

Perception of Pregnant Women towards HIV Testing and Counseling in Makurdi Metropolis, Benue State, Nigeria

Ogechi Juliet Alisigwe

Department of Biochemistry, Imo State University, Owerri, Nigeria

Abstract: The study examined the perception of pregnant women toward HIV voluntary test and counseling in Makurdi Metropolis, Benue State, Nigeria. A cross-sectional design was adopted for this study. 150 respondents took part in the study. A structural questionnaire was used to collect data. Four hypotheses were tested and the result showed a significant outcome. Based on the above findings, the researcher wishes to make the following recommendations; Government should put in place several programme that will create awareness and knowledge on HIV voluntary counseling and testing. There is also a need to create positive attitude towards HIV voluntary counseling and testing as this will go a long way to help in the prevention and treatment of HIV/AIDS.

Keywords: HIV/AIDS, counseling, pregnant women, perception, HIV Test.

I. INTRODUCTION

As the HIV/AIDS pandemic advances, it is increasingly important that services including voluntary counseling and testing and other medical care and social, economic and Psychological support are provided along with information and education about HIV/ AIDS.

Voluntary counseling and testing is an important tool for preventing the spread of HIV especially with generalized epidemic, HIV testing and counseling remains critical in the global efforts to reach a goal of universal access to prevention and timely human immune deficiency virus (HIV) treatment and health care. HIV voluntary counseling and testing is perceived to be an effective strategy in the risk reduction among pregnant women in order to prevent mother to child transmission of HIV (PMTCT) during antenatal and delivery including breast feeding (Olatinwo, et al 2005). HIV/ AID is a major source of concern all over the world as it constitutes a major source of death and a threat to national development. The virus has negative impact on economic, social and political development of any nation that has its high rate. Nigeria is one of the countries with a relatively high prevalence of people living with HIV/AIDS in Africa. Statistics indicated that as at the end of 2007, an estimated 22million adults and children in the Sub-Saharan Africa were living with HIV. Also an estimated 1.5 million Africans died from AIDS, while 11.6 million African children became orphans as a result of HIV/AIDS. Specifically, as of the end

of 2007, Nigeria had 2.6 million people living with HIV/AIDS and 1.2 million were orphaned. (Yahaya, et al 2010).

Identifying pregnant women, HIV infection status provides them with opportunity to seek appropriate treatment and take measure to prevent transmission. World Health Organization states that Sub-Saharan African remains the heavily affected by HIV and about half of these people are pregnant women who transfer this Virus to their unborn child. Human Immunodeficiency Virus is a Lentivirus. HIV infection Voluntary counseling and testing (VCT) is a confidential face to face interaction between a professional counsellor and a client or a group of client with a view of assisting the client to make informed decisions and adjust effectively in life. HIV/AIDS counseling consists of three stages which are pre-test counseling, post – test counseling and follow up (Yahaya, 2004).

Nigeria government has been proactive by the fight against HIV/AIDS. The Federal Ministry of Health (2010) stated that Nigeria responded to the HIV/ AIDS epidemic as early as 1985 by developing policies, different guidelines (PMTCT, VCT etc)) and strategic documents to create an environment conducive for implementation of HIV prevention, care and treatment and support programmes. As part of this effort, the first counseling and testing guideline was published by the federal ministry of health in 1991 and subsequently edited in 2002 and 2007 respectively.

Challenges to providing high quality counseling and testing for pregnant women include: lack of education about VCT among pregnant mothers, low motivations to use VCT services, aesthetical considerations such as the need to protect adolescents from discrimination and lack of service availability in resource poor setting.

Statement of the Problem

Lack of adequate knowledge might be a factor in mother to child transmission of HIV/ AIDS since breast feeding has been implicated as the most common mode of transmission (Useh et al 2013). Pregnant women constitute a significant proportion of persons affected by HIV and other sexually transmitted infections. Mothers are still lacking in knowledge about mother to child transmission of HIV/AIDS despite the effort in implementing PMTCT (Abiodun et al, 2007).

Despite mass awareness campaign by the federal ministry of health in Nigeria coupled with other Non-Governmental Agencies (NGO), in the mass media, as well as provision of HIV voluntary counseling and testing, there is still poor attitude, knowledge and increasing rate of morbidity as a result of HIV/AIDS infections (NACA,2011). This could be due to ignorance, lack of accessibility to VCT centers, illiteracy fear of being positive, stigmatization etc. These and many others would be unveiled at the end of this study.

Aim of the Study

The aim of this study is to assess the perception of pregnant women towards HIV- Voluntary counseling and test in Makurdi Metropolis, Benue State, Nigeria. However, the specific objectives set to be achieved in the study are:

- i. To determine the perception of pregnant women towards HIV voluntary counseling in Makurdi Metropolis.
- ii. To assess the attitude of pregnant women towards HIV voluntary counseling and testing in Makurdi Metropolis.
- iii. To identify the barriers to acceptance and practice towards HIV- voluntary counseling and testing.
- iv. To identify the strategies that will promote the uptake of HIV/VCT among pregnant women in Makurdi Metropolis.

Research Questions

This study will attempt to answer the following questions

- i. What is the level of awareness of pregnant women toward the voluntary counseling and testing?
- ii. What is the attitude of pregnant women toward this voluntary counseling and testing?
- iii. What are the barriers to acceptance and practice of HIV voluntary counseling and testing?
- iv. What strategies will promote the uptake of the voluntary counseling and testing among pregnant women?

Research Hypotheses

Four hypotheses are to be tested in this research in order to solve the problem of the study

- i. There is no significant knowledge of pregnant women of HIV voluntary counseling and testing.
- ii. There is no significant positive of pregnant women towards HIV voluntary counseling and testing.
- iii. There is no significant barrier to acceptance and practice of HIV- voluntary counseling and testing by pregnant women.
- iv. There are no significant strategies that will promote the uptake of HIV voluntary counseling and testing among pregnant women.

II. LITERATURE REVIEW

Concept of HIV/AIDS

According to Centre for Disease Control Prevention (2015) HIV is a virus spread through certain body fluids that attack the body immune system, specifically the CD4 cells, often caused T-cells. HIV according to Wikipedia is an acronym for human Immunodeficiency virus. The virus infects only human beings. It weakens the immune system by destroying important cells that fight disease and infection.

HIV voluntary counseling and testing is a process in which individuals or couples undergo counseling to enable them to make informed choice about being tested for HIV. HIV testing and counseling services are a gateway to HIV prevention, care and treatments (Mayoclinic, 2010).

Causes of HIV/AIDS and Mode of Transmission

HIV infection is caused by the Human Immunodeficiency Virus. You can get HIV from contact with infected blood, semen or vaginal fluids. Most people get the virus by having unprotected sex with someone who has been infected with HIV. Another common way of getting it is by sharing drug needles with someone who is infected with HIV.

Mode of Transmission

- i. Having sex: you can become infected if you have vaginal, anal or oral sex with an infected partner whose blood, semen or vaginal secretions enter your body. The virus can sometimes enter in the rectum or vagina during sexual activity.
- ii. Through blood transfusion: In some cases, the virus may be transmitted through blood transfusion. American hospital and blood banks now screen the blood supply for HIV antibodies, so this risk of very small.
- iii. Sharing of Needle: HIV can be transmitted through needle and syringes contaminated with infected blood. Sharing intravenous drug paraphernalia put you at high risk of HIV and other infection disease such as hepatitis.
- iv. During pregnancy or delivery or through Breast feeding: infected mothers can infect their babies. But receiving treatment for the HIV infection during pregnancy, mother significantly lowers the risk to their babies.

Signs and Symptoms of HIV

A person can have HIV and not have any symptom and some HIV test will not show a positive result for as long as 3 months after infection, this is referred to as HIV test window period and has to do with how HIV test detect the virus. Some people recently infected with HIV will experience some flu-like symptoms. These include:

- i. Fever
- ii. Severe fatigue

- iii. Non-itching rash
- iv. Swollen gland /Lymphnode
- v. Muscle aches
- vi. Sore throat
- vii. Night sweats
- viii. Sore or ulcer in the mouth.

These symptoms are called acute retroviral syndrome and last for a few days to a few weeks. You could get sick enough to go to the emergency room or feel unwell. After the acute phase; the virus becomes less active in the body for as long as 10 years, during which you might not have any symptoms at all (San Francisco AIDS Foundation, 2013).

Treatment of HIV/AIDS

The aim of antiretroviral treatment is to keep the amount of HIV in the body at a low level. This stops any weakening of the immune system and allows it to recover from any damage that HIV might have caused already. The drugs are often referred to as antiretroviral (ART'S) or anti AIDS drugs.

Prevention of HIV

Although there is no vaccine to prevent HIV infection but it is possible to protect yourself and others from getting infected. That means educating yourself about HIV and avoiding any behaviors that allow HIV infected fluids, blood, semen, vaginal secretion and breast milk into your body. The followings are ways to help prevent the spread of HIV.

- i. Use a new condom every time you have sex: if you don't know the HIV status of your partner, use a new condom every time you have anal or vaginal sex. Women can use a female condom.
- ii. Consider the use of drug (Truvada): use of the combination drugs emtricitabine/tenofovir (Truvada) can reduce the risk of sexually transmitted HIV infection in those who are at high risk. Truvada must be taken daily, exactly as prescribed, and should be used alongside other preventive strategies such as condom when having sex.
- iii. Tell your sexual partner if you have HIV: it's important to tell anyone with whom you have had sex that you are HIV positive. Your partners need to be tested in order to receive proper medical care if they have the virus. And they to be sure of their status (HIV) in order not to infect others. If you use a needle to inject drugs, make sure it is sterile and don't share it with others.
- iv. If you are pregnant get medical care right away:- if you are HIV positive you may pass the infections to your baby. But if you receive treatment during pregnancy you can cut your baby's risk significantly (Mayo clinic).

The concept of voluntary counseling and testing

Over 90% of an estimated 42 million people around the world living with HIV/ AIDS reside in Africa, Asia,

Latin America and the Caribbean where the resources are limited for prevention, detection and treatment. It is estimated that less than 10 % are aware of voluntary counseling and testing (Yaha, 2014). VCT is therefore a confidential honest and inexpensive method to help people receive information to determine their HIV status. It is a process that is undertaken when a person wants to find out if they are infected with HIV because it is voluntary, a person who thinks she might have HIV decide on her own whether she wants to have the test done. If the individual decide to go ahead with the testing, she will have opportunity to discuss the test with a trained counselor. Most clinic use a rapid accurate scientific test that makes the result available, usually within twenty minutes after the test has been performed (Yaha, 2014).

Steps of VCT

According to Yaha (2014) there are three main steps involved in VCT. These are: -

- i. Pretest counseling: - In this session, questions about HIV and AIDS and the test are discussed and answer given by a counselor. The counselor will help the individual determine whether testing is appropriate. The information's that are shared with them about the reason the individual wanted to be tested includes sharing information about their past sexual behavior which will help the counselor determine whether testing is appropriate and the procedures explained to the patient/client.
- ii. Informed consent: - when the person decided to have the HIV test, they must sign consent form before the test can be administered. Informed consent is a crucial part of VCT process and it is important that the individual is aware of their right to refuse any medical procedure, to be informed about it and agree to it. There is a statement which they should be asked to read before stating that they have been informed about the HIV antibody testing procedure, that they understand and given their consent to have the test performed
- iii. Post- test – After the test is done, the counselor gives the results to the person in the post test counseling session. It usually takes around fifteen to twenty minutes after the test has been administered for the result to come back. If the result turns out to be positive, the client or patient is referred to a medical specialist and other counselors in order to aid them in receiving treatment and support.

Benefit of Knowing HIV Status

The benefits of the knowledge of HIV status include the followings:-

- i. At the individual level: Enhanced ability to reduce the risk of acquiring or transmitting HIV, access to

- HIV care, treatment and support and protection of unborn infants.
- ii. At the community level: A wider knowledge about HIV status and its links can lead to a reduction in denial, stigma and discrimination and to collective responsibility and action.
 - iii. At population level: A knowledge of HIV epidemiological trends can influence the policy and normalize HIV/AIDS, reduce stigma and discrimination. AS the HIV/AIDS pandemic advances, it is increasingly important that services including voluntary counseling and testing, STI and other medical care and social, economic and psychological support are provided along with information and education about HIV/AIDS.

Theoretical Framework

The growing threat that HIV infection poses to the reproductive health of women in Nigeria has become increasingly apparent. Identifying pregnant women with HIV infection status provide them with opportunity to seek appropriate treatment and take measure to prevent transmission (Olatinwo et al, 2010). In order to develop effective HIV and AIDS prevention programmes, it is important to have accurate knowledge of how people behave in different situations. It is essential to know when and under what condition people will be prepared to change their behaviour (Van Duk, 2005).

Theories of Voluntary Counseling and Testing

Various theories and models of behaviour change exist as regards HIV/VCT. The theories which are widely used in health behavior are described briefly. The first three theories are referred to by Fishbein and Tzer (2003):

The health belief model (HBM) (Janza & Backer 1984, Fishbein & Tzer 2003), Fishbeinetal 2003. This is a socio-psychological model that attempt to explain and predict health behavior. An individual Perceived ability to successfully execute a “health” strategy such as using a condom consistently influences his or her decision and ability to chance behavior and to significantly sustain this change of behaviour (Bender 1989). When working with adolescents and pregnant women on HIV and AIDS issues, it is important to put the influences of social norms and of peer into account (Wulfet and wan 1995).

Social cognitive theory (Bandera, 1987): This theory does consider and allow for social influences. The theory acknowledges that the social environment can facilitate or inhibit the performance of behavior. Consistent with the SCT are two primary factors that determine whether it is likely or not that a person will adopt health protective behaviour. The person must believe that positive outcomes (benefits) of performing the behaviourout weigh negative outcomes (costs). The person must also have a sense of personal benefit as a result of engaging in health protective behaviour.

Theory of reasoned action (TRA). Based on the premise that humans are rational beings and that their behaviour are under volitional contents, the theory of reasoned action, conceptually connects individual beliefs, attitudes, intentions and behaviour (Fishbain, Middlestadt & Hitchcock 1994). TRA suggests that executing a given behaviour depends predominately on the strength of a person’s intention to perform that behavior (Ajzen and Fishbein 1980)

The theory of planned behavior (TPB) is an extension of the TRA (Ajzen 1991). In the TPB, the variable “ perceived behavioral control or “Self-efficacy” has been added to the model of TRA to improve the prediction of intention. In this way, the model aims at overcoming situations in which people do not have complete control over their behavior, such as when emotions influence behavior. Hausenble (2005) gave a description of the TPB whereby behavioral, normative and efficacy beliefs are formed by expectation of people about engaging in behaviour. These beliefs influence attitudes, subjective norms and perceived behavioral control of people’s intention, self efficacy and thus, finally their behavior. The control factor .in the theory is the individual intention to perform a given behavior (Ajeze 1991; Albarracin, Johnson &Zanna 2005).

Other theoretical framework

There are other various theoretical positions devised for examining and understanding the origin and causes of HIV/AIDS and they are as follow; Hunter's theory, oral polio vaccine theory, colonialism theory and conspiracy theory.

The most commonly accepted theory of HIV/AIDS is that of the hunter. In this scenario, simimmuno virus in chimps was transferred to human as results of chips being killed and eaten or their blood getting into cuts or wounds of the hunter. Normally the hunter's body would fight the simimmune virus, but on a few occasion, it adapts itself within its new human host and became HIV. The fact that there were several different early strains of HIV.

An article published in the lancet in 2004 (Wolfe, et al, 2004) also shows how HIV is transferred from primates to hunters and still occurring even today.

i . Oral Polio Vaccine (Opv) Theory

Some other controversial theories have contended that HIV was transferred through medical interventions. One particularly well-published idea is that polio vaccines played a role in the transfer.

In his book, the river, the journalist Edward Hooper suggested that HIV can be traced to the testing of an oral polio vaccine called chat, given to about a million people in the Belgian Congo, Rwanda, Burundi in the 1950s. to be reproduced, live polio vaccine needs to be cultured in a living tissue, and Hooper's belief is that chat was .grown in kidney cells taken from local chimps infected with the Virus.

Many people have contested Hooper's theory and insisted that

local chimps were not infected with a strain of simmuno virus that is closely linked to HIV. Furthermore, the oral administration of the vaccine would seen insufficient to cause infection in most people as HIV needs to get directly into the blood stream to cause infection as the lining of the mouth and throat generally act as good 'barriers to the virus (Cohen, 2000).

In February 2000, the Wistar institute, in Philadelphia (one of the original manufactures of the chat vaccine announced that it had discovered in its stores a phial of polio vaccine that had been used as part of the program. The vaccine was subsequently analysed and in April 2001, it was announced that no trace had been found analysis confirmed that only monkey kidney cells can be used for the vaccine and the cells are not infected with HIV.

i. The Contaminated Needle Theory

This is an extension of the original hunter theory. In the 1950s, the use of disposable plastic syringes became common place around the world as cheaf, sterile way to administer medicines, it is therefore likely that one single syringe would have been used to inject multiple patients without any sterilization in between, thus causing transfer of HIV from person to person.

ii. The Colonialism Theory

This theory is one of the more recent theories to have entered into the debate.

It was first proposed in 2000 by JIM Moor, an American specialist in primate behaviours, who published his findings in the journals AIDS research and human retroviruses (Chitrin, Rawls and Moore, 2000). Moore believes that during the colonial rule, many of the labourers would have been inoculated with unsterile needles-against diseases such as small pox and many of the camps actively employed prostitutes to keep the workers happy, creating numerous possibilities for onward transmission.

iii. The Conspiracy Theory

Some say that HIV is a conspiracy theory or that it is man-made. A recent survey carried out in USA, identified a significant number of African Americans who believe HIV was manufactured as part of a biological warfare programme, designed to wipe out large number of blacks and homosexuals (fears, 2005). Many say this was done under the USA federal special cancer virus program, possibly with the help of the security office. Linked to this theory is the belief that the virus was spread either deliberately or advertently to many people all over the world through the small pox or hepatitis inoculation programmes.

III. MATERIALS AND METHOD

Research Design

The design used in this study is cross-sectional descriptive survey. The researcher adopted this design because it is a technique of collecting data through questionnaire and is preferred because large among of data can be collected at a relatively low cost. A descriptive study is one in which information is collected without changing the environment (i.e nothing is manipulated). Descriptive studies are also conducted to demonstrate associations or relationships between things in the world around you.

Sampling Technique and Sampling Size

The multistage sampling technique was adopted in this study. These include the probability and none probability sampling method. A non-probability sampling was carried out bins electing the study area which was done by Choice (purposive or judgmental) based on the interest of the researcher. While a probability sampling method will used in selecting the number of respondents, this will be done by simple random sampling as every pregnant women attending antenatal clinic in Makurdi Metropolis has equal chance of participating in the study.

The sample size will be determined scientifically from the target population. The research made use of Krijcie and Morgan (1970) for determining samples size. The formula is given as follow:

S = required sample size

X^2 = The table value of chi-square for 1 degree of freedom at the desired confidence level.

N = The Population size.

P = Thepopulation proportion (assumed to be 0.50) since this would provide the maximum sample size.

d = The degree of accuracy expressed as a proportion (0.05)

IV. DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

Results for this study are to be presented descriptively and inferentially. A total of one hundred and fifty respondents look part in the study, the data and results of the participants are hereby presented below:

Descriptive Analysis

Table 1: Sample Demographic Characteristics

Variable	Frequency	Percentage
Age		
20-25	47	31.33%
26-31	40	26.7%
32-37	60	40.0%

Gender		
Male	-	-
Female	150	100
Religion		
Christian	122	81.3%
Muslim	28	18.7%
Other	-	-
Marital Status		
Married	115	76.7%
Single	25	16.7%
Separated	4	2.7%
Divorced	6	4%
Occupation		
Working class	103	68.7%
Business	28	18.7%
House wife	14	9.3%

Source: Field Survey

From the above table, participant aged 32-37 constituted the majority (40%). The study is restricted to females only and such (100%) women took part in the study. 81.3% of the participants are Christians while Muslim constitute 18.7%. In terms of marital status, (76.7%) contributed to the study, 16.7% were single, 2.7% are separated and divorced made up 4%. From the data above, it is shown that the Christian pregnant women constitute higher percent (81.3%) than the Muslim counterparts (18.3%), this may be that Makurdi Metropolis wards is a Christian dominated area.

Again, participants who are married have greater percent (76.7%) than the singles and the divorcees. This may be due to the fact that the married are free to attend antenatal clinic than the single/divorcee due to social stigma on unwanted pregnancy.

Table 2: Knowledge of HIV/ VCT

Do you know HIV/VCT?	Frequency	Percentage
Yes	146	97.3%
Valid No	4	2.7%
Total	150	100%

Table two indicates that majority of the participant (97.3%) have good knowledge of HIV/VCT, while 2.7% had no knowledge of HIV/ VCT.

Table 3 Attitude Towards HIV/VCT

Do you think that it is necessary to have HIV testing done?	Frequency	Percentage
Yes	149	99.3%
Valid No	1	.7%
Total	150	100%

The above shows that majority of respondents (99.3%) have positive attitudes toward HIV/ VCT, While 2.7% lack knowledge of VCT.

Table 4 Factors That Hinder HIV/VCT

Do you think information given to health personnel are treated with confidentiality?	Frequency	Percentage
Yes	130	86.7%
Valid No	20	13.3
Total	150	100%

The table above that majority of the participants 86.7% agreed that information given to health women are treated with confidentiality thereby influencing people’s willingness to go for HIV/VCT test, while 13.3% did not agree.

Table 5: Impact of HIV/ VCT Strategy on Participation

Do you think that availability of free antiretroviral Drugs will enhance the participation in HIV/VCT	Frequency	Percentage
Yes	146	97.3%
Valid No	1	.7%
Missing system	3	2.0%
Total	150	100%

The above table shows that 97.3% of respondents think the availability of antiretroviral drugs for persons that undergo HIV/VCT will increase participation even though .7% of the respondents do not agree it will have an impact.

Table 6: Inferential Possibilities Of Response

Category value	Observed No	Expected	Chi-square (X ²)	df	P
Yes	146	75.0			
No	4	75.0	134.427	1	.000

Further analysis of the response was significant, X²=134.427, DF= 1,P=.000(P<.05). The implication of this finding is that majority of the study participants have high knowledge of HIV/VCT. Therefore, the null hypothesis is rejected.

Table 7: Inferential Possibilities of Response

Category value	Observed No	Expected	Chi-square (X ²)	df	P
Yes	146	75.0			
No	4	75.0	146.027	1	.000

Inferential result of the analysis was significant as shown, X²=146.027, df= 1,P=.000(P<.05). By implication, Majority of the pregnant women in Makurdi Metropolis agreed that HIV testing is necessary and should be done by every expectant woman.

Therefore, the null hypothesis is rejected.

Table 8: Inferential Possibilities of Response

Category value	Observed Nos	Expected Nos	Chi-square (X ²)	df	P
Yes	130	75.0			
No	20	75.0	80.667	1	.000

Analysis of participant's response was significant, as shown $X^2 = 80.667$. $df=1, P=.000 (P<.50)$. The implication of this finding is that health worker's maintenance of confidentiality on HIV/VCT does not influence people's willingness to go for HIV test.

Table 9 impact of HIV/ VCT strategy on participation

Category Value	Observed Nos	Expected Nos	Chi-square (X ²)	df	P
Yes	146	73.5			
No	4	73.5	143.027	1	.000

Result of Chi-square was significant $X^2=143.027$, $df=1$, $P=.000 (P<05)$. That is, availability of antiretroviral drugs for persons who will undergo HIV/VCT will enhance active participation in the program. Therefore, the null hypothesis is rejected.

Hypothesis Testing

Four hypotheses are to be tested in their study.

Hypotheses one: There is no significant knowledge of HIV voluntary counseling and testing (VCT) among pregnant women.

Hypothesis two: there is no significant positive attitude among pregnant women towards HIV/VCT.

Hypothesis three: there is no significant barrier to HIV/VCT among pregnant women.

Hypothesis Four: There will be no significant uptake of HIV/VCT by pregnant women in Makurdi Metropolis community regardless of the strategy put in place.

Discussion of Findings

Findings from the study reviewed that majority of the participant, (97.3%) have good knowledge of HIV / VCT, while 2.7% had no knowledge of HIV/ VCT. Further analysis of the participant's response was significant. The implication of this findings is that majority of the study's participants have high knowledge of HIV/VCT.

This outcome is in agreement with the work of Burudi and Piopoi (2013), who assessed the attitudes towards voluntary counseling and testing among residents of Kakamuga municipality and found out that majority of the residents of Kakamuga municipality paid a positive attitude towards voluntary counseling and testing than men.

Although this study is restricted to females only and as such 100% women took part in the study. Similarly, hypothesis two sought to find out the attitude of pregnant women toward HIV/VCT. Finding showed that majority of the women in Makurdi Metropolis community who participated in the study were on agreement that HIV testing should be done for all pregnant women. This finding is similar to the work of Byamugisha et al (2010), who assessed the perception of antenatal attendees towards HIV counseling and testing in Uganda as well as knowledge about mother to child transmission of HIV and infant feeding options for HIV infected mothers. Majority of the antenatal attendees (98.5%) had testing and many of them (more than 60%) had current knowledge of how mother to child transmission of the HIV could occur during pregnancy, labour and through breastfeeding and ways of preventing it. Therefore, the null hypothesis is rejected.

As regards factors that Hinder HIV voluntary counseling and testing, it was observed that health workers maintenance of confidentiality on issues regarding HIV does not influence people's willingness to undergo HIV-VCT.

Alabi et al (2010), found out that ignorance, poverty, inadequate number of VCT centers, stigmatized discrimination as major factors responsible for the low percentage of VCT center in Kwara state. The implication of these findings is that health workers maintenance of confidentiality on HIV/VCT does not influence people's willingness to go for HIV test.

The theory of reasoned action (Ajzen & Fishbein, 1970s) provides a framework to study attitude towards behavior. According to the theory, the most important determinant of a person's behavior is behavior intent. The individual's intention to perform a behavior is a combination of attitude towards performing the behavior and subjective norm. The individual's attitude towards the behavior includes; behavioral belief, evaluations of behavioral outcome, subjective norm, normative belief, and the motivation to comply if a person perceives that the outcome from performing a behavior is positive. She/He will have a positive attitude towards performing that behavior and the opposite can also be stated if the behavior is thought to be negative.

HIV voluntary counseling and testing is one among different approaches which have been implemented in an attempt to slow the spread of the infection and minimizing its impact at the individual, family and society levels. HIV voluntary counseling and testing is perceived to be an effective strategy with risk reduction among pregnant women in order to prevent mother to child transmission of HIV (PMTCT) during antenatal and delivery including breastfeeding. AIDS caused by the human immune deficiency virus is a major health problem in many part of the world and is considered as a pandemic disease. (Olatinwo et al, 2005). Many countries have been trying to adopt various approaches in an attempt to show the spread of HIV infections and minimizing its impact

on the individual, family and society, among all strategies, voluntary counseling and testing is internationally recognize as an effective and important strategy for both prevention and care of HIV. The Federal Ministry of Health in Nigeria (FMOH, 2010) stated that Nigeria responded to HIV epidemic as early as 1985 by developing policies, different guidelines and strategic documents to create an environment conducive for the implementation of HIV prevention, care, treatment and support performance.

The study assessed the perception of pregnant women toward HIV voluntary counseling and testing Makurdi Metropolis Benue State, Nigeria. The low uptake was found to be associated with ignorance, fear of being positive, inadequate number of VCT centers and stigmatization, these constituted major hindrances to acceptance of HIV voluntary counseling and testing.

This study is significant at this point in time because of the following reasons: it will help in time improve the knowledge and perception of pregnant women towards HIV voluntary counseling and testing and prevention of mother to child transmission. It will also assist policy makers improve HIV voluntary counseling and testing for pregnant women who make up 40% of people affected by the HIV/AIDS pandemic. The result can also serve as a basis for further research and also a reference point to other research.

Participates used for this study were 150. They were arrived at through randomization. The data were collected using closed structure questionnaire adopted from works done by other researchers in this field.

V. CONCLUSION

In conclusion therefore, it has been observed that

- i. HIV is an acronym used for Human Immune Deficiency Virus which is the Virus that causes Acquired Immune Deficiency Syndrome (AIDS). It is a disease in which there is a severe loss of the body is cellular Immunity, greatly lowering the resistance to infection and malignancy.
- ii. HIV/AIDS is a major challenge to health and development. It is putting a tremendous burden on health care facilities and is decreasing economic productivity. Many governments in East central and Southern Africa (ECSA) have officially declared HIV/AIDS a disaster requiring emergency action.
- iii. The various approaches being used to combat the epidemic must be identified, refined and expanded to slow down the spread of the virus and mitigate it's impact. Nearly all the governments in the region have also develop strategies that indicate the current status of the epidemic, how it is affecting the country and the priority interventions required to combat it.
- iv. Voluntary counseling and testing is an important tool for preventing the spread of HIV especially with generalized epidemic. HIV testing and counseling

remains critical in the global efforts to reach a goal of universal access to prevention and timely (HIV) treatment and health care.

- v. HIV voluntary counseling and testing is perceived to be an effective strategy in the risk reduction among pregnant women in order to prevent mother to child transmission of HIV (PMTCT) during antenatal and delivery including breast feeding (Olatunwo, et al, 2005).
- vi. Nigeria government has been proactive by the fight against HIV/AIDS. The Federal Ministry of Health (2010) stated that Nigeria responded to the HIV epidemic as early as 1985 by developing policies, different guideline (PMTCT, VCT etc) and strategic documents to create an environment conducive for implementation of HIV prevention care and treatment and support programmes.
- vii. Some challenges to providing high quality counseling and testing for pregnant women includes: lack of education about VCT among pregnant mothers, low motivation to use VCT services, ethical considerations such as the need to protect adolescents from discrimination and lack of service availability in resources poor settings.
- viii. It has been established that mother to child transmission accounts for the majority of HIV infections in children in developing countries (INHO, 2003). The rate of transmission from untreated HIV positive pregnant women to her new born is high (O'Donovan *et al*, 2002).
- ix. In conclusion, there is an urgent need for public health education on HIV/AIDS and the benefits of VCT to control Mother to child Transmission (MTCT), particularly targeting young women and those with little or no education.

Recommendation

Based on the findings from the hypotheses tested the researcher wishes to make following recommendations are made:

- i. Government at all level need to put in place several programme that will create awareness on the need for HIV voluntary counseling and testing.
- ii. There is also a need to create a positive attitude towards HIV voluntary counseling and testing as this will go a long way to help in the prevention, care and treatment of HIV/AIDS.
- iii. There should be no barriers to people willingness to undergo HIV voluntary counseling and testing. Certain strategies that will promote the uptake of HIV voluntary counseling and testing should be put in place. For instance, making antiretroviral for person who have HIV /AIDS will enhance participation.

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