.1 Data from pregnant women.

Table 1 shows that the age range of 15-20 was having the highest frequency which is 36%. This shows that a lot of teenage girls are falling pregnant at a very young age. The age of 21 -25 was having 24% , which shows that this was the average frequency from the table , followed by the age range of 26-30 which was again 24. In the age range of 35-40 was found out that a small percentage of women are falling pregnant at this age which is 16%.

Table 1 Age range
N=50

Age range	Frequency	Percentage
15-20years	18	36%
21-25 years	12	24%
26-30years	12	24%
35 years and over	8	16%
Total	50	100

Table 2 shows that a lot of those women who are pregnant are single mothers. In fact about half of the population are single mothers. Only a small percentage of the pregnant women are married.

Table 2 Marital status
N=50

Marital status	Frequency	Percentage
Married	9	18%
Single	25	50%
Divorce	10	20%
Widow	6	12%
Total	50	100

Table 3 shows that from the majority of the participants in the research have managed to reach up to grade 10 for their academic education

Table 3 Level of education
N=50

Level of education	Frequency	Percentage
Grade 7	9	18%
Grade 10	27	54%
Grade 12	14	28%
Total	50	100

Table 4 shows that all participants have at least a certificate of a particular job

Table 4 Professional qualification
N=50

Professional qualification	Frequency	Percentage
Certificate	25	50%
Advanced certificate	13	26%
Diploma	7	14%
Degree	5	10%
Total	50	100

About 80% of the participants agreed that testing is good and 20% of the participants were against the idea of testing.

The majority of the participants got information on HIV /AIDS mostly from the health centers and the media e .g the magazines, radio ,television and so on the media is having 40% and the health centers also 40% the other percentage left out is 10% which they are getting from the friends. It shows that the participants are getting more help from the magazine and the health centers.

Fig 1 How HIV is spread

N=50

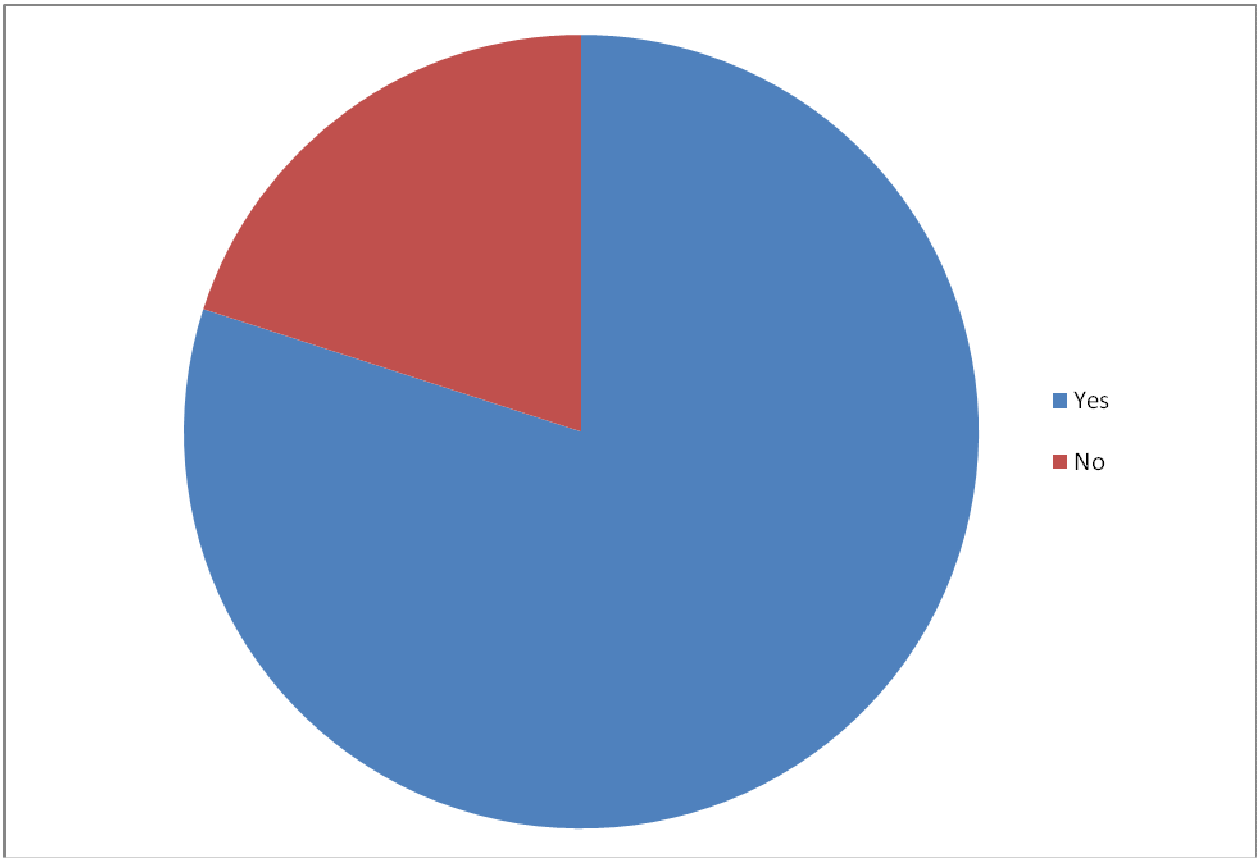

Fig 2 shows the women who got tested for HIV. It shows that 60% of the women got tested while about 40% did not get tested. It is shows that though a lot of the women know how HIV is spread, they are not being tested due to some reasons.

From a total of 50 participants only 10 of them said they feel good if the nurses ask them about HIV and more than half of the population indicated that they feel bad about it.

Forty percent of the participants suggest that people should receive sex education so as to encourage more people to get tested, 30% they are saying places for testing should be available in many places, another 30% suggested that it is better to get the testing kits available everywhere and 10% suggested that people should get rewards for getting tested.

Fig 2 Those who got tested
N=50

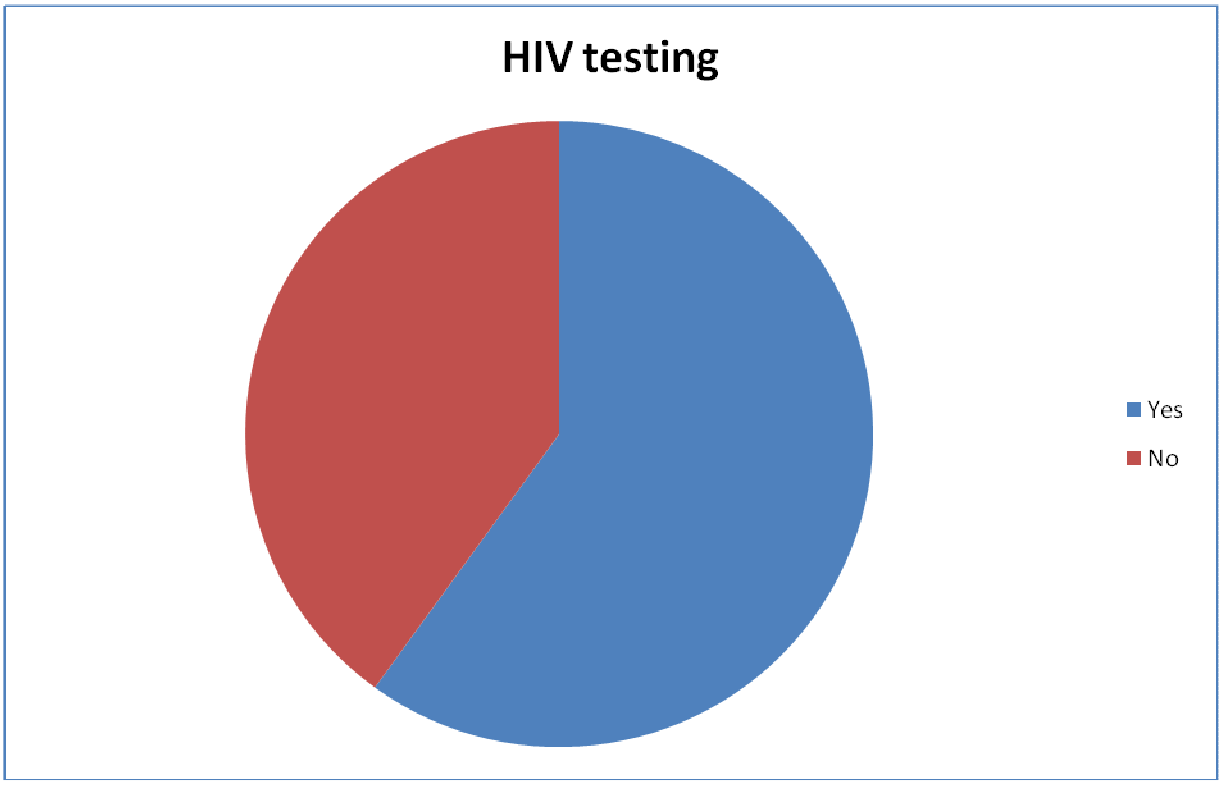

Fig 4.2.2

11.2 The perception of pregnant women toward HIV testing

The study first attempted to assess the knowledge and perceptions of pregnant women towards voluntary antenatal counseling and testing. It identified some encouraging aspects as well as underlying shortcomings of the Mother to child transmission program. The results of the study suggested that there are some uncertainties surrounding vertical transmission, and the women's understanding of HIV/AIDS was low. All participants should have known the causes and the preventive measures of vertical transmission. Only some participants had some knowledge, but most of them, especially those who opted out did not. There are misconceptions that need to be cleared. This emphasizes a need for greater community education and reinforcement of this information through MTCT programme. Education will provide communities the opportunities especially women to explore and ensure greater understanding. The study revealed that the women who opted in and out were aware of what voluntary counseling and testing was, its accessibility as well as its benefits. Participants indicated that the benefits of voluntary antenatal counseling and testing were:

- 80% benefited as shown in the research promotion of an early uptake of care and support services;
- changes in behaviour to prevent infecting others with HIV/AIDS and to prevent re-infection with HIV/AIDS.

It also identified various sources of information that are addressing the issues of VCT during pregnancy. On the other hand, the results demonstrated that not all women were aware about the existence of this service. The hope is for the sources of information to be seriously looked at. Planning is needed so that information is able to reach the entire population, but not to be limited in certain areas only.

The results further indicate that women who opted in and out demonstrated that their knowledge about the benefits of voluntary antenatal and testing was almost the same. This is good, therefore the information that has already been gained need to be reinforced. On the other hand, those who opted out just need encouragement to take the test. They do not need to fear anything, since the people infected with HIV/AIDS may remain healthy for many years even without ARV therapy, as long as they are looking after their health (Brink 1999).

A major concern that has been identified in the literature review and confirmed by the results of the study is the negative attitudes of health workers that prevent women from taking the tests. The women were concerned that nurses would reveal their HIV status. They thought that they would be stigmatized in the community if their HIV status was revealed. It was indicated in various studies that women could not take HIV test due to negative

attitude of health workers (Gray 2005).

It also became evident that women were not willing to take part in the testing programme because of negative reactions from their family members. The participants explained why they would not disclose their results. They were certain that they would not get support from families regarding basic necessities such as shelter, food etcetera. Unmarried women were said to be more stigmatized than married ones,80% because society regarded them as irresponsible and wild.

The results of the study show the reasons pregnant women gave for not taking the test, amongst others: fear to be blamed for bringing the HIV in the family, rejection, intimidation and harassment. This led to women feeling responsible for the disease. It was evident that women have limited control over their sexual activities and prevention of infections. This was indicated in the literature that women tend not to practice safe sex although they know about their status. The imbalance of power between women and their partners is what places women at risk of HIV and limits their ability to take preventive measures.

The study also revealed how some participants showed their willingness to adopt safe behaviors such as abstaining from sex during pregnancy and condoms. In Kenya, Kampala and Uganda, women gave the same sentiment that they went for the test in order to change their behavior (Horizons, 2001).

The study results revealed that education and male involvement are needed as a way of improving the Voluntary counseling and testing services. This will help women to gain support and cooperation from their male partners. In her study, Stebel, 1993 cited by Nashadi (2002) confirmed that the participants appeared to have adequate knowledge about the preventive measures, but without adequate personal support and cooperation from their male partners, nothing will really change.

It was evident that the environment was not conducive, since there was a specific office. Everyone who visited that room could be suspected of having HIV. This is causing stigma among the community. Consequently, the integration of VCT in the maternal health services would help to reduce barriers of testing such as stigma, discrimination and isolation or abandonment among women who are seeking the voluntary antenatal counseling and testing services. (Brink, 2005).

As of now, voluntary antenatal counseling and testing is not offered at many places. This means that some women cannot benefit from Mother to child transmission interventions. Making the voluntary antenatal counseling and testing more available and accessible can help to break the cycle of silence, myths and misconceptions. It may also assist in the normalization of having an HIV test. Another reason that was given was fear of being known to live with HIV. This is so because of the belief that if one is ignorant of having an illness, depression and quick deterioration in one's general health status will be prevented (Gray 2005).

The result also indicated that the women did not get sufficient time to think whether they would take the test or not, since they were expected to take the HIV test at the first antenatal visits. The counseling needs to improve. Some participants revealed that women were reluctant to take voluntary antenatal counseling and testing because they were not the ones benefiting.It was also revealed that some women might commit suicide if they happened to know oftheir HIV status. This was shown in various studies that the women would killthemselves if they test HIV positive. Some studies indicate that the risks and the likelihood of suicide is 36 times greater in HIV infected individuals. It was evident that the distances would also hamper the uptake of the HIV test. Therefore, expanding this service would provide more opportunities for pregnant women to exploit.

11.3 Challenges being faced by the health personnel in implementing the HIV testing.

A lot of health personnel are finding it very difficult to implement the HIV testing because of lack of staff. It reveals that 60% of the health personnel have got a problem of lack of staff, they believe that if staff is increased it becomes easier for them to implement the HIV testing. They also said that it is becoming difficult because some of the pregnant women are not coming back for their results.

12 Recommendations

The recommendations of the study are based on the suggestions made by the participants.

- Various studies have come to the same conclusion that men are responsible for the spread of HIV since they are the ones who have many sexual partners (Foreman, 1999; Due, 2003; Hunter, 2003). One would therefore conclude that there is dire need for aggressive measures aimed at educating men on the spread of HIV and AIDS.
- The problem of shortage of skilled manpower , especially medical staff and social workers, can be solved by improving their salaries and their living conditions. This will act as an incentive and will ensure that there is adequate staff to cater for the rural population: doctors to carry out the necessary tests for ARV commencement, nurses to offer VCT and social workers to offer supportive and other welfare services.

- There is need for AIDS education in areas where people stay in their communities so that when they are being educated by the people they know and who are in the same situation with them they will understand better by being educated by only the nurses in their uniforms.
- Those who turn up for Voluntary counseling and testing to be tested periodically for HIV, encouraging couples to be tested together and also reframing VCT to focus on disclosure skills.
- To become actively involved in HIV and AIDS awareness campaigns. These campaigns should shift focus and address attitudes as well as misconceptions surrounding the epidemic. Enough has been said about HIV transmission and nearly everyone is aware of the transmission modes, but why is the rate of HIV infection not going down as fast as is expected? The real problem is the attitudes of people and these should be addressed, in order to make a difference. Knowledge alone is insufficient, attitudes must change.

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