



University Students and AIDS: Evaluation of HIV Self-Testing Acceptability and Willingness

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Abstract:

Given the high incidence of HIV among youth in Sub-Saharan Africa, it is critical to better understand the factors influencing HIV testing in this population; this is the first stage in the HIV treatment cascade. To reach the UNAIDS 95-95-95 targets for eradicating AIDS by 2030, 95% of persons living with HIV (PLWHV) should be diagnosed, 95% of those diagnosed should be on antiretroviral medication (ART), and 95% of those on ART should be virally suppressed. Youth (ages 15-24) are less likely than adults (ages 25-49) to receive HIV testing, and they are disproportionately affected

by HIV; in 2018, an estimated one-third of all new infections occurred in the 15-24 age group, with Africa accounting for 73% of new infections among youth. HIV self-testing (HIVST) has been found to be an acceptable technique of learning one's HIV status without danger of self or social harm, and may boost the uptake and frequency of testing for teenagers and those who are reluctant to test. The current study therefore, evaluated Kenyan University students' acceptability and willingness towards HIV self-testing (HIVST). The study sampled 250 students from 4 public Universities using simple random sampling method. Data was analyzed using frequencies and percentages. The study concluded that many University students choose HIV self-testing (HIVST) owing to stigma.

Keywords: *Acceptability, Evaluation, HIV Self- Testing, Willingness.*

Introduction

When and where the HIV virus first emerged remains a mystery now and for many years to come. While several theories have been put forward, there is no conclusive single agreement on the origin of HIV/AIDS.

The origin of the Aids pandemic has been traced to the 1920s in the city of Kinshasa, in what is now the Democratic Republic of Congo, scientists say. An international team of scientists say a "perfect storm" of population growth, sex and railways allowed HIV to spread. They used

archived samples of HIV's genetic code to trace its source, with evidence pointing to 1920s Kinshasa. Their report says a roaring sex trade, rapid population growth and unsterilized needles used in health clinics probably spread the virus. Meanwhile Belgium-backed railways had one million people flowing through the city each year, taking the virus to neighbouring regions. Experts said it was a fascinating insight into the start of the pandemic.

It is also believed that, HIV started in the 1980s in the United States of America (USA), but in fact this was just when people first became aware



of HIV and it was officially recognized as a new health condition. In 1981, a few cases of rare diseases were being reported among gay men in New York and California, such as Kaposi's Sarcoma (a rare cancer) and a lung infection called PCP. No one knew why these cancers and opportunistic infections were spreading, but that there must be an infectious 'disease' causing them. At first the disease was called all sorts of names relating to the word 'gay'. It wasn't until mid-1982 that it was realized the 'disease' was also spreading among other populations such as hemophiliacs and heroin users. By September that year, the 'disease' was finally named AIDS. Therefore, there is conclusive agreement that HIV came to global attention in the 1980s and has infected nearly 75 million to date (Dadipoor et al.,2020).

HIV/AIDS is still considered a public health issue because there is no therapy (Thakuri & Thapa, 2018). About 37.9million people lived with HIV near the end of 2018 and 1.7 million people were just infected in 2018 worldwide (Al-Qahtani et al., 2019). Young adults, especially those between 15 and 24 years of age are the target group susceptible most to HIV infection (Dzah et al.,2019; Marashi et al.,2019). University students are primarily prone to HIV, as more than half of all new infections worldwide emerge among youngsters (Tan et al.,2007). University students are at the risk of HIV infection due to peer pressure,lack of maturity, alcohol and drug abuse, and unprotected sex (Thakuri & Thapa,2018).

In 2022, 4000 adolescent girls and young women aged 15-24 years were infected with HIV per week worldwide, out of which 3100 of these illnesses occurred in Sub-Saharan Africa. Women and girls of all ages accounted for 46% of all new HIV infections globally. Women and girls of all ages made up 63% of all new HIV infections in Sub-Saharan Africa. In every other geographical location, men and boys accounted for more than 70% of new HIV infections in 2022 (<https://indico.un.org/event/1006453/>).

UNAIDS (2023) report indicates that at the end of 2022, US\$ 20.8 billion (in constant 2019 US dollars) was available for AIDS response in low-

and middle-income nations, with more than 60% funded domestically. In 2025, US\$ 29 billion (in constant 2019 US dollars) will be required for the AIDS response in low- and middle-income countries, including nations previously classified as upper-income, in order to achieve the goal of eradicating AIDS as a public health issue. Since the peak in 2004, AIDS-related deaths have been reduced by 69%, and by 51% since 2010. In 2022, approximately 630 000 [480 000-880 000] people worldwide died from AIDS-related illnesses, compared to 2.0 million [1.5 million-2.8 million] in 2004 and 1.3 million [970 000-1.8 million] in 2010. Since 2010, AIDS-related mortality has decreased by 55% among women and girls and 47% among men and boys.

Vulnerability Factors and HIV/AIDS in Africa

Myths

There are a lot of mysteries surrounding HIV/AIDS. i.e sex with a virgin cures aids, abstinence causes male impotence.

Lack of Knowledge and Misconceptions about HIV/AIDS

It appears that the majority of Africans have heard about Aids, and have a fairly good level of knowledge of the basic facts i.e. that the disease is spread sexually, and that condoms reduce risk. Nevertheless, there are still many people, especially those with low levels of formal education and who lack access to accurate, relevant information on HIV/Aids and sexuality, which are unaware of the risks.

Women in particular have high rates of illiteracy, and many girls do not complete basic education. Also, women may be unaware of risks because their time is taken up with tending the home, and they have limited links with the outside world. Added to this is the problem that dangerous myths and misconceptions about HIV/Aids abound. These include believing that the virus can be contracted by sharing food, that infected people can be recognized by their symptoms, and, perhaps the most notorious of all, the belief that sex with a virgin can cure the disease. Beliefs such as this give people a false sense of their level

of risk, and contribute to confusion about how HIV is transmitted.

People who do possess some knowledge about HIV often do not protect themselves because they lack the skills, support or incentives to adopt safe behaviours. High levels of awareness among the youth, a population group particularly vulnerable and significant as regards the spread of HIV/Aids, have not led, in many cases, to sufficient behavioral change. Young people may lack the skills to negotiate abstinence or condom use, or be fearful or embarrassed to talk with their partner about sex. Lack of open discussion and guidance about sexuality is often lacking in the home, and many young people pick up misinformation from their peers instead.

Socio-Economic Factors and Poverty

High levels of unemployment and an inadequate welfare system have led to widespread poverty, which renders people more vulnerable to contracting HIV because of the following factors:

- The daily struggle for survival overrides any concerns people living in poverty might have about contracting HIV.
- Strategies adopted by people made desperate by poverty, such as migration in search of work and “survival” sex-work, are particularly conducive to the spread of HIV/Aids.
- People living in deprived communities where death through violence or disease is commonplace tend to become fatalistic: the incentive to protect oneself against infection is low when HIV is only one of many threats to
- Health and life. Poverty may also breed low levels of respect for self and others, and thus a lack of incentive to value and protect lives.
- Poverty is generally associated with low levels of formal education and literacy. Knowledge about HIV and how to prevent it, as well as access to information sources such as schools or clinics, is subsequently low in poor communities.

Ironically, socio-economic development and poverty relief can, in fact, sometimes drive the epidemic. Thus, although poverty contributes to

the spread of HIV/Aids, alleviating poverty can do likewise.

Cultural Factors

Certain prevalent cultural norms and practices related to sexuality contribute to the risk of HIV infection, for example:

- Negative attitudes towards condoms, as well as difficulties negotiating and following through with their use. Men in Africa regularly do not want to use condoms, because of beliefs such that “flesh to flesh” sex is equated with masculinity and is necessary for male health. Condoms also have strong associations of unfaithfulness, lack of trust and love, and disease.
- Certain sexual practices, such as dry sex (where the vagina is expected to be small and dry), and unprotected anal sex, carry a high risk of HIV because they cause abrasions to the lining of the vagina or anus.
- In cultures where virginity is a condition for marriage, girls may protect their virginity by engaging in unprotected anal sex.
- The importance of fertility in African communities may hinder the practice of safer sex. Young women under pressure to prove their fertility prior to marriage may try to fall pregnant, and therefore do not use condoms or abstain from sex. Fathering many children is also seen as a sign of virile masculinity.
- Polygamy is practiced in some parts of Africa. Even where traditional have more sexual partners and to use the services of sex workers. This is condoned by the widespread belief that males are biologically programmed to need sex with more than one woman.
- Urbanization and migrant labour expose people to a variety of new cultural influences, with the result that traditional and modern values often co-exist. Certain traditional values that could serve to protect people from HIV infection, such as abstinence from sex before marriage, are being eroded by cultural modernization.

Political Factors

- less allocation of resources to HIV/AIDS
- Lack of commitment to implementation of HIV/AIDS policy
- corruption and embezzlement of funds
- attitude i.e unwillingness to openly discuss HIV/AIDS in the society

Materials and Methods

This study focused on 250 Kenyan University students who were random sampled from four (4) institutions. Expost facto research design was

used. A closed ended questionnaire was used for data collection. After being informed about the study and given assurances of its secrecy and anonymity, every participant gave informed consent.

Results

University Students Attitude Towards HIV Self Testing (HIVST)

The study evaluated HIV Self-Testing acceptability and willingness among the Kenyan University students.

Their responses are presented in Table 1.

Table 1. General Students' Attitudes Towards HIV self-testing

Attitude	Number of Respondents	Percentage
Negative	59	23.6
Undecided	38	15.2
Positive	153	61.2
Total	200	100.0

Source: Field data (2019)

The findings in Table 1 indicates that majority (61.2%) of the undergraduate students University students had a favourable attitude towards HIV self-testing. Implying that the campaigns for HIV Counselling and Testing among Kenyan youths have had a positive effect given the favourable evaluation by majority of students in the University.

Interview Findings

The responses from some university students on acceptability and willingness on the use of HIV Self Testing are outlined below:

.....It offers privacy , I prefer this method 100%(Respondent 2)

I can't dare use it, in testing one requires a counsellor, I can't recommend it even(Respondent 4)

I don't want any stress I will only test when I will be getting married, for now let me concentrate on my studies (Respondent 2)

It's a good idea, I prefer it because of stigma

(respondent 10)

It's a very good method, it saves time (Respondent 6)

Discussion

The study investigates whether university students are willing and able to use HIV self-testing. The majority of students expressed willingness to undertake HIV self-testing and thought it was an acceptable alternative. Youth in sub-Saharan Africa showed a high level of willingness and acceptance to undertake self-testing in prior studies. However, the current study focused on the Kenyan university students.

Conclusion

The study concluded that HIV Self Testing was an acceptable option of testing for University students.

Recommendation

The Department of Health should consider offering on-line counselling services.

Extensive educational and awareness campaigns should precede the roll-out of the self-testing programs.

Conflict of interests

Authors declared no conflict of interest.

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