



## Utilization of ICTC Services among the College Students

A Felicia Chitra<sup>1</sup>, Kalavathi<sup>2</sup> and Manjubala Dash<sup>3\*</sup>

<sup>1</sup>Professor and Head, Department of Medical and Surgical Nursing, Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry, India

<sup>2</sup>Prof and Head, Department of Obstetrics and Gynecology Nursing, Anamalai University, Tamil Nadu, India

<sup>3</sup>Professor and Head of Obstetrics and Gynecology Nursing, Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry, India

**\*Corresponding Author:** Manjubala Dash, Professor and Head of Obstetrics and Gynecology Nursing, Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry, India.

**Received:** July 09, 2018; **Published:** August 14, 2018

### Abstract

The HIV burden and its devastating impact on the human, particularly, the youth populations globally and nationally have gained attention of the World Health Organization and other Voluntary Organizations to take various steps to bring a halt to the epidemic. The United Nations has set the target of diagnosing 90% of all people suffer from HIV by 2020, which means making the PLWHA know their HIV status, towards attaining the goal of eradicating the HIV epidemic by 2030. Stigma and fear of testing positive was the major obstacle in utilizing these VCT services. Apart from this, distance to the VCT centre, lack of knowledge and attitude on VCT services, failing to perceive their risk of contracting HIV, fear of being isolated or discriminated, worries about confidentiality were the other reasons reported as the barriers towards utilization of the VCTs.

**Objective:** To assess the existing utilization of ICTC services among the college students.

**Methodology:** A descriptive cross-sectional survey was adopted to assess the existing utilization of ICTC/VCTC services among the 1000 college students.

**Result:** Regarding willingness to get tested for HIV, 82% of the students were not willing to get tested and only 18% of the college students were willing to get tested. Of the 1000 college students, only 0.2% had already undergone HIV test, whereas 99.8% had not tested for HIV previously. In relation to the willing to get tested for HIV, if arranged in the college campus, 56.9% of the students were willing and 43.1% were not willing to get tested for HIV.

**Conclusion:** Awareness is still lacking on utilization of ICTC services among the college students. There is a need to conduct various programmes to create awareness.

**Keywords:** ICTC; Utilization; College Students

### Introduction

In the Indian scenario, the young people are the epitome of the Nation, constituting 22% of its total population. Over 35% of the reported HIV cases, in India, point only to the young people aged 15 - 24 years (India Fact Sheet, 2006) and about a million children in India are found in the HIV-burden states [1].

Regarding the scenario in Puducherry, the estimated total prevalence rate of HIV is 0.15% with 0.18% among the males and 0.12% among the females. The total number of people living with HIV/AIDS in Puducherry is 1,255 with 734 males and 521 females. The number of new infections is estimated to be 33 with 24 AIDS related deaths [2].

The VCT was engineered with the aim of helping the adolescents to evaluate their own behavior and the consequences during the Pretest Counseling. Once the person decides to undergo the HIV Test, he/she then receives the test results during the posttest Counseling Session. The individual works with the trained Counselor to recognize the vulnerabilities and to adopt the behaviors which are safe and less risky when the result of the HIV Test remains negative. On the other hand, the positive HIV Test result offers the opportunity for the individual to cope up with and understand what his HIV Status means and the responsibilities he has towards himself and others as a result. He also receives referrals for care, support and treatment (ART) to maintain the quality of life [3].

Both the individuals and the public get benefited by the VCT program. Those who know their Sero Status - if negative, are at peace and focus on risk reduction while the individuals tested positive, apart from receiving follow up services to have their health monitored, they would move towards the preventive measures to stop the transmission of HIV/AIDS - the way of directly or indirectly bringing down the HIV incidence. On account of the evidences showing the benefits of VCT, steps were taken to strengthen the VCT programs by increasing the number and accessibility. For example, the HIV Counseling and Testing was first launched in India in the year 1997. Initially, there were just 67 HIV Counseling and Testing (HTC) sites which were gradually scaled up as per the demand over a period of time and by 2014, it grew up to nearly 15,000 health care facilities offering services [4].

The HIV burden and its devastating impact on the human, particularly, the youth populations globally and nationally have gained attention of the World Health Organization and other Voluntary Organizations to take various steps to bring a halt to the epidemic. The United Nations has set the target of diagnosing 90% of all people suffer from HIV by 2020, which means making the PLWHA know their HIV status, towards attaining the goal of eradicating the HIV epidemic by 2030 [5].

Making every individual know his HIV status will be the ultimate strategy required to put the monster into the cage. As of now, in India, only 25 - 30% of the people, living with HIV/AIDS, are aware of their HIV status (NACO Annual Report, 2013-14) and this would be the greatest challenge confronting us in our march towards the goal to end AIDS by 2030 the challenge is to enhance the utilization of ICTC Services by the individual [6].

Further, the youth often think that counseling is tied to testing and they were not aware that they could receive counseling even with the option of not taking an HIV test and, therefore, on many occasions they avoided VCT [7,8].

Fikadie, Bedimo and Alemrew (2014) had reported that though college students were aware of VCT services and its availability, their utilization of VCT (i.e.) the testing for HIV was low [5].

Ndwiga and Omwono (2014), in their study, had reported that there was high level of awareness about VCT among the college students, but with low utilization of VCT Services having only 52% tested [9].

Stigma and fear of testing positive was the major obstacle in utilizing these VCT services. Apart from this, distance to the VCT centre, lack of knowledge and attitude on VCT services, failing to perceive their risk of contracting HIV, fear of being isolated or discriminated, worries about confidentiality were the other reasons reported as the barriers towards utilization of the VCTs [10].

## Objective

To assess the existing utilization of ICTC services among the college students.

## Methodology

A descriptive cross-sectional survey was adopted to assess the existing utilization of ICTC/VCTC services among the college students. The study was conducted in Arts, Science, Engineering and B.Ed. colleges in the union territory of Puducherry. The colleges selected for the study are affiliated to Pondicherry university and were situated 0.1-15 Km away from the place of the investigator. The colleges had total strength of students from a minimum of 700 to a maximum of 2000 and above with many departments of Arts and Science, Engineering subjects with students enrolled from both rural and urban areas.

## Sample

In this study, the sample refers to all the college students studying in the selected colleges in Puducherry affiliated to Pondicherry University and who fulfilled the inclusion criteria during the period of study.

### Sample Size

A total of 1000 college students studying in the selected colleges in Puducherry who fulfilled the inclusion criteria were recruited for the study.

### Sampling Technique

Five-stage cluster sampling technique was used for this study.

Out of all the colleges affiliated to Pondicherry University, the colleges were clustered region wise (Puducherry, Karaikal, MAHE and Yanam) at the first stage. Out of the 4 regions, Puducherry was selected by convenience sampling technique. In the second stage, the colleges in Puducherry, were clustered discipline wise (Arts and Science, Engineering, B.Ed, Law, Agriculture, Poly technique etc.) and Arts and Science, Engineering, B.Ed colleges were selected. At the third stage, from the clusters (68) of Arts and Science, Engineering, B.Ed. colleges, 10 colleges were randomly selected using lottery method. In the fourth stage, 2 disciplines were selected randomly from each college. In the fifth stage, from each of the selected discipline 50 students were selected using systematic sampling method [11].

### Criteria for Sample Selection

#### Inclusion criteria

College students:

1. Both male and female
2. Both UG and PG
3. Both married and unmarried
4. Of arts, science, engineering or B.Ed colleges
5. Who would willingly participate in the study
6. Who can read and write English or Tamil

#### Exclusion criteria

College students:

1. Who were differently abled particularly with hard of hearing
2. In medical, nursing and other paramedical courses.

### Data Collection Instruments

#### Development

Tool development is one of the major steps in the research process. As the existing tools were not suitable, the investigator con-

structed the tool to measure the utilization of the ICTC/VCTC services among the college students.

The tool was constructed in English with the guidance and opinion of various eminent experts in the field of nursing and medicine.

#### Description of the Tool

**Section-A:** Assessed the socio-demographic variables like age, gender, marital status, family status, place of residence, religion, educational status and HIV/AIDS awareness program using 8 structured-questions.

**Section-B:** It was a structured-questionnaire with 6 questions on utilization of ICTC/VCTC services or intention to utilize the ICTC/VCTC services.

**Scoring:** The 6 items were analyzed by using the frequency and percentage.

#### Data Collection Procedure

Permission from concerned authority was obtained.

- Prior to the data collection, written permission was obtained from the college authorities
- Ethical clearance was obtained from the Institutional Human Ethical Clearance Committee.
- Informed consent from each of the participants was taken prior to data collection.
  - **Step 1:** In each of the randomly selected colleges, a separate hall, preferably, exam hall was prepared and the participants were seated comfortably. The investigator introduced herself and the students were explained of the purpose of the study and instructions were given not to consult each other during the sessions while answering the questions. Written-consent was taken from every participant before the data collection.
  - **Step 2:** The tool for data collection was distributed to the students and were asked to fill in the self-administered questionnaire. The student took around 40 - 45 minutes to fill in the questionnaire [12].

### Result and Findings

#### Demographic characteristics of the 1000 college students

- Maximum (54.9%) numbers of college students were found in the age group of 19 - 20 years.

- Majority (56.2%) of the college students were females.
- Most (96.3%) of the college students were single.
- Nearly (50.2%) the numbers of the students were from rural area.
- Most (83.4%) of them belong to Hindu religion.
- More than half (66.5%) the numbers of the college students were from nuclear families.
- Majority (84.3%) of the college students were undergraduates.
- Maximum (69.8%) of the college students had not attended any HIV/AIDS awareness program before the study.

### Utilization of ICTC/VCTC Services by the College Students

Table 1 shows the distribution of college students by their response regarding utilization of the ICTC/VCTC.

Items	Sub-variables	No	%
Willingness to get tested for HIV	Yes	180	18.0
	No	820	82.0
Already undergone HIV test	Yes	2	0.2
	No	998	99.8
Awareness of ICTC/VCTC close to residence	Yes	67	6.7
	No	933	93.3
Willing to get tested for HIV if blood test camp arranged in the campus	Yes	569	56.9
	No	431	43.1

**Table 1:** Distribution of College Students by their Utilization of ICTC/VCTC Services (N = 1000).

Regarding willingness to get tested for HIV, 82% of the students were not willing to get tested and only 18% of the college students were willing to get tested.

### Distribution of College Students by their Utilization of ICTC/VCTC Services

Of the 1000 college students, only 0.2% had already undergone HIV test, whereas 99.8% had not tested for HIV previously. Regarding awareness of ICTC/VCTC services available close to their residence, 93.3% were not aware and only 6.7% of the college students were aware of the ICTC/VCTC services which was available close to their residence. In relation to the willing to get tested for HIV, if arranged in the college campus, 56.9% of the students were willing and 43.1% were not willing to get tested for HIV.

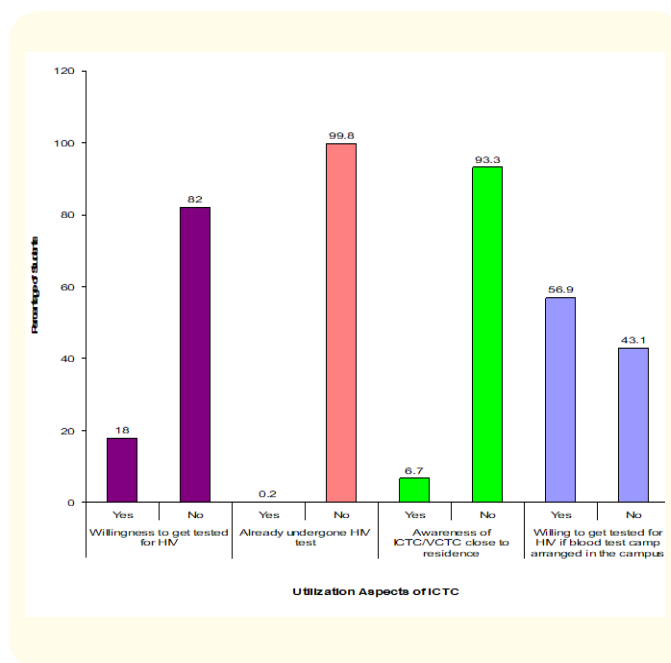


Table 2 shows reasons for utilization and non-utilization of the ICTC/VCTC services among college students.

Items	Sub-variables	No	%
Reason for willingness to get tested (n = 180)	To know HIV status before marriage	38	21.11
	Recognise HIV is a serious problem	6	3.33
	Risk behaviour	9	5.0
	To protect myself	45	25.0
	To know my sero status	82	45.55
If yes, when wanted to get tested (n = 180)	Any time	111	61.66
	If arranged in college	21	11.66
	Today	5	2.77
	Before marriage	35	19.44
	After my studies	8	4.44
Reason for not willing (Barrier) (n = 820)	Lack of knowledge	172	20.97
	Afraid of discovering HIV status	87	10.6
	Fear of being isolated	33	4.02
	VCT only meant for sexually active	21	2.56
	Denial of vulnerability	466	56.82
	Afraid of HIV blood test	41	5.0

**Table 2:** Reasons for utilization and non-utilization of ICTC/VCTC services among college students (N = 1000).

## Conclusion

Understanding the point that prevention is the best available cure for HIV/AIDS, and spreading the awareness on HIV/AIDS, ICT/VCT services, besides encouraging and supporting the college students to come forward to know about their HIV status by utilizing the ICT/VCT services as the key entry point for giving a halt to the epidemic among this group, the investigator felt the need to address this issue at her level and, therefore, the present study throws light on the utilization of Integrated Counseling And Testing Centre (ICTC) services among the college students in the Union territory of Puducherry.

## Bibliography

1. Goel NK., *et al.* "Knowledge and awareness of nursing students about HIV/AIDS". *Health and Population: Perspectives and Issues* 33.1 (2010): 55-60.
2. NACO, Fact Sheet 2013-2014.
3. WHO technical Report 2006.
4. UNAIDS. How AIDS changed everything (2015).
5. Fikadie G., *et al.* "Prevalence of Voluntary Counseling and Testing Utilization and Its Associated Factors among Bahir-dar University Students". *Advances in Preventive Medicine* (2014): 906107.
6. NACO, Annual Report 2013-2014.
7. Mall S., *et al.* "Changing patterns in HIV/AIDS stigma and uptake of voluntary counselling and testing services: the results of two consecutive community surveys conducted in the Western Cape, South Africa". *AIDS Care* 25.2 (2013): 194-201.
8. Tewabe Destaw., *et al.* "Assessment of factors associated with voluntary counselling and testing uptake among students in Bahir Dar University A case control study". *Ethiopian Journal of Health Development* 26.1 (2012): 16-21.
9. Ndwiga T and Omwono M. "A Study of Factors Influencing VCT Service Utilization among the Youths: A Case Study of Kapsabet Division, Nandi County, Kenya". *World Journal of AIDS* 4.3 (2014): 281-286.
10. Sisay S., *et al.* "Perception of High School Students on risk for acquiring HIV and utilization of Voluntary Counseling and Testing (VCT) service for HIV in Debre-berhan Town, Ethiopia: a quantitative cross-sectional study". *BMC Research Notes* 7.1 (2014): 518.
11. Burns Nancy and Groove. "Understanding nursing research, 2<sup>nd</sup> edition". Philadelphia: F A Davis Company (2000): 101-110.
12. Kothari CR. "Research Methodology: Methods and Technique, 2<sup>nd</sup> edition". New age international Private limited publishers (2004): 58.
13. Asante KO and Oti-Boadi M. "HIV/AIDS knowledge among undergraduate university students: implications for health education programs in Ghana". *African Health Sciences* 13.2 (2013): 270-277.
14. Yadav SB., *et al.* "Awareness of HIV/AIDS among rural youth in India: a community based cross-sectional study". *The Journal of Infection in Developing Countries* 5.10 (2011): 711-716.
15. Addis Z., *et al.* "Knowledge, attitude and practice towards voluntary counseling and testing among university students in North West Ethiopia: a cross sectional study". *BMC Public Health* 13.1 (2013): 714.
16. Madiba S and Mokgatle MM. "HIV and AIDS related knowledge and attitude towards learners infected with HIV: Survey among high school learners in Gauteng and North West provinces in South Africa". *PeerJ Preprints* 2 (2014): e693v1.

**Volume 1 Issue 2 September 2018**

© All rights are reserved by Manjubala Dash., *et al.*