

YouthLens

on Reproductive Health and HIV/AIDS

HIV: Voluntary Counseling and Testing

Many young people desire such services, but they are limited and involve many questions.



Recent studies indicate that many young people in countries where HIV prevalence is high want to know their HIV status. Voluntary counseling and testing (VCT) services may be an appropriate entry point to address young people's HIV prevention and care needs. However, such services are limited and more research is needed to determine their impact.

As countries try to implement or expand VCT services for young people, program planners face complex issues. They need to establish policies and bolster support services, develop adequate training for counselors who work with young people, make existing services youth-friendly, and address potential problems of stigma. Care and support services are needed for those young people who test positive, as well as those who test negative.

Limited research is currently available on how VCT services affect young people, including the support they receive and how their behavior changes. However, research findings do address important related issues. These include the level of young people's demand for VCT services, the impact of VCT on their behavior, and programmatic challenges such as legal and ethical concerns, adequate counseling, and ongoing support.

Demand for services

In Demographic and Health Surveys in Kenya and Zimbabwe, more than 60 percent of approximately 6,000 males and females ages 15 to 19 years who had not undergone VCT reported that they would like to be tested.¹

In another survey of males and females ages 14 to 21 years, about 90 percent of 210 Ugandans and 75 percent of 122 Kenyans who said they had not received VCT services reported that they wanted to be tested.² However, in these and other studies, some young people feared testing. Some worried that their test results would be positive. Others were concerned that their test results would not remain confidential, that they might lose their partners, and that the services would be costly or provided in inconvenient locations.

In a Ugandan study of 369 young people ages 14 to 21 years who had sought VCT, young women who decided to get tested tended to do so if they were about to be married, enjoyed their partners' support, and knew their partners were willing to pay for the service. Nearly two of every three girls said their partners encouraged them to be tested. In contrast, boys were more likely to decide on their own to be tested and to pay for testing themselves. A third of boys said their decision to seek VCT



testing was influenced by partners; a third, by friends; and another third, by no one.³

Impact on behavior

VCT can help adults use safer sexual practices and even reduce their rates of sexually transmitted infection (STI), and this may be true for young people as well. In a randomized trial involving some 4,000 adults in Kenya, Tanzania, and Trinidad, reduction of unprotected intercourse with non-primary partners was statistically significantly greater among individuals who received VCT than among individuals who received only basic HIV-prevention information.⁴ The impact of VCT on behavior by age was not reported. However, in an analysis of a subgroup of study participants, a third were 22 years or younger and nearly half were 25 years or younger.⁵

In the survey conducted in Uganda and Kenya, most of the 240 who had been tested said they intended to adopt safer sexual behaviors such as sexual abstinence, monogamy, using condoms, and reducing the number of their sexual partners. But the study did not examine actual behavior change, which could be different from intended change.⁶ A U.S. study involving more than 4,000 males and female ages 15 to 25 years found that incidence of STIs decreased for those testing negative for HIV, but did not change for those who tested positive.⁷

Programmatic challenges

Over the last 10 years, VCT programs for adults have been increasing in number and have dealt with such challenges as recruitment, confidentiality, stigma associated with being tested positive, testing procedures, and the importance of pretest and posttest counseling (see box for model of VCT service). Some of these programs have also begun to focus on youth.

The AIDS Information Center (AIC) in Uganda originally offered VCT services with adults in mind. It now has a clinic area specifically designated for young people and has developed a curriculum for youth counseling. The change came after the center analyzed its data and found that many young people were seeking VCT services. “We began asking questions about how to be more responsive to the challenges that youth face,” says Jane Harriet Namwebya, VCT technical officer at FHI, who directed the AIC project in Uganda before moving to FHI’s Kenya office. “Do we need to train youth counselors? What are the challenges youth have in accessing the services? How can we support them after they have been tested?”

Similarly, in Kenya, the International Centre for Reproductive Health, in collaboration with the Kenyan Ministry of Health and FHI, originally set up nine VCT centers in Mombasa, offering a quick, confidential HIV test. (A finger prick is used to obtain blood, and a rapid assay test yields results in 15 minutes.) Realizing that they needed to do more to reach youth, project managers established three other counseling centers where trained community peer educators provide youth with HIV information. Trained counselors then work with the young person for a referral to a VCT testing center, if appropriate.

Youth-oriented projects are also beginning to offer VCT services. In Uganda, for example, the Naguru Teenage Information and Health Center, which runs a large outreach effort through radio, expanded its existing reproductive health services by adding the lab equipment and training needed to offer VCT as well. Other efforts in Uganda to reach young people include a mobile service run by the Kitovu Mission Hospital, which provides VCT services in schools.

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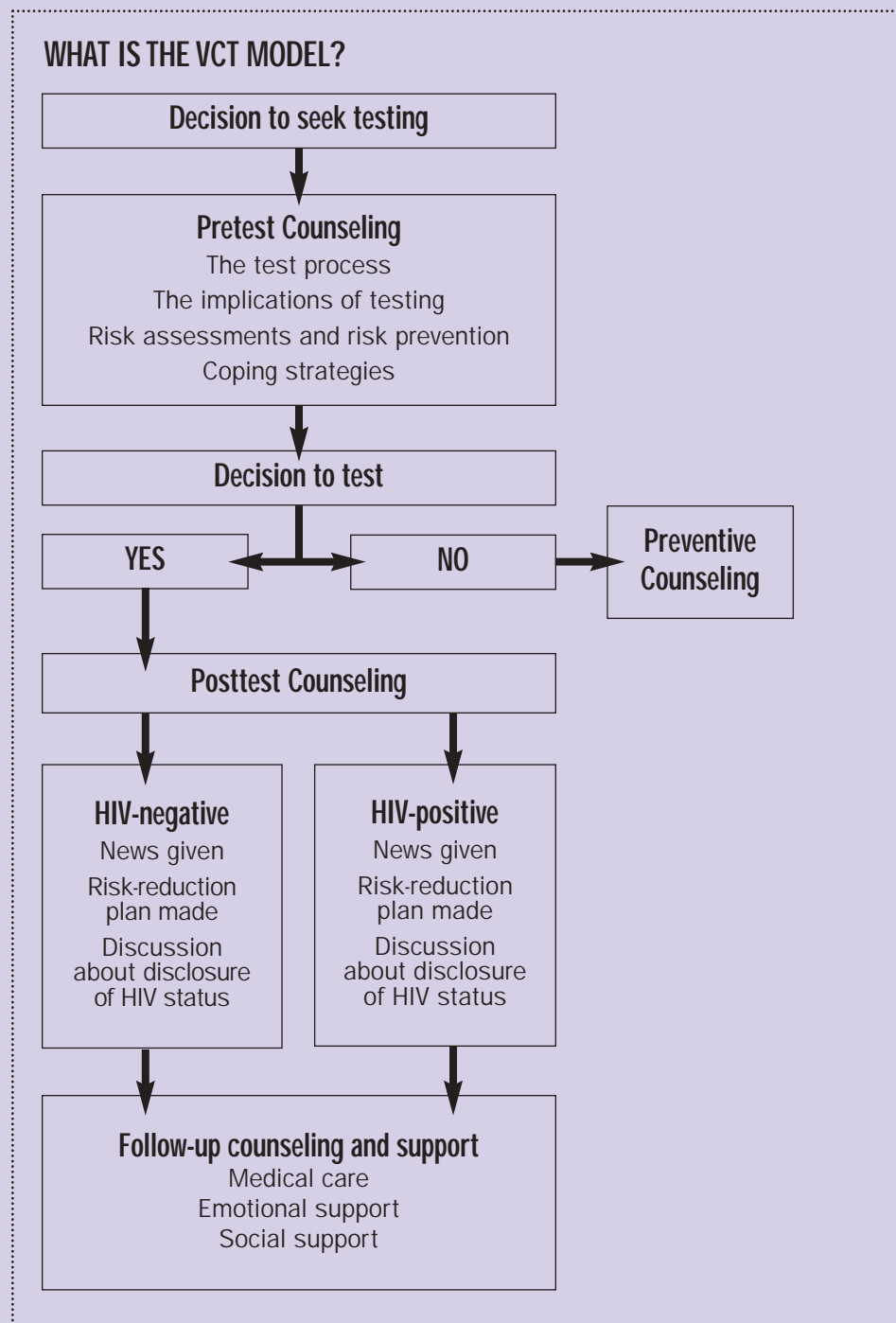
JANE HARRIET NAMWEBYA,
VCT TECHNICAL OFFICER, FHI

Some youth services are including VCT from the outset. In Rwanda, a youth center that opened in January 2001 had about 1,600 visitors who chose to be tested in the first eight months, with 93 percent testing negative, 3 percent positive, and 4 percent indeterminate. About 7 percent were repeat visits to confirm test results. This center also offers peer education, counseling on STIs, sports activities, skill-building courses (literacy, hairstyling, etc.), and activities for parents.

In these efforts to provide VCT services to young people, key programmatic challenges are confidentiality, parental consent, adequate counseling, and ongoing support. "Many people are afraid to seek HIV services because they fear stigma and discrimination from their families and community," explain the Kenya national guidelines on VCT.⁸

A new reference guide on VCT and young people, developed by FHI on behalf of the United Nations Children's Fund, points out that there is no ideal VCT model. Youth centers, youth-friendly services, outreach efforts, social marketing, and other approaches might be helpful. Innovative efforts are needed to reach such groups as young pregnant women, young people using drugs, and out-of-school youths. Further documentation and evaluation of successful VCT approaches with young people are needed, the report points out. More information is needed on how young people who test positive cope, with whom they share results, who provides emotional support, whether they can access support services, long-term outcomes, and comparisons of voluntary counseling with VCT.⁹

Ideally, a country would determine informed consent procedures for using VCT. One of the key issues is whether to involve a youth's parents in the process, in approval for testing and reporting results. In Kenya, national VCT guidelines issued in 2001 advise that "mature minors" do not need parental consent. "Mature minors" include those individuals younger than 18 years who are "mar-



ried, pregnant, parents, engaged in behavior that puts them at risk, or are child sex workers."¹⁰ The guidelines say that HIV test results should generally be disclosed only to the client but that counselors should encourage those under age 18 to inform their parents or guardians about the results.

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In countries where such formal guidelines do not exist, agency policies and individual counselors use various approaches to determine whether parental permission is needed. "Before HIV testing is done, it is important for counselors to establish the degree of maturity of the youth in terms of ability to handle the HIV test results," says Namwebya. "A lot is left to the counselor's judgment." Effective pretest counseling would explore such issues as a youth's support system, whom they have told they might get tested, and with whom they would share the results. Among 240 young people tested in Kenya and Uganda, fewer than one-fourth told their parents about their test results.¹¹

Counseling young people about HIV testing is challenging. It is important to be nonjudgmental, to establish rapport, and to instill hope in young people, particularly those testing positive. "Counselors have to be trained to handle young people's needs, which differ from those of adults," says Namwebya. "Young people who are HIV-positive still have their dreams and many years ahead. What will happen to their dreams? How long can they sustain behavior change? We should be able to help them cope."

— William Finger

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